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# VACCINATION TREATMENT PROTOCOLS

## Approval Details

This publication is issued under the authority of:

*SIGNED ON ORIGINAL*
**LTCOL RJ Duncan**
Chief Medical Officer

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# Specifications of the Vaccination Treatment Protocols

## Purpose of the Vaccination Treatment Protocols

1. The purpose of this Vaccination Treatment Protocols (VTP) is to authorise New Zealand Defence Force (NZDF) credentialled and authorised healthcare personnel (NZDF Vaccinators: see para 19 for definition) who are not medical practitioners, to administer vaccines, in order to deliver timely and clinically appropriate pharmaceutical treatments to NZDF personnel, and in some circumstances non-NZDF personnel, in the absence of an NZDF, or other, affirmed prescriber.

2. The VTP is a legal Medicine Standing Order in accordance with the Medicines Act 1981 and the Medicines (Standing Orders) Regulations 2002.

## Scope

3. The VTP scope is in accordance with DHR 13 *NZDF Healthcare Providers' Delegated Scopes of Practice*, Part 4, Chapters 1 and 2.

4. The VTP applies to NZDF personnel employed to provide health support to NZDF-directed outputs and who have an authority to practice issued by the Chief Medical Officer to administer specific medications to NZDF and Foreign Nations' uniformed personnel under that authority to practice.

## Authority of the Issuer

5. The VTP is issued by the Chief Medical Officer (the Issuer), under the delegated authority of the Surgeon General and Defence Force Order (DFO) 18 *Defence Health*.

6. The original copies of all medicine prescriptions are signed by the Issuer and held in the Defence Health Directorate.

## Conflict

7. The VTP is not to be construed as prevailing over any relevant Act of Parliament, or regulations made under it, or any Defence Force Order.

8. Any conflict between the VTP and any other orders, rules, instructions or procedures issued within the NZDF should be reported to the Issuer immediately.

## Review

9. The VTP is to be reviewed and reissued annually (including the individual medicine prescriptions). The reissued VTP must be re-published prior to the expiry of the previous VTP.

10. The VTP applies until it is replaced, in part or whole, by a new order or until it is cancelled in writing by the Issuer.

11. Amendments will be made and promulgated, if identified during the annual review or at any other time and approved by the Issuer.

12. VTP review process is outlined in DHR 13, Part 1 *Treatment Protocols*.

## Audit

13. The use of the VTP is to be audited annually, in accordance with DHR 13, Parts 1 and 4, to ensure compliance with the VTP direction. Corrective actions will be taken where issues have been identified during the audit.

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14. A representative sample of VTP encounters, not requiring countersignature must be reviewed monthly to ensure compliance with the VTP.

15. The VTP audit process is outlined in DHR 13, Part 1.

## NZDF VTP approved vaccines

16. All vaccines administered through the VTP are listed in the Defence Medicines List (DML). Only vaccines included in the VTP can be administered by NZDF Vaccinators under the authority of the VTP. Vaccines not included in the VTP can be administered if prescribed by a medical practitioner.

## Application

### Patients who qualify for care under the VTP

17. NZDF Vaccinators, on duty, may provide healthcare to the patient groups in accordance with DFI 18.1 *Health Services*, Part 4, Chapter 3 *Access to NZDF Health Services*.

18. Under certain circumstances, the Issuer may grant an Applied Practice Permit (refer to DHR 13, Part 5) to allow NZDF Vaccinators to administer vaccines to a patient or patients who do not qualify for care under DFI 18.1, Part 4, Chapter 3.

### Authorised VTP Users

19. The Issuer is responsible for determining which healthcare providers are granted an authority to practice under the VTP within the NZDF.

20. Only NZDF vaccinators are authorised to administer vaccines under the VTP.

## Authority for vaccination administration

21. Baseline programme vaccines are able to be administered, using this VTP as the authority, to patients with—

a. incomplete NZ National Immunisation Schedule (NIS) vaccination schedule courses; or

b. incomplete or absent NZDF baseline programme vaccine courses.

22. Enhanced programme vaccines are able to be administered if authorised by a medical practitioner and specified in an Authorising Document (these include, but are not limited to, OPORD, OPINST, EXORD, EXINST, the JSOP Vaccination for Overseas Posting and the High Readiness Nominal Roll).

23. Meningococcal ACWY, meningococcal B and influenza (in season) vaccines are able to be administered to ab initio trainees using this VTP as the authority.

24. Personal choice vaccines (eg influenza, Herpes zoster and HPV vaccines) are able to be administered, using this VTP as the authority, to patients who request them and fulfil the eligibility criteria.

25. Unless prescribed by a medical practitioner for a specific patient, all vaccinations given by Defence Force personnel are to be given in accordance with the NZDF VTP. The VTP are based on manufacturers' recommendations and the Ministry of Health Immunisation Handbook, with variance only by exception due to operational requirements.

26. The Defence Health Information System (DHIS) is to be used to assist the NZDF vaccinator in determining which vaccinations are required for each individual.

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| Vaccine | Baseline Programme | Enhanced Programme | Enhanced Programme Authorisation |
|---|---|---|---|
| COVID-19 | Primary course | Booster dose | Patient choice<br>NZDF divers<br>Authorising document |
| Hepatitis A | ✓ | - | - |
| Hepatitis B | ✓ | - | - |
| Measles, Mumps & Rubella | ✓ | - | - |
| Poliomyelitis | Primary course | Booster dose | Authorising document |
| Tetanus, Diphtheria, Pertussis | Primary course<br>10 yearly booster<br>Post-exposure | Other booster doses | Authorising document |
| Cholera | - | ✓ | Authorising document |
| Dengue Disease | | ✓ | Authorising document |
| Herpes (Varicella) zoster | - | ✓ | Patient choice |
| Human Papilloma Virus | - | ✓ | Patient choice |
| Influenza | - | ✓ | Ab initio trainees<br>Patient choice<br>NZDF divers<br>Authorising document |
| Japanese Encephalitis Virus | - | ✓ | Authorising document |
| Meningococcal ACWY | - | ✓ | Ab initio trainees<br>Individuals aged ≤25 years who are in their first 12 months of living in shared service accommodation<br>Authorising Document |
| Meningococcal B | - | ✓ | Ab initio trainees<br>Individuals aged ≤25 years who are in their first 12 months of living in shared service accommodation<br>Authorising Document |
| Rabies | - | ✓ | Authorising document |
| Tick Borne Encephalitis (TBE) | - | ✓ | Authorising document |
| Typhoid | - | ✓ | Authorising document |

## Administration process

27. Minimum staffing and equipment requirements for vaccination must be met in order for NZDF vaccinators to conduct vaccinations. These requirements are to be in accordance with the current edition of the Immunisation Handbook.

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28. The process for administering vaccines within the NZDF is shown in the NZDF Vaccination Process Chart in DHR 31 *Applied Clinical Practice - Medical*, Part 4, Chapter 2 *Vaccine Administration*.

29. All vaccines within this VTP are to be administered by a NZDF Vaccinator using the NZDF patient consent process, and the administration is to be fully documented.

30. Patients are to be counselled about the vaccine they are receiving and are also to be encouraged to read the relevant Patient Information Leaflet.

## Precautions

31. Appropriate medical treatment and supervision must always be available in case of anaphylactic reactions.

32. Approval from a medical practitioner is to be obtained before a vaccine is given if any of the precautions identified in the specific vaccine prescription are present.

33. Syncope can occur during vaccination as a response to the needle injection. Ensure measures are in place to avoid injury from faints.

34. If bleeding occurs at the site of vaccination, firm pressure is to be applied to injection site, without rubbing, for at least 2 minutes.

## Consent

35. Informed consent is to be gained and recorded in the DHIS, prior to vaccine administration. The informed consent process is detailed in DHR 30 *Applied Healthcare: Health and Disability Services*, Part 1, Chapter 2 *Informed Consent for Health Service Provision*. If the DHIS is unavailable, an MD1188 *Written Consent for Vaccinations* is to be used to record written consent. A copy of the MD1188 is to be scanned into the DHIS as soon as practicable.

36. MD1188 must be completed if the identified primary vaccination schedule is not used.

37. Service personnel have the right to refuse vaccination. If a service person exercises this right, a medical practitioner is to be informed. The medical practitioner is then to discuss the possible consequences of that decision with the patient in accordance with DHR 31, Part 4, Chapter 1 *NZDF Vaccination*.

## Section 29 Medicines

38. Medications go through an assessment and approval process before they can be supplied in New Zealand. This is to ensure that the medicines supplied meet the required standards of quality and are effective. In certain circumstances, the NZDF may need to prescribe a medicine that has not yet been approved; these medicines are covered under section 29 of the Medicines Act 1981 and are frequently referred to as ‘section 29 medicines’.

39. The VTP contains some vaccinations that have not yet been approved. VTP Users who administer section 29 medicines must do the following—

a. Advise the patient that the vaccine they are being administered has not yet been approved for use in New Zealand. If the patient declines the vaccine, VTP issuers should speak with a medical practitioner to identify an alternative medicine.

b. Ensure the patient understands that the NZDF may be asked to provide the medicine manufacturer or importer and Medsafe with information about the supply of section 29 medicines to identifiable individuals. Document this conversation in the patient notes.

c. Gain patient consent to accept this medicine. Patients can also speak with a medical practitioner if they would like more information about section 29 medicines.

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## Off-label use

40. When medications go through the New Zealand approval process, they are assigned approved indications.

41. The VTP contains some vaccinations with indications different from their approved indications. These are annotated 'Off-Label'.

42. NZDF Vaccinators administering Off-Label vaccinations are to do the following—

a. Advise the patient that the vaccine they are being issued is safe for use and has been shown to be effective but it has not been approved for that indication in New Zealand.

b. Gain patient consent to accept this vaccination. Patients can also speak with a medical practitioner if they would like more information about Off-Label use of medicines.

## Site of administration

43. The VTP prescriptions specify the site of administration of the individual vaccines.

44. The administration of two vaccines at the same site is not recommended. Separate limbs are to be used if possible. When it is necessary for two vaccines to be given in the same limb, the injection sites should be separated by at least 2 cm.

## Simultaneous live vaccines

45. Multiple vaccines, including live virus vaccines, may be given at the same time.

46. There are concerns about an impaired immune response if two live vaccines are not given at the same time, but are given within four weeks of each other. Therefore, if two live vaccines are not given at the same time, they are to be given at least four weeks apart.

## Stand-down period

47. All patients must be kept under close observation for 20 minutes (or the length of time specified in the MSO) following vaccination.

48. Stand down following any vaccination is for a minimum period of 12 hours for aircrew and 48 hours for divers, unless specific directed times are stated within the vaccine prescription. Personnel must be symptom free from any side effects before returning to duties.

49. VTP Users treating aircrew should also be aware of, and understand, the rules in DHR 37 *Applied Healthcare: Occupational Medicine*, Part 2 *Aviation Medicine*, Chapter 2 *Aircrew - Prescribing Medicines*.

## Adverse reactions

50. Adverse reactions can occur despite vaccines being extensively tested for safety and efficacy. Adverse reactions might be intensified if multiple vaccines are given at the same time.

51. Two terms are used to describe spontaneous reports in the context of vaccination:

a. An adverse event is any undesirable event experienced by a person, which may or may not be causally associated with the vaccine.

b. An adverse reaction is any undesirable effect resulting from a vaccine (ie they are causally associated).

52. Any adverse reaction is to be recorded in the DHIS. An explanation should be recorded in the Vaccination Care Plan and in the medical notes of the DHIS.

53. Any serious or unexpected adverse event following vaccination should be reported to the Medical Assessor, Centre for Adverse Reactions Monitoring, PO Box 913, Dunedin. Reporting details are outlined in the latest edition of the Immunisation Handbook.

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## Variance in regime

54. No variance to the VTP is permitted by VTP Users.

55. Any variance from the NZDF VTP prescriptions must be prescribed by a medical practitioner prior to vaccine administration.

56. Medical practitioner direction is to be obtained when a situation arises that is not covered by the VTP.

57. When any vaccine is prescribed by a medical practitioner—

a. the medical practitioner must ensure that—

(1) clear verbal direction is provided; and

(2) the NZDF Vaccinator is capable of administering the prescribed vaccine; and

b. both the NZDF Vaccinator and responsible medical practitioner must document the directions provided to the NZDF Vaccinator by the medical practitioner in the patient's DHIS records.

## Delayed completion of course

58. Where there is a delay in completing a course of vaccinations, refer to a medical practitioner.

## High-risk vaccines

59. There are some vaccinations with high-risk profiles that are to be given only by a registered health practitioner, ie an NZDF Vaccinator qualified registered nurse, or a medical practitioner. Currently, there are no high-risk vaccines in the NZDF VTP.

## Recording vaccinations

60. The NZDF Vaccinator is responsible for ensuring all vaccines administered are recorded in the appropriate Vaccination Care Plan in DHIS, on the same day vaccination occurs, preferably at the time of vaccination.

61. All vaccines administered to patients are to be recorded into the DHIS. This is to include—

b. date given;

c. assessment and treatment details of the patient;

d. any monitoring of follow-up treatment (if required);

e. facility where the vaccine was administered;

f. batch number and expiry date of the vaccine; and

g. site of administration.

## Vaccine prescription format

62. VTP users must read the prescriptions of every vaccine they are considering to use. The Vaccine Table below outlines the information available for all vaccines and the actions that NZDF Vaccinators need to take.

63. The vaccine prescriptions do not include all possible drug interactions, cautions or side effects. The information contained reflects the scope of practice of NZDF personnel, the environments in which care is typically provided and the typical NZDF population demographics. This means that information related to children and elderly is not usually included. Refer to the NZ Formulary for a more comprehensive list of interactions and their clinical significance, cautions and side effects.

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# Vaccine

(programme – baseline or enhanced)

| **Full vaccine name** | | |
|---|---|---|
| **Available Products** | Outlines the vaccines available with the following information:<br>Trade Name<br>Ingredients and strength<br>Presentation (eg suspension; powder; solution)<br>Appearance of initial product | **NZDF Vaccinator action:**<br>Check the vaccine name, strength and expiry date |

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| **Indication** | Outlines the VTP indication | |
| **Authorisation** | Indicates the authorisation for enhanced programme vaccines or enhanced use of vaccines | **NZDF Vaccinator action:**<br>Ensure appropriate authorisation for administration of the vaccine is present |
| **Dosage and Route of Administration** | Outlines:<br>any instructions on reconstitution / preparation of the vaccine required prior to administration.<br>Appearance when reconstituted if applicable<br>the primary vaccination course with dose, route, and frequency / number of doses to be administered.<br>the booster dose regimen, if applicable.<br>NZDF specific requirements to be considered prior to the administration of each vaccine.<br><br>If more than one product is available the instructions for each specific vaccine will be given.<br>Some vaccines may have more than one indication, these will be clearly separated with the relevant information. | **NZDF Vaccinator action:**<br>Prepare the vaccine in accordance with specific instructions (if required)<br>Ensure the schedule of the vaccine is being adhered to<br>Ensure all NZDF specific requirements are followed |

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| **Contraindications** | • Lists other medications and/or circumstances when a vaccine must not be administered.<br>• All vaccines have the following contraindications:<br>o Known hypersensitivity to any component of the vaccine or other rabies vaccines including hypersensitivity to neomycin or other antibiotics of the same class (aminoglycoside)<br>o Hypersensitivity after previous vaccination with rabies vaccines<br>o Acute systemic illness with fever over 38°C | **NZDF Vaccinator action:**<br>Exclude all contraindications before administering<br>Do not administer the vaccine if any contraindication applies |
| **Precautions** | • Outlines significant precautions associated with the vaccine.<br>• All injectable vaccines have the following precautions:<br>o Appropriate medical treatment and supervision should always be available in case of anaphylactic reactions.<br>o Thrombocytopenia or a bleeding disorder<br>• Any precautions concerning the vaccine's administration during pregnancy or breastfeeding will be highlighted. | **NZDF Vaccinator action:**<br>Consult with a medical practitioner prior to administration of the vaccine if any precaution is present. |
| **Occupational Considerations** | • Lists any occupational considerations, eg occupational restrictions.<br>• All vaccines have the following occupational considerations:<br>o NZDF Aircrew are to be stood down for 12 hours following administration.<br>o NZDF Divers are to be stood down for 48 hours following administration.<br>o Personnel must be symptom free from any side effects before returning to duties. | **NZDF Vaccinator action:**<br>Alert patient of any occupational considerations such as driving, flying, diving, swimming, working at height, operating machinery and/or weapons use.<br>Inform patient of stand down requirements |
| **Side Effects** | • Lists expected consequences of medicine administration (as most appropriate to the NZDF population) | **NZDF Vaccinator action:**<br>Warn patient of possible side effects<br>Explain how to avoid/reduce the side effects occurring and what to do if they do occur |

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| **Significant Drug Interactions** | • Lists significant drug interactions<br>• All vaccines have the following general interaction statements:<br>o Immunosuppressive medicines may reduce the response to the vaccine – refer to medical practitioner<br>o Separate injection sites / limbs and separate syringes must be used if other medicines, including vaccines, are to be given at the same time.<br>o Many medicines have multiple interactions with non-DML medicines. If the patient is on a medicine with which you are unfamiliar, consult the latest version of Stockley's interaction (via https://about.medicinescomplete.com/publication/stockleys-interactions-checker/). If red or amber, consult a medical practitioner. | **NZDF Vaccinator action:**<br>Consult medical practitioner prior to administration if patient is taking any listed drugs concurrently.<br>If the patient is on an unfamiliar medicine, consult the latest version of Stockley's alerts (via the NZ Formulary link). If red or amber, consult a medical practitioner. |
| **Special Notes & Additional Information** | • Lists any special information for the vaccinator. | **NZDF Vaccinator action:**<br>Follow any instructions provided |
| **Information for patients** | • Lists any specific information to tell the patient, in addition to the general advice provided post-vaccination. | **NZDF Vaccinator action:**<br>Counsel the patient about the specific information and encourage them to read the patient information leaflet. |
| **Scope authorised to administer this medicine** | • States who is authorised to administer this vaccine | **NZDF Vaccinator action:**<br>Administer vaccine only if the medicine is within your authorised scope. |
| **Countersigning** | • States the countersignature requirements | **NZDF Vaccinator action:**<br>If countersignature required, task to appropriate medical practitioner as soon as practical. The medical practitioner must countersign no later than 48 hours after having been tasked the countersign request. |
| **Clinical Documentation** | • States what clinical documentation is required in addition to that specified in the 'Recording Vaccinations' section | **NZDF Vaccinator action:**<br>Complete any additional documentation |

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# Vaccine MSOs: BASELINE PROGRAMME

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# COVID-19 Vaccine

**(Baseline programme – primary course)**

**(Enhanced programme – all booster doses)**

| **mRNA COVID-19 Vaccine (nucleoside modified)** | |
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| **Available Product** | **Comirnaty® LP.8.1 COVID-19 mRNA Vaccine 30 microgram**<br>Presented as a single-dose prefilled syringe of 0.3 mL white to off white suspension **NO DILUTION** is required.<br>Each 0.3 mL dose contains: 1 dose of vaccine LP.8.1 Comirnaty® |

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| **Indication** | Active immunisation against COVID-19<br>See COVID-19 Vaccine Algorithm below. |
| **Authorisation** | Booster dose: Patient choice in accordance with current Ministry of Health criteria, NZDF divers (see DHR 37 *Applied Healthcare: Occupational Medicine*, Part 1, Chapter 2 *Diving Medical Standards*) or authorising document (eg from a J1H Annex H) |
| **Dosage and Route of Administration** | **WARNING: DO NOT DILUTE PRIOR TO USE.**<br>Comirnaty® LP.8.1 30 microgram vaccine is to be used for both primary course and booster doses.<br>1x Prefilled one dose (0.3 ml) 30 mcg for Primary Dose<br>1x Prefilled one dose (0.3 ml) 30 mcg for Booster Dose<br>Pre-filled syringes are supplied thawed and **must not be shaken**, it should appear as a white to off-white suspension. Do not use if discoloured or particles are visible.<br>Remove the tip cap and attach an appropriate needle for intramuscular injection and administer the entire volume of the syringe by intramuscular injection (deltoid area recommended) according to the algorithm. |

see

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| **Contraindications** | • Known hypersensitivity to any component of the vaccine<br>• Hypersensitivity after previous vaccination with Comirnaty® vaccine<br>• Acute systemic illness with fever over 38°C<br>• Previous episode of myocarditis or pericarditis |
| **Precautions** | • Appropriate medical treatment and supervision should always be available in case of anaphylactic reactions.<br>• Thrombocytopenia or a bleeding disorder including anticoagulant therapy<br>• Known allergy to other vaccines<br>• Pregnancy<br>• Breastfeeding<br>• Previous cardiac condition<br>• Previous adverse event after a COVID-19 vaccination |

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| **Occupational Considerations** | • NZDF Aircrew are to be stood down for 48 hours following administration.<br>• NZDF Divers are to be stood down for 48 hours following administration.<br>• Personnel must be symptom free from any side effects before returning to duties. |
| **Side Effects** | • Local reaction at site of injection (pain, inflammation, redness)<br>• Nausea<br>• Diarrhoea<br>• Vomiting<br>• Headache<br>• Fatigue<br>• Myalgia<br>• Arthralgia<br>• Fever<br>• Chills<br><br>Rarely, the following adverse effects have been reported:<br>• Myocarditis, myopericarditis, pericarditis<br>The incidence of these side effects appears higher in males under 40 years old, and shortly after the second dose of the vaccine; however, this rate may decline with longer dose-intervals and with additional doses after the second. Cases are usually mild. If symptoms occur, seek medical practitioner advice. |
| **Significant Drug Interactions** | • Immunosuppressive medicines may reduce the response to the vaccine – refer to medical practitioner<br>• All NIS vaccines can be given at the same time as Comirnaty® vaccines.<br>• Separate injection sites/limbs and separate syringes must be used if other medicines, including vaccines, are to be given at the same time.<br>• Many medicines have multiple interactions with non-DML medicines. If the patient is on a medicine with which you are unfamiliar, consult the latest version of Stockley's interaction (via https://about.medicinescomplete.com/publication/stockleys-interactions-checker/). If red or amber, consult a medical practitioner. |
| **Special Notes & Additional Information** | • Influenza vaccination is highly recommended and can be given at the same time as COVID-19 vaccines.<br>• Operational enhanced vaccines can be given at same time as COVID-19 vaccines |
| **Information for patients** | • There have been very rare reports of myocarditis and pericarditis occurring shortly after receiving the Comirnity® vaccine. Seek immediate medical attention if you start to get:<br>o Chest pains or if your existing chest pain gets worse<br>o Discomfort or heaviness in your chest<br>o Shortness of breath or difficulty breathing<br>o An abnormal heartbeat or a racing fluttering feeling or a feeling of skipped heartbeats |

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| | • Patients are to be advised as with any vaccine may not protect all vaccine recipients. Individuals may not be fully protected until 7 days after their dose of Comirnaty®.<br>• Encourage the patient to read the Patient Information Leaflet. |
| **Scope authorised to administer this medicine** | • Current NZDF Vaccinators (medics and registered nurses) who also achieve the additional IMAC 3-hour COVID online course |
| **Countersigning** | • Countersignature not required |
| **Clinical Documentation** | • All relevant information is to be recorded in the Aotearoa Immunisation Register (AIR) and, for NZDF uniformed staff, in the patient's DHIS record (Profile). |

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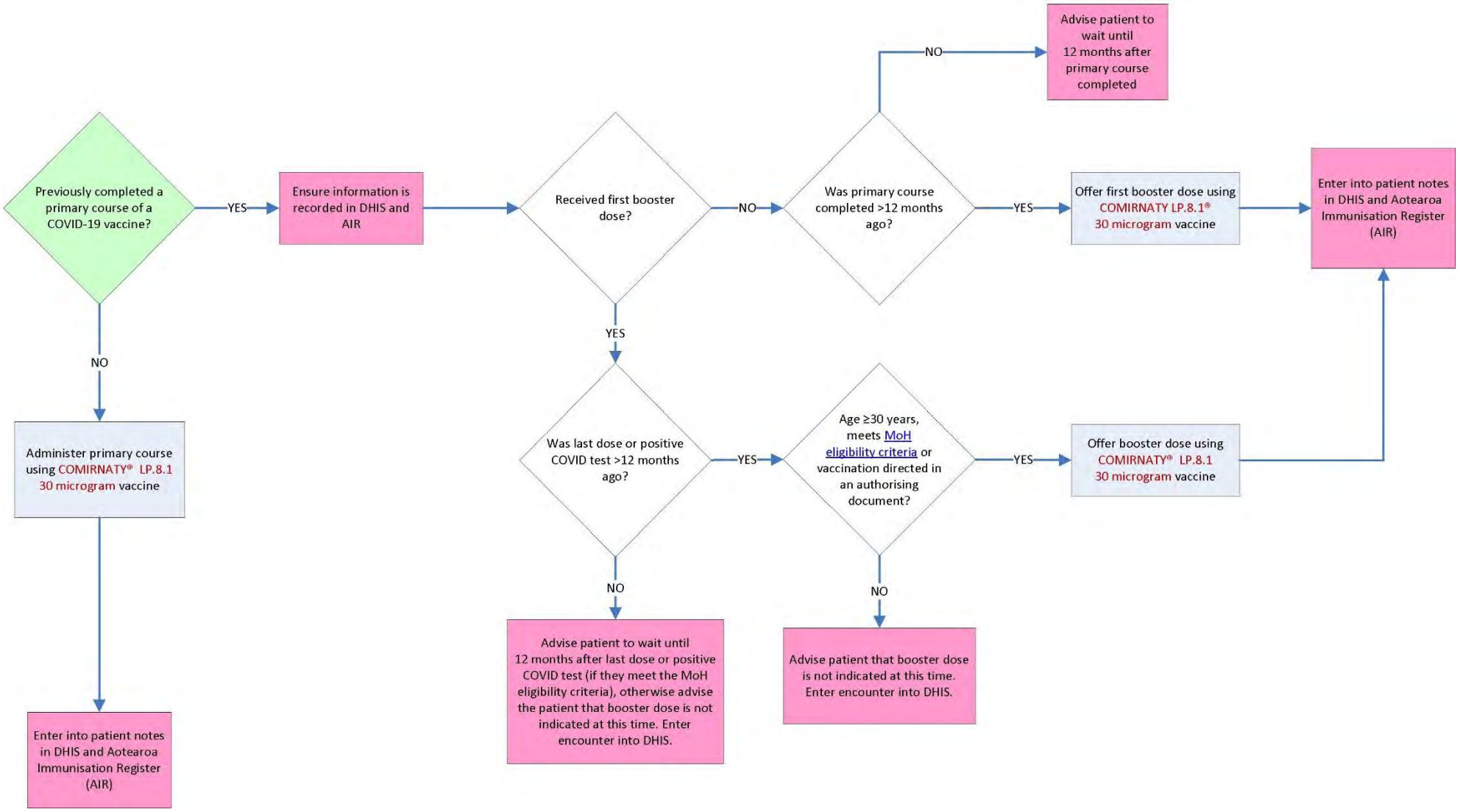


COVID-19 Vaccine Algorithm

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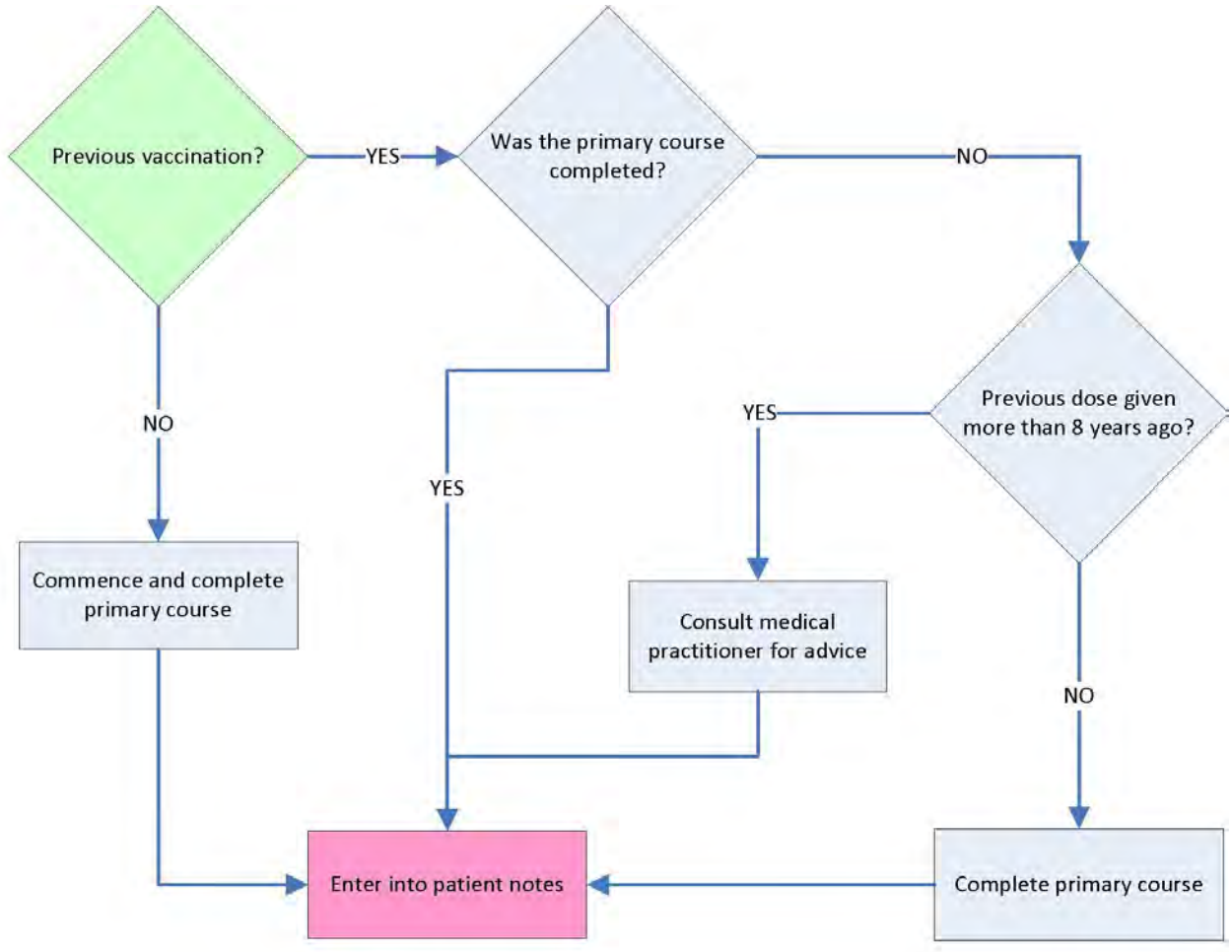
# Hepatitis A Vaccine

## (Baseline Programme)

| Inactivated Hepatitis A Vaccine (adsorbed) | |
|---|---|
| **Available Products** | **Havrix 1440®**<br>Each 1 mL dose contains:<br>Inactivated hepatitis A virus: 1,440 ELISA units<br>Cloudy white suspension for injection. Storage may cause the vaccine to appear as a fine white deposit with a clear colourless supernatant.<br><br>**Avaxim®**<br>Each 0.5 mL dose contains:<br>Hepatitis A virus: 160 antigen units<br>Cloudy, white suspension for injection. |



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| **Indication** | Active immunisation against Hepatitis A |
| **Dosage and Route of Administration** | Shake well before use. Once shaken, both vaccines should be a slightly opaque, cloudy, white suspension. Discard the vaccine if it does not have this appearance. |
| | **Havrix 1440®**<br><br>**Primary vaccination**<br>Administer the required number of doses of 1 mL by intramuscular injection (deltoid area recommended) to complete the following schedule:<br>First dose: on day 0<br>Second dose: between 6 and 12 months after the first dose.<br>**CAUTION:** Do not give the second dose earlier than 6 months after the first dose.<br>**Note:** If the primary course was started less than eight years ago, but not completed within the 12-month period, complete the primary course by administering the second dose. If the primary course was started more than eight years ago, consult a medical practitioner for advice.<br><br>**Booster**<br>No booster required following completion of the primary vaccination course. |
| | **Avaxim®**<br><br>**Primary vaccination**<br>Administer the required number of doses of 0.5 mL by intramuscular injection (deltoid area recommended) to complete the following schedule:<br>First dose: on day 0<br>Second dose: between 6 and 36 months after the first dose.<br>**CAUTION:** Do not give the second dose earlier than 6 months after the first dose.<br>**Note:** If the primary course was started less than eight years ago, but not completed within the 12-month period, complete the primary course by administering the second dose. If the primary course was started more than eight years ago, consult a medical practitioner for advice.<br><br>**Booster**<br>No booster required following completion of the primary vaccination course. |

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| **Contraindications** | • Known hypersensitivity to any component of the vaccine or other hepatitis A vaccines<br>• Hypersensitivity after previous vaccination with hepatitis A vaccines<br>• Acute systemic illness with fever over 38°C |
| **Precautions** | • Thrombocytopenia or a bleeding disorder<br>• Hypersensitivity to neomycin or other antibiotics of the same class (aminoglycoside)<br>• Pregnancy – refer to medical practitioner<br>• Breastfeeding – refer to medical practitioner |
| **Occupational Considerations** | • NZDF Aircrew are to be stood down for 12 hours following administration.<br>• NZDF Divers are to be stood down for 48 hours following administration.<br>• Personnel must be symptom free from any side effects before returning to duties. |

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| **Side Effects** | • Local reactions (including pain, inflammation, redness)<br>• Headache<br>• Fatigue<br>• Irritability<br>• Nausea, vomiting, loss of appetite<br>• Mild fever<br>• Hypersensitivity reactions (including bronchospasm, angioedema, urticaria, anaphylaxis) |
| **Significant Drug Interactions** | • Immunosuppressive medicines may reduce the response to the vaccine – refer to medical practitioner.<br>• Many medicines have multiple interactions with non-DML medicines. If the patient is on a medicine with which you are unfamiliar, refer to a medical practitioner or consult Stockley's alerts (available through the NZ Formulary). |
| **Information for patients** | • Encourage the patient to read the Patient Information Leaflet. |
| **Scope authorised to administer this medicine** | • Current NZDF Vaccinator |
| **Countersigning** | • Countersignature not required |
| **Clinical Documentation** | • No additional documentation required |
| **Additional information** | • One dose provides sufficient immunity in order to deploy. The second dose must not be given earlier than 6 months or later than 8 years after the first dose. If longer than 8 years, the primary course should be restarted.<br>• Havrix 1440® and Avaxim® can be used interchangeably to complete a two-dose primary course. |

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# Hepatitis B Vaccine

## (Baseline Programme)

| Inactivated Hepatitis B Vaccine (adsorbed) | |
|---|---|
| **Available Product** | **Engerix-B®**<br>Each 1 mL dose contains:<br>Hepatitis B surface antigen: 20 mcg.<br>Cloudy white suspension for injection. Storage may cause the vaccine to appear as a fine white deposit with a clear colourless supernatant. |

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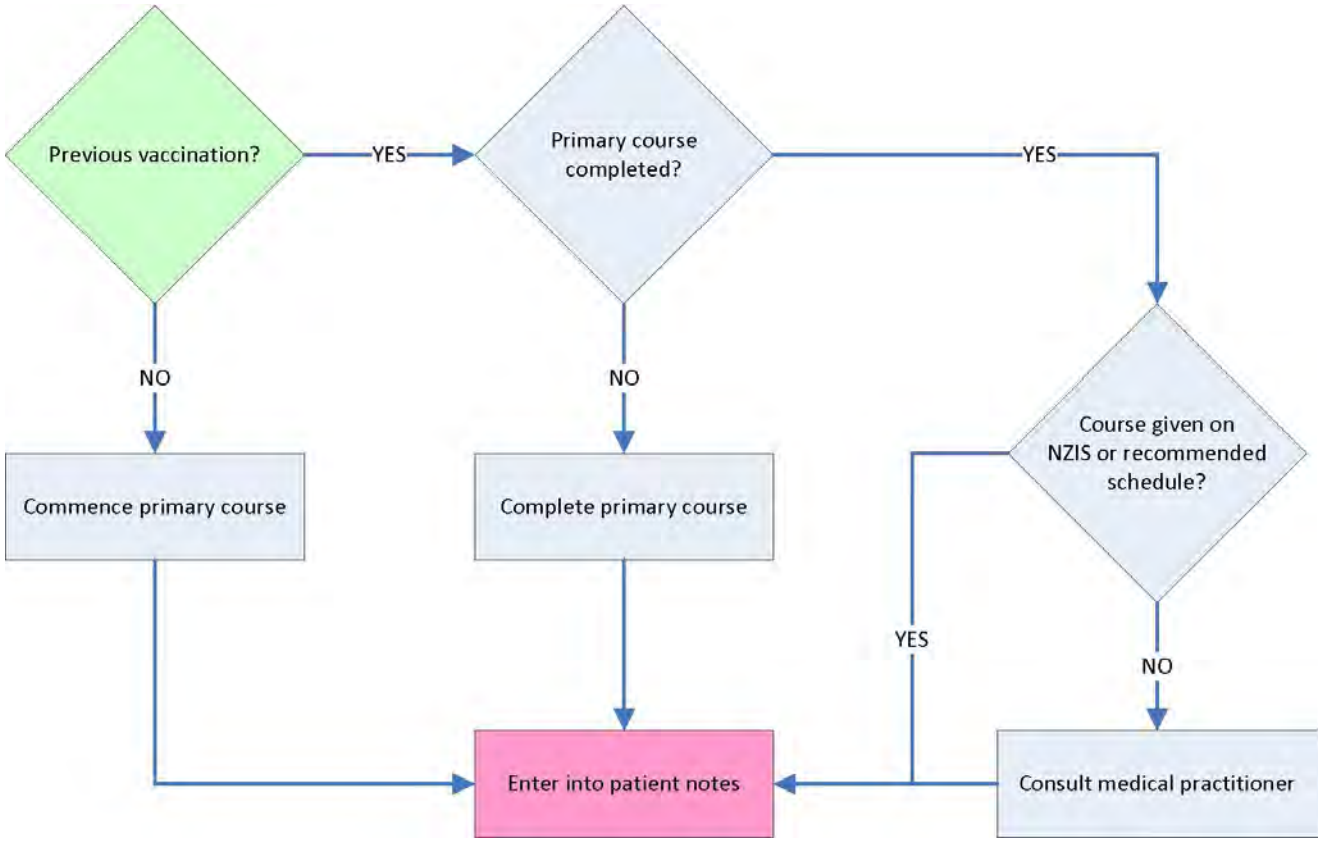
| **Indication** | Active immunisation against Hepatitis B |



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| **Dosage and Route of Administration** | Shake well before use. Once shaken, the vaccine should appear as a slightly opaque, white suspension. |
| | **Primary vaccination**<br>Administer the required number of doses of 1 mL by intramuscular injection (deltoid area recommended) to complete the following schedule:<br>First dose: on day 0<br>Second dose: 1 month later<br>Third dose: 6 months from date of the first dose<br>**Note:** If the primary course has been started but not completed, administer the required number of doses to complete the primary course without repeating prior doses.<br>**Note:** An alternative two-dose hepatitis B vaccine catch-up schedule of monovalent hepatitis B vaccine at 0 and 6 months has been available for adolescents aged 10–15 years. Where members have received this schedule when aged between 10–15 years, they do not require a third hepatitis B vaccination.<br>**Booster dose**<br>No booster required following completion of the recommended primary vaccination course. |
| **Contraindications** | • Known hypersensitivity to any component of the vaccine or other hepatitis B vaccines<br>• Hypersensitivity after previous vaccination with hepatitis B vaccines<br>• Acute systemic illness with fever over 38°C |
| **Precautions** | • Thrombocytopenia or a bleeding disorder<br>• Chronic liver disease<br>• HIV<br>• Pregnancy<br>• Breastfeeding |
| **Occupational Considerations** | • NZDF Aircrew are to be stood down for 12 hours following administration.<br>• NZDF Divers are to be stood down for 48 hours following administration.<br>• Personnel must be symptom free from any side effects before returning to duties. |
| **Side Effects** | • Local reactions (including pain, inflammation, redness)<br>• Nausea<br>• Vomiting<br>• Diarrhoea<br>• Abdominal pain<br>• Malaise<br>• Rash<br>• Loss of appetite<br>• Irritability<br>• Hypersensitivity reactions (including bronchospasm, angioedema, urticaria, anaphylaxis) |
| **Significant Drug Interactions** | • Immunosuppressive medicines may reduce the response to the vaccine – refer to medical practitioner. |

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| | • Many medicines have multiple interactions with non-DML medicines. If the patient is on a medicine with which you are unfamiliar, refer to a medical practitioner or consult Stockley's alerts (available through the NZ Formulary). |
| **Information for patients** | • Encourage the patient to read the Patient Information Leaflet. |
| **Scope authorised to administer this medicine** | • Current NZDF Vaccinator |
| **Countersigning** | • Countersignature not required |
| **Additional Clinical Documentation** | • If an accelerated schedule is approved by a medical practitioner, it must be documented in the patient's care plan, including the booster dose at 12 months. |
| **Additional information** | • The interpretation of hepatitis B serology depends upon the person's vaccination history.<br>• Measurement of anti-HBs antibody levels after a documented course of three hepatitis B vaccines is not authorised unless the person has known risk factors (seek MO advice) or requires documented immunity for occupational or deployment reasons.<br>• Even if anti-HBs antibodies are positive after the first or second dose in unvaccinated individuals, the primary course must be completed.<br><br>**Accelerated Schedules**<br><br>**CAUTION:** May only be given after consultation, approval and under the authority of a prescription from a medical practitioner.<br><br>There are two approved Accelerated Schedules:<br><br>Schedule 1: three doses of 1 mL by intramuscular injection (deltoid area recommended) according to the following schedule, followed by a booster dose of 1 mL:<br>o First dose: on day 0<br>o Second dose: 7 days later<br>o Third dose: 21 days from the date of the first dose<br>o Booster dose: 12 months from the date of the first dose<br><br>Schedule 2: three doses of 1 mL by intramuscular injection (deltoid area recommended) according to the following schedule, followed by a booster dose of 1 mL:<br>o First dose: on day 0<br>o Second dose: 1 month later<br>o Third dose: 2 months from the date of the first dose<br>o Booster dose: 12 months from the date of the first dose |

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# Measles, Mumps and Rubella Vaccine

## (Baseline Programme)

| Live trivalent attenuated Measles, Mumps and Rubella Vaccine | |
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| **Available Product** | **Priorix®**<br>Each 0.5 mL of the reconstituted vaccine contains not less than:<br>• Measles virus (Schwarz): 1000 $CCID_{50}$ units<br>• Mumps virus (Jeryl Lynn, strain RIT 4385): 5000 $CCID_{50}$ units<br>• Rubella virus (Wistar RA 27/): 1000 $CCID_{50}$ units.<br>There are two components to the Priorix vaccine:<br>• the vaccine – a whitish to slightly pink powder in a glass vial<br>• the diluent – a clear, colourless liquid in a glass pre-filled syringe or ampoule |

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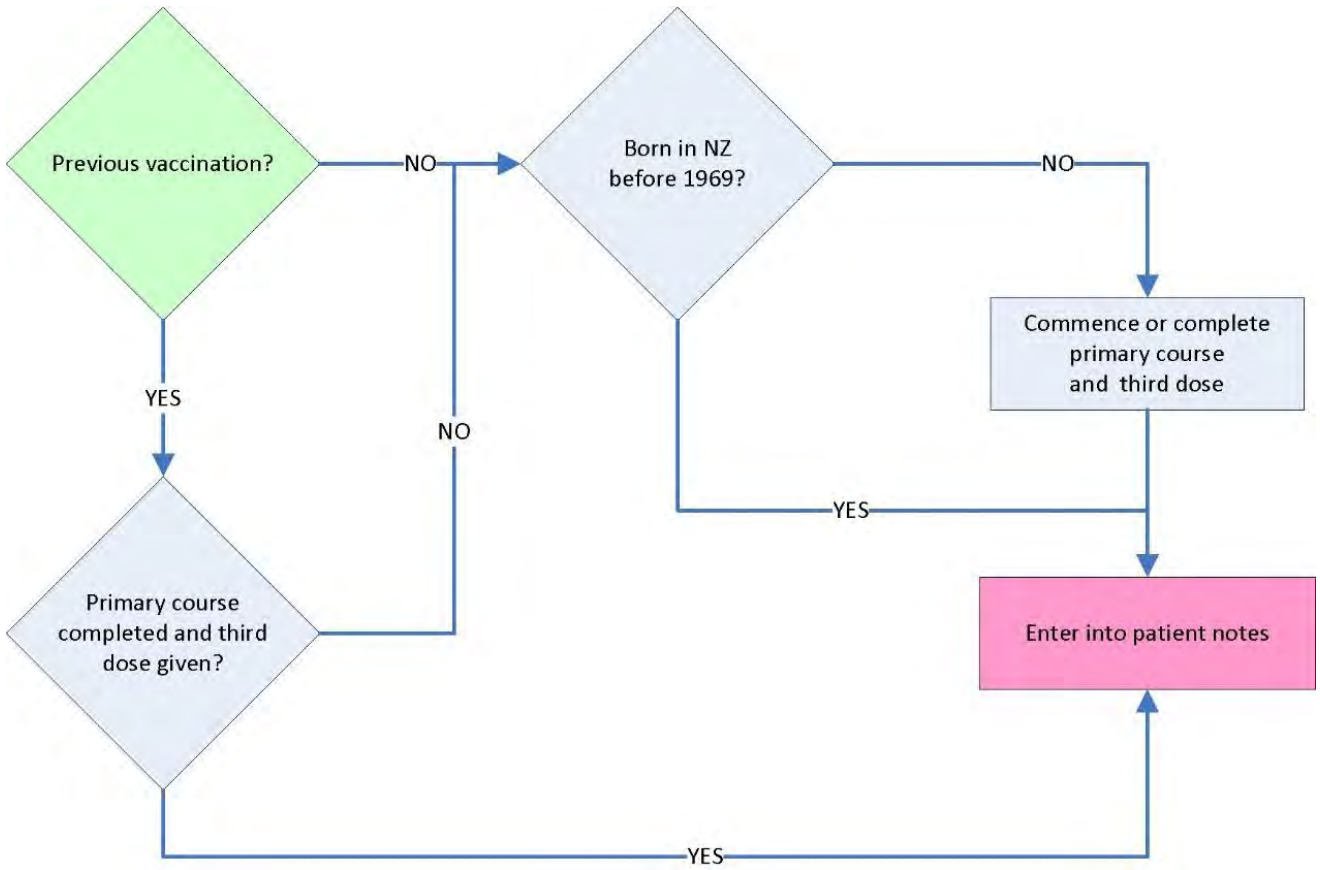
| **Indication** | Active immunisation against measles, mumps and rubella |

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| **Dosage and Route of Administration** | To prepare one dose of Priorix—<br>• Add entire volume of diluent to vial of vaccine powder.<br>• Shake the mixture well until all powder is dissolved.<br>• Vaccine solution should be a clear peach to fuchsia pink colour.<br>• If not used immediately, the vaccine solution can be stored between +2°C to +8°C for up to 8 hours. |

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| | **Primary vaccination**<br>Administer the required number of doses of 0.5 mL by intramuscular injection (deltoid area recommended) to complete the following schedule:<br>First dose: on day 0<br>Second dose: at least 4 weeks after first dose<br>**Note:** If the primary course has been started but not completed, administer the required number of doses to complete the primary course without repeating prior doses.<br>**Booster dose**<br>An additional third dose is to be administered at least 6 months following primary vaccination. |

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| **Contraindications** | • Known hypersensitivity to any component of the vaccine including neomycin<br>• Hypersensitivity after previous vaccination with measles, mumps or rubella containing vaccines<br>• Acute systemic illness with fever over 38°C<br>• Pregnancy<br>• Immunosuppression<br>• Administration of another live vaccine (including BCG) within the previous four weeks, unless given concurrently<br>• Blood or immunoglobulin transfusions during the previous 11 months |
| **Precautions** | • Thrombocytopenia or a bleeding disorder<br>• Hypersensitivity to eggs<br>• Breastfeeding – refer to medical practitioner<br>• Females of childbearing age should be comprehensively counselled about the risks of becoming pregnant **within one month** of vaccination. |
| **Occupational Considerations** | • NZDF Aircrew are to be stood down for 12 hours following administration.<br>• NZDF Divers are to be stood down for 48 hours following administration.<br>• Personnel must be symptom free from any side effects before returning to duties. |
| **Side Effects** | • Local reactions (including pain, inflammation, redness)<br>• Fever and/or mild rash 6–12 days post immunisation (measles component)<br>• Fever and/or mild swelling under the jaw 10–14 days after immunisation (mumps component)<br>• Fever, mild rash and/or swollen glands 2–4 weeks after immunisation<br>• Temporary joint pain 2–4 weeks after immunisation |
| **Significant Drug Interactions** | • Priorix® is a live attenuated vaccine and must be given one month before, or after, administration of other live vaccines.<br>• Priorix must not be administered to patients taking immunosuppressive medicines.<br>• Many medicines have multiple interactions with non-DML medicines. If the patient is on a medicine with which you are unfamiliar, refer to a medical practitioner or consult Stockley's alerts (available through the NZ Formulary). |
| **Information for patients** | • Encourage the patient to read the Patient Information Leaflet.<br>• Some side effects may take up to 4 weeks to occur. |
| **Scope authorised to administer this medicine** | • Current NZDF Vaccinator |

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| **Countersigning** | • Countersignature not required |
| **Clinical Documentation** | • No additional documentation required |
| **Additional information** | • Patients born in New Zealand before 1969 do not require MMR vaccination.<br>• Refer to latest version of Immunisation Handbook if two doses of MMR have not been previously administered.<br>• The vaccine can be administered safely to patients who have had an anaphylactic reaction to food containing eggs. |

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# Poliomyelitis Vaccine

## (Baseline / Enhanced Programme)

| **Inactivated Poliomyelitis Vaccine** | |
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| **Available Product** | **IPOL®**<br>Each 0.5 mL dose contains:<br>Poliovirus type 1 (Mahoney): 40 D Antigen Units (DAgU)<br>Poliovirus type 2 (MEF-1): 8 DAgU<br>Poliovirus type 3 (Saukett): 32 DAgU<br>Suspension for injection. Clear, colourless. |

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| **Indication** | Active immunisation against poliomyelitis |
| **Dosage and Route of Administration** | Shake well before use. |
| | **Primary vaccination (Baseline Programme)**<br>Administer the required number of doses of 0.5 mL by subcutaneous injection (deltoid area recommended) to complete the following schedule:<br>First dose: on day 0<br>Second dose: 8 weeks after the first dose<br>Third dose: 8 weeks after the second dose<br>**Note:** If the primary course has been started but not completed, administer the required number of doses to complete the primary course without repeating prior doses. |
| | Authorisation for booster dose: Authorising Document<br>**Booster dose (Enhanced Programme)**<br>Administer 0.5 mL by subcutaneous injection (deltoid area recommended)<br>**Note:** A booster dose is indicated only if at least 10 years after primary course. |

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| **Contraindications** | • Known hypersensitivity to any component of the vaccine or other poliomyelitis vaccines<br>• Hypersensitivity after previous vaccination with IPOL® or other poliomyelitis vaccines<br>• Acute systemic illness with fever over 38°C |
| **Precautions** | • Thrombocytopenia or a bleeding disorder<br>• Pregnancy – refer to medical practitioner<br>• Hypersensitivity to neomycin, streptomycin sulfate, polymixin B sulfate or other antibiotics of the same class<br>• Immunosuppression |
| **Occupational Considerations** | • NZDF Aircrew are to be stood down for 12 hours following administration.<br>• NZDF Divers are to be stood down for 48 hours following administration.<br>• Personnel must be symptom free from any side effects before returning to duties. |

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| **Side Effects** | • Local reactions (including pain, inflammation, redness)<br>• Generally feeling unwell or tired<br>• Irritability, restlessness and sleepiness<br>• Hypersensitivity reactions (including bronchospasm, angioedema, urticaria, anaphylaxis) |
| **Significant Drug Interactions** | • Immunosuppressive medicines may reduce the response to the vaccine – refer to medical practitioner<br>• Many medicines have multiple interactions with non-DML medicines. If the patient is on a medicine with which you are unfamiliar, refer to a medical practitioner or consult Stockley's alerts (available through the NZ Formulary). |
| **Information for patients** | • Encourage the patient to read the Patient Information Leaflet. |
| **Scope authorised to administer this medicine** | Current NZDF Vaccinator |
| **Countersigning** | Countersignature not required |
| **Clinical Documentation** | An International Certificate of Vaccination and Prophylaxis will be raised on deployment where required. |
| **Additional information** | Nil additional information |

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# Tetanus-Diphtheria-Pertussis Vaccine (Tdap)

## (Baseline Programme)

| Combined Tetanus-Diphtheria-Acellular Pertussis Vaccine | |
|---|---|
| **Available Product** | **Boostrix®**<br>Each 0.5 mL dose contains:<br>Tetanus toxoid: 20 International Units (IU)<br>Diphtheria toxoid: 2 IU<br>Bordetella pertussis acellular antigens<br>pertactin: 2.5 micrograms<br>pertussis toxoid: 8 micrograms<br>filamentous haemagglutinin: 8 micrograms<br>Cloudy white suspension for injection. Storage may cause the vaccine to appear as a fine white deposit with a clear colourless supernatant. |

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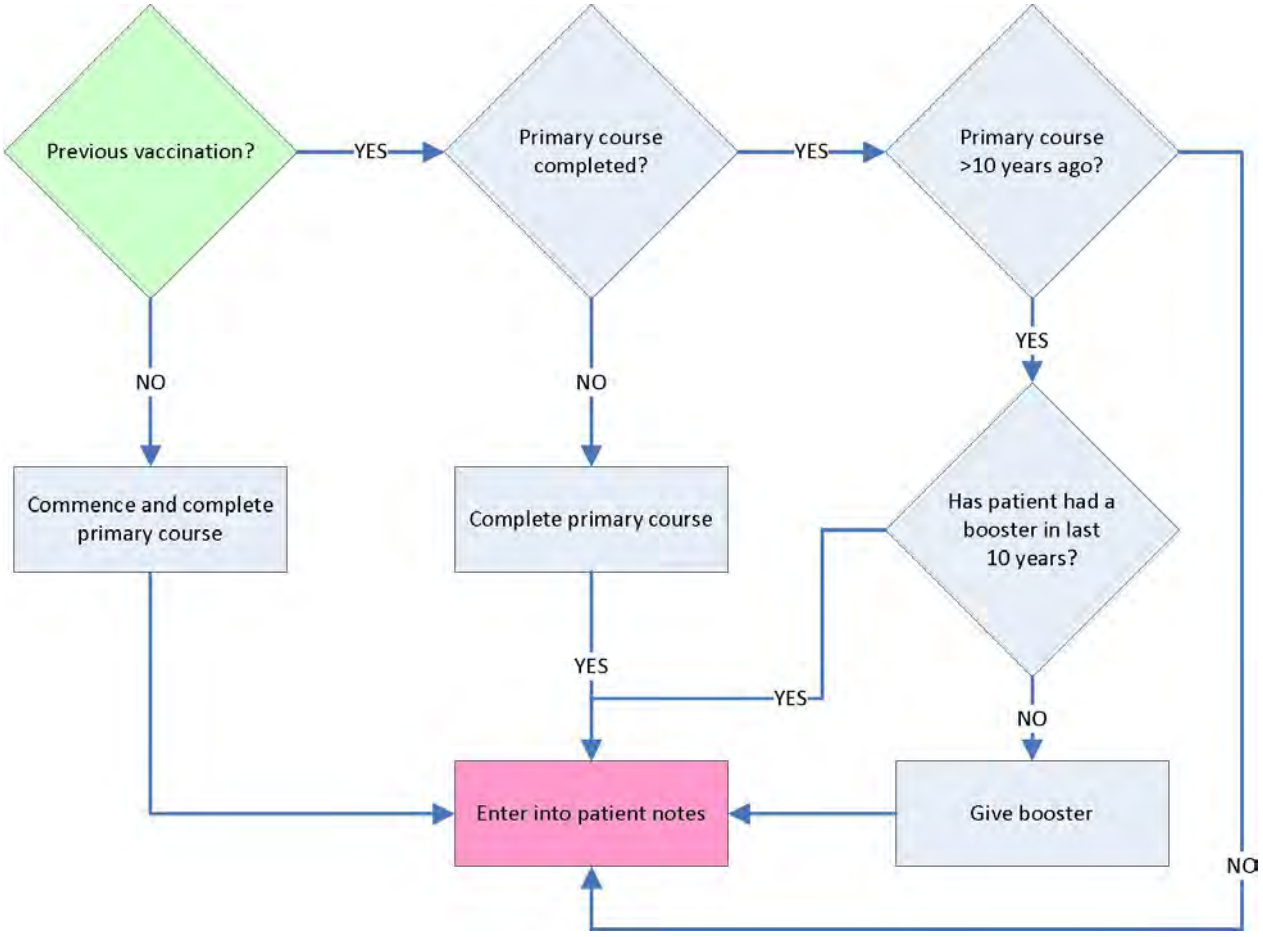
| **Indication 1** | Active immunisation against Tetanus, Diphtheria and Pertussis |

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| **Dosage and Route of Administration** | Shake well before use. Once shaken, the vaccine should appear as a white cloudy suspension. |

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| | **Primary vaccination** (unapproved indication)<br>Administer the required number of doses of 0.5 mL by intramuscular injection (deltoid area recommended) to complete the following schedule:<br>First dose: on day 0<br>Second dose: 4–6 weeks after the first dose<br>Third dose: 4–6 weeks after the second dose<br>**Note:** If the primary course has been started but not completed, administer the required number of doses to complete the primary course without repeating prior doses.<br>**Booster (Baseline Programme 10 yearly booster)**<br>Administer 0.5 mL by intramuscular injection (deltoid area recommended) every 10 years after the primary course is completed. |
| | Authorisation for Enhanced Programme booster: Authorising Document<br>**Booster (Enhanced Programme)**<br>Administer 0.5 mL by intramuscular injection (deltoid area recommended). |

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| **Indication 2** | Active immunisation against Pertussis during each pregnancy |
| **Dosage and Route of Administration** | Shake well before use. Once shaken, the vaccine should appear as a white cloudy suspension. |
| | Administer a single dose of 0.5 mL by intramuscular injection (deltoid area recommended).<br>**Note:** Recommended to be given from 16 weeks gestation of every pregnancy, preferably in the second trimester |

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| **Indication 3** | Tetanus prone wound[1] and more than 5 years since last booster. |
| **Dosage and Route of Administration** | Shake well before use. Once shaken, the vaccine should appear as a white cloudy suspension. |
| | Administer a single dose of 0.5 mL by intramuscular injection (deltoid area recommended). |

[1] Te Whatu Ora Health New Zealand. Immunisation Handbook 2024, version 4. 21.5.6 *Prevention of tetanus following injury*

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| **Contraindications** | • Known hypersensitivity to any component of the vaccine or other tetanus, diphtheria or pertussis vaccines<br>• Hypersensitivity after previous vaccination with tetanus, diphtheria or pertussis vaccines<br>• Acute systemic illness with fever over 38°C<br>• Previous encephalopathy of unknown aetiology, occurring within 7 days following previous vaccination with pertussis-containing vaccine<br>• Previous transient thrombocytopaenia or neurological complications following a previous immunisation against diphtheria and/or tetanus |
| **Precautions** | • Thrombocytopenia or a bleeding disorder<br>• Temperature of ≥40°C or collapse or shock-like state (hypotonic-hyporesponsive episode) within 48 hours of previous pertussis vaccination<br>• Convulsions with or without fever, occurring within 3 days of previous pertussis vaccination |
| **Occupational Considerations** | • NZDF Aircrew are to be stood down for 12 hours following administration.<br>• NZDF Divers are to be stood down for 48 hours following administration.<br>• Personnel must be symptom free from any side effects before returning to duties. |
| **Side Effects** | • Local reactions (including pain, inflammation, redness)<br>• Headache<br>• Nausea & vomiting<br>• Myalgia or arthralgia<br>• Fatigue<br>• Influenza-like symptoms<br>• Malaise<br>• Fever<br>• Hypersensitivity reactions (including bronchospasm, angioedema, urticaria, anaphylaxis) |
| **Significant Drug Interactions** | • Immunosuppressive medicines may reduce the response to the vaccine – refer to medical practitioner.<br>• Many medicines have multiple interactions with non-DML medicines. If the patient is on a medicine with which you are unfamiliar, refer to a medical practitioner or consult Stockley's alerts (available through the NZ Formulary). |
| **Special Notes including information for patients** | • Encourage patient to read Patient Information Leaflet. |
| **Scope authorised to administer this medicine** | Current NZDF Vaccinator |
| **Countersigning** | Countersignature not required |
| **Clinical Documentation** | No additional documentation required |

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| **Additional information** | • Pertussis protection for military partners of pregnant women, or those with newborns, should be considered if they have not had a dose in the previous 10 years and must be on medical practitioner prescription |
| | • When Tdap vaccine is administered for the prevention of tetanus following injury (indication 3), consider whether medical practitioner consultation for wound assessment is clinically indicated.<br><br>**Note:** Refer to latest version of the Immunisation Handbook (Prevention of tetanus following injury) and IMAC Guidelines for the management of tetanus-prone wounds.<br><br>https://www.immune.org.nz/diseases/tetanus |

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# Vaccine MSOs: ENHANCED PROGRAMME

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# Cholera Vaccine

## (Enhanced Programme)

| Oral Cholera Vaccine (inactivated bacteria and recombinant toxin) | |
|---|---|
| **Preparation** | **Dukoral®**<br>Each dose contains:<br>*Vibrio cholerae* 01 Inaba classic strain (heat-inactivated): ca. $31.25 \times 10^9$ bacteria<br>*Vibrio cholerae* 01 Inaba El Tor strain (formalin-inactivated): ca. $31.25 \times 10^9$ bacteria<br>*Vibrio cholerae* 01 Ogawa classic strain (formalin-inactivated): ca. $31.25 \times 10^9$ bacteria<br>*Vibrio cholerae* 01 Ogawa classic strain (heat-inactivated): ca. $31.25 \times 10^9$ bacteria<br>Recombinant cholera toxin B subunit: 1 mg<br>There are two components to the Dukoral vaccine:<br>• the vaccine – a whitish oral liquid suspension in a glass vial<br>• the buffer – a white to off-white effervescent powder in a sachet |

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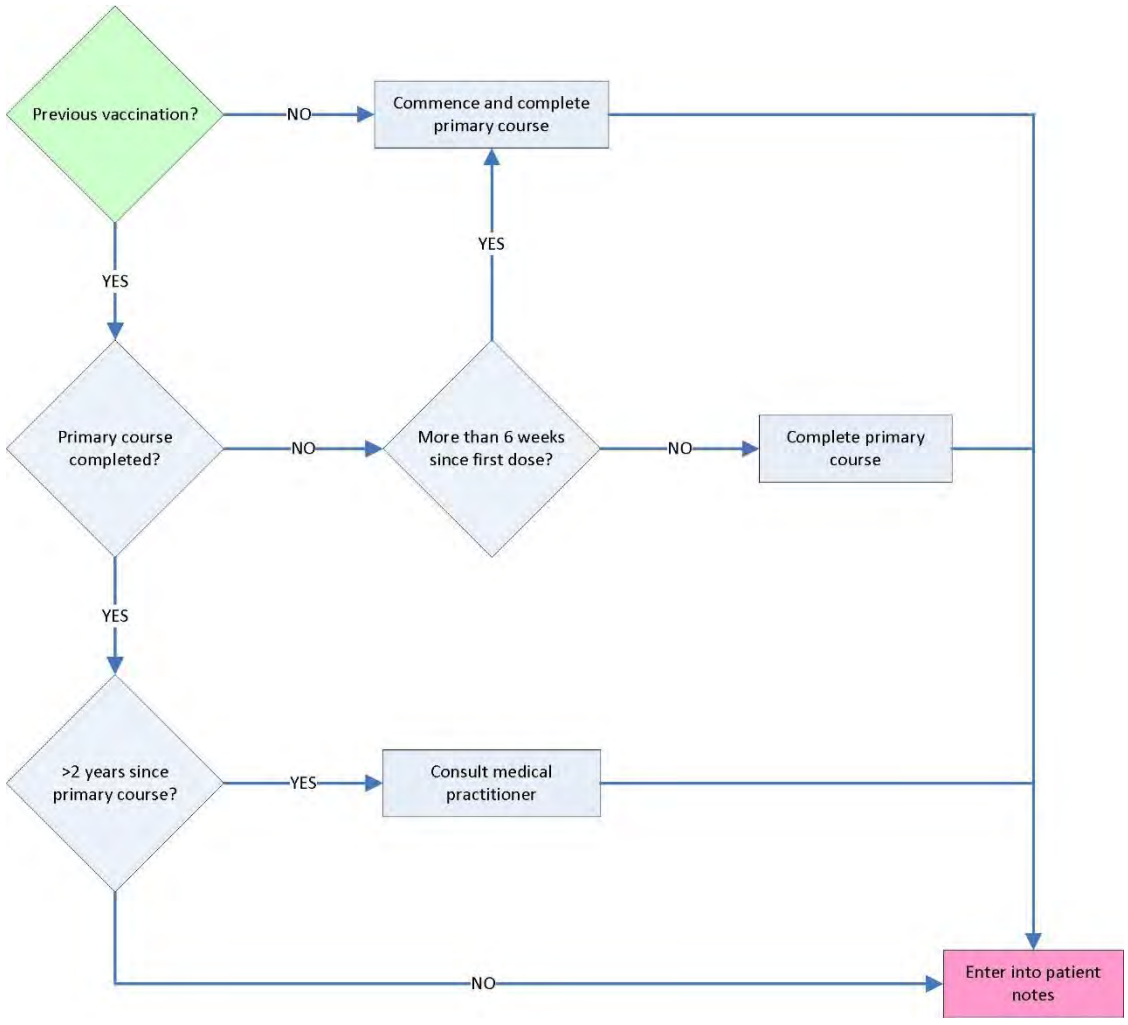
| **Indication** | Active immunisation against Cholera |
| **Authorisation** | Authorising Document |



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| **Dosage and Route of Administration** | To prepare one dose of Dukoral—<br>• Dissolve effervescent powder in approximately 150 mL of cool water to make the buffer solution.<br>• Shake the vaccine vial gently and add the vaccine suspension to the buffer solution.<br>• Mix well and use within two hours of preparation. |
| | **Primary vaccination**<br>Administer the required number of doses orally, to complete the following schedule:<br>First dose: on day 0<br>Second dose: 1–6 weeks after the first dose.<br>**CAUTION:** If more than 6 weeks have elapsed between doses, the primary course must be restarted. |

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| **Contraindications** | • Known hypersensitivity to any component of the vaccine or other cholera vaccines<br>• Hypersensitivity after previous vaccination with cholera vaccines<br>• Acute systemic illness with fever over 38°C<br>• Acute gastrointestinal illness |
| **Precautions** | • Appropriate medical treatment and supervision should always be available in case of anaphylactic reactions.<br>• Thrombocytopenia or a bleeding disorder<br>• Pregnancy<br>• Breastfeeding<br>• Dukoral® contains approximately 1.1 g sodium per dose, caution in patients on a controlled sodium diet. |
| **Occupational Considerations** | • NZDF Aircrew are to be stood down for 12 hours following administration.<br>• NZDF Divers are to be stood down for 48 hours following administration.<br>• Personnel must be symptom free from any side effects before returning to duties. |
| **Side Effects** | • General stomach discomfort, including pain, cramps, gurgling and bloating<br>• Malaise<br>• Fatigue<br>• Headache<br>• Loss of/poor appetite |
| **Significant Drug Interactions** | • Immunosuppressive medicines may reduce the response to the vaccine – refer to medical practitioner.<br>• Food and drink should be avoided for 1 hour before and after vaccination.<br>• Chloroquine and hydroxychloroquine – concurrent administration should be avoided. Therapy should be started no sooner that 8 days after vaccination with oral cholera vaccine.<br>• Many medicines have multiple interactions with non-DML medicines. If the patient is on a medicine with which you are unfamiliar, refer to a medical practitioner or consult Stockley's alerts (available through the NZ Formulary). |
| **Information for patients** | • Food and drink should be avoided 1 hour before and 1 hour after vaccination.<br>• The vaccine does not provide full protection. It is important to adhere to standard health protection measures to avoid cholera and other causes of traveller's diarrhoea. |

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| **Scope authorised to administer this medicine** | Current NZDF Vaccinator |
| **Countersigning** | Countersignature required |
| **Clinical Documentation** | No additional documentation required |
| **Additional information** | • Vaccination should be completed at least one week prior to exposure. |
| | • Only water is be used to dissolve the effervescent powder. |
| | • Booster doses:<br>o are indicated only if patient is under conditions of repeated or continued exposure to the *Vibrio cholerae* organism.<br>o may only be given under the authority of a prescription from a medical practitioner. |

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# Dengue Disease Vaccine

## (Enhanced Programme)

| Live, Attenuated Tetravalent Dengue Disease Vaccine | |
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| **Available Product** | **QDenga®**<br>After reconstitution, each 0.5 mL dose contains:<br>Dengue virus serotype 1 (live, attenuated) ≥ 3.3 $\log_{10}$ plaque-forming units (PFU)/dose<br>Dengue virus serotype 2 (live, attenuated) ≥ 2.7 $\log_{10}$ PFU/dose<br>Dengue virus serotype 3 (live, attenuated) ≥ 4.0 $\log_{10}$ PFU/dose<br>Dengue virus serotype 4 (live, attenuated) ≥ 4.5 $\log_{10}$ PFU/dose<br>Powder and solvent solution for injection. Prior to reconstitution, the vaccine is a white to off-white coloured freeze dried powder (compact cake). The solvent is a clear, colourless solution. |

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| **Indication** | Active immunisation against Dengue Disease |
| **Authorisation** | Authorising Document |
| **Dosage and Route of Administration** | Completely reconstitute the vaccine with the solvent before use. |
| | **Primary vaccination**<br>Administer the required number of doses of 0.5 mL by subcutaneous injection (deltoid area recommended) to complete the following schedule:<br>First dose: on day 0<br>Second dose: after at least 3 months if remaining in a dengue endemic area<br>**Note**: Wherever possible, QDenga® vaccine should be given no less than 14 days prior to travel to dengue endemic region<br>**Note**: This is an unapproved Section 29 medicine, so informed consent is required. |
| | **Booster dose**<br>No booster dose is authorised |

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| **Contraindications** | **WARNING**: Patients with a hypersensitivity reaction after the first dose should **not** be given a second dose.<br>• Known hypersensitivity to any component of the vaccine<br>• Congenital or acquired immune deficiency, including those receiving immunosuppressive therapy such as systemic corticosteroids<br>• Individuals with HIV infection<br>• Pregnancy<br>• Breastfeeding<br>• Acute severe febrile illness |
| **Precautions** | • Women of childbearing potential should avoid pregnancy for at least one month following vaccination<br>• If administered at the same time as other injectable vaccines, administer at different injection sites |

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| **Occupational Considerations** | • NZDF Aircrew are to be stood down for 12 hours following administration.<br>• NZDF Divers are to be stood down for 72 hours following administration.<br>• Personnel must be symptom free from any side effects before returning to duties.<br>• As symptoms of vaccine viraemia may be indistinguishable from dengue infection, the first dose should be given no less than 14 days prior to travel into a dengue endemic region wherever possible. |
| **Side Effects** | • Local reactions (including pain, inflammation, redness)<br>• Viraemia. Clinical studies observed viraemia in 49% of recipients who had not been infected with dengue before. Vaccine viraemia started in the second week post-vaccination and on average lasted four days with symptoms of headache, arthralgia, myalgia and rash. Viraemia was rare after the second dose.<br>• Headache<br>• Myalgia<br>• Malaise<br>• Asthenia<br>• Fever |
| **Significant Drug Interactions** | • Where patients have received treatment with immunoglobulins or blood products, delay vaccinating for three months to avoid neutralisation of the attenuated vaccine.<br>• Immunosuppressant medication may reduce the effectiveness of the vaccine. |
| **Information for patients** | • This is an unapproved Section 29 medicine.<br>• Encourage patients to read the Patient Information leaflet<br>• Warn patients of possible viraemia after the first dose |
| **Scope authorised to administer this medicine** | • Current NZDF vaccinator |
| **Countersigning** | Countersignature not required |
| **Clinical Documentation** | No additional documentation required |
| **Additional information** | None |

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# Herpes (Varicella) Zoster Vaccine

## (Enhanced Programme)

| Varicella Zoster Virus Recombinant Glycoprotein E Antigen Vaccine | |
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| **Available Preparation** | **Shingrix®**<br>Each 0.5 mL dose contains:<br>Varicella Zoster Virus glycoprotein E: 50 micrograms<br>$AS01_B$ liposome-based adjuvant containing two immunostimulants:<br>*Quillaja saponaria* (soapbark tree) saponin fraction 21 (QS-21): 50 micrograms<br>Detoxified lipopolysaccharide fraction 3-O-desacy-4'-monophosphoryl liquid from *Salmonella minnesota*: 50 micrograms<br><br>There are two components to the Shingrix® vaccine:<br>the vaccine – white powder in a glass vial<br>the suspension – opalescent, colourless to pale brownish liquid in a glass vial |

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| **Indication** | Active immunisation against herpes zoster and prevention of post-herpetic neuralgia |
| **Authorisation** | Patient choice for patients aged 65 years (the second dose can be administered at age 66 years if the first dose was given at 65 years)<br>**Note:** Patients who do not meet the above authorisation criteria and request the vaccine are to be referred to a medical practitioner. |
| **Dosage and Route of Administration** | To prepare one dose of Shingrix®—<br>• Add entire contents of suspension vial to vial of vaccine powder.<br>• Shake the mixture gently until all powder is dissolved.<br>• Vaccine solution should be an opalescent, colourless to pale brownish colour.<br>• If not used immediately, the vaccine solution can be stored between +2°C to +8°C for up to 6 hours. |
| | **Primary vaccination**<br>Administer the required number of doses of 0.5 mL by intramuscular injection (deltoid area recommended) to complete the following schedule:<br>First dose: on day 0<br>Second dose: between 2 and 6 months after the first dose |
| | **Booster dose**<br>No booster required following completion of the recommended primary vaccination course. |
| **Contraindications** | • Known hypersensitivity to any component of the vaccine<br>• Confirmed anaphylactic reaction to other Herpes zoster vaccines<br>• Acute systemic illness with fever over 38°C |
| **Precautions** | • Thrombocytopenia or a bleeding disorder |

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| **Occupational Considerations** | • NZDF Aircrew are to be stood down for 12 hours following administration.<br>• NZDF Divers are to be stood down for 48 hours following administration.<br>• Personnel must be symptom free from any side effects before returning to duties. |
| **Side Effects** | • Local reactions (including pain, inflammation, redness)<br>• Myalgia and arthralgia<br>• Fainting (especially in younger patients), dizziness<br>• Headache<br>• Malaise<br>• Fatigue<br>• Hypersensitivity reactions (including bronchospasm, angioedema, urticaria, anaphylaxis) |
| **Significant Drug Interactions** | • Immunosuppressive medicines may reduce the response to the vaccine – refer to medical practitioner.<br>• Many medicines have multiple interactions with non-DML medicines. If the patient is on a medicine with which you are unfamiliar, refer to a medical practitioner or consult Stockley's alerts (available through the NZ Formulary). |
| **Information for patients** | • Encourage patient to read Patient Information Leaflet. |
| **Scope authorised to administer this medicine** | • Current NZDF Vaccinator |
| **Countersigning** | • Countersignature not required |
| **Clinical Documentation** | • No additional documentation required |
| **Additional Information** | • Nil |

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# Human Papilloma Virus Vaccine

## (Enhanced Programme)

| Human Papillomavirus 9-valent, Recombinant, Adsorbed Vaccine | |
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| **Available Preparation** | **Gardasil 9®**<br>Each 0.5 mL dose contains:<br>Human Papillomavirus 6 L1 protein: 30 micrograms<br>Human Papillomavirus 11 L1 protein: 40 micrograms<br>Human Papillomavirus 16 L1 protein: 60 micrograms<br>Human Papillomavirus 18 L1 protein: 40 micrograms<br>Human Papillomavirus 31 L1 protein: 20 micrograms<br>Human Papillomavirus 33 L1 protein: 20 micrograms<br>Human Papillomavirus 45 L1 protein: 20 micrograms<br>Human Papillomavirus 52 L1 protein: 20 micrograms<br>Human Papillomavirus 58 L1 protein: 20 micrograms<br>Cloudy white suspension for injection. Storage may cause the vaccine to appear as a fine white deposit with a clear colourless supernatant. |

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| **Indication** | Active immunisation against Human Papilloma Virus |
| **Authorisation** | Patient choice for patients meeting the MoH funding eligibility criteria<br>**Note:** Patients who do not meet the MoH funding eligibility criteria and request the vaccine are to be referred to a medical practitioner. |
| **Dosage and Route of Administration** | Shake well before use. |
| | **Primary vaccination**<br>Administer the required number of doses of 0.5 mL by intramuscular injection (deltoid area recommended) to complete the following schedule:<br>First dose: on day 0<br>Second dose: 2 months after the first dose<br>Third dose: 6 months after the first dose<br>**Note:** If the primary course has been started but not completed, administer the required number of doses to complete the primary course without repeating prior doses.<br>**Note:** An alternative two-dose schedule of HPV vaccine, given at 0 and 6–12 months, is recommended for individuals who receive the first dose before their 15th birthday. Where members have received this schedule, they do not require a third HPV vaccination. |
| | **Booster dose**<br>No booster required following completion of the recommended primary vaccination course. |
| **Contraindications** | • Known hypersensitivity to any component of the vaccine or other Human Papilloma Virus vaccines<br>• Hypersensitivity after previous vaccination with Human Papilloma Virus vaccines<br>• Acute systemic illness with fever over 38°C |

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| **Precautions** | • Thrombocytopenia or a bleeding disorder<br>• Pregnancy – vaccination should be delayed until completion of pregnancy |
| **Occupational Considerations** | • NZDF Aircrew are to be stood down for 12 hours following administration.<br>• NZDF Divers are to be stood down for 48 hours following administration.<br>• Personnel must be symptom free from any side effects before returning to duties. |
| **Side Effects** | • Local reactions (including pain, inflammation, redness)<br>• Myalgia and asthenia<br>• Fainting (especially in younger patients)<br>• Headache<br>• Malaise<br>• Fever<br>• Hypersensitivity reactions (including bronchospasm, angioedema, urticaria, anaphylaxis) |
| **Significant Drug Interactions** | • Immunosuppressive medicines may reduce the response to the vaccine – refer to medical practitioner.<br>• Many medicines have multiple interactions with non-DML medicines. If the patient is on a medicine with which you are unfamiliar, refer to a medical practitioner or consult Stockley's alerts (available through the NZ Formulary). |
| **Information for patients** | • Encourage patient to read Patient Information Leaflet. |
| **Scope authorised to administer this medicine** | • Current NZDF Vaccinator |
| **Countersigning** | • Countersignature not required |
| **Clinical Documentation** | • No additional documentation required |
| **Additional information** | • Refer to a medical practitioner:<br>o if the primary vaccination schedule cannot be adhered to. The following should be considered with an alternate schedule:<br>▪ The second dose must be administered at least one month after the first dose.<br>▪ The third dose must be administered at least three months after the second dose.<br>o if patients not meeting the MoH funding eligibility criteria request the vaccine. |

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# Influenza Vaccine

## (Enhanced Programme)

| Quadrivalent Inactivated Split Virion Influenza Vaccine | |
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| **Available Preparation** | **Influvac® Tetra (2026 egg-based vaccine)**<br>Each 0.5 mL dose contains:<br>A/Missouri/11/2025 (H1N1)pdm09-like virus<br>A/Singapore/GP20238/2024(H3N2)-like virus<br>B/Austria/1359417/2021-like virus<br>B/Phuket/3073/2013-like virus |

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| **Indication** | Active immunisation against influenza |
| **Authorisation** | Ab initio trainees<br>Patient choice<br>NZDF divers (see DHR 37 *Applied Healthcare: Occupational Medicine*, Part 1, Chapter 2 *Diving Medical Standards*)<br>Authorising Document<br>**Note:** Recommended for all NZDF personnel and strongly recommended for healthcare providers, pregnant persons, persons over 65 years of age, Māori/Pasifika persons over 55 years of age, persons with chronic health conditions (such as asthma, diabetes or a heart or lung condition), recruits and all NZDF uniformed personnel. |
| **Dosage and Route of Administration** | Shake before use. After shaking, the vaccine should appear as an even suspension. |
| | **Primary vaccination**<br>If the patient has not received that year's seasonal influenza vaccine, administer one dose of 0.5 mL by intramuscular injection (deltoid area recommended). |
| | **Booster dose**<br>No booster required following completion of the primary vaccination course. |

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| **Contraindications** | • Known hypersensitivity to any component of the vaccine or other influenza vaccines<br>• Hypersensitivity after previous vaccination with influenza vaccines<br>• Acute systemic illness with fever over 38°C |
| **Precautions** | • Thrombocytopenia or a bleeding disorder<br>• History of Guillain-Barre syndrome |
| **Occupational Considerations** | • NZDF Aircrew are to be stood down for 12 hours following administration.<br>• NZDF Divers are to be stood down for 48 hours following administration.<br>• Personnel must be symptom free from any side effects before returning to duties. |
| **Side Effects** | • Local reactions (including pain, inflammation, redness) |

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| | • Headache<br>• Malaise<br>• Hypersensitivity reactions (including bronchospasm, angioedema, urticaria, anaphylaxis) |
| **Significant Drug Interactions** | • Immunosuppressive medicines may reduce the response to the vaccine – refer to medical practitioner.<br>• 13-valent pneumococcal conjugate vaccine – increased risk of fever following concomitant administration.<br>• Many medicines have multiple interactions with non-DML medicines. If the patient is on a medicine with which you are unfamiliar, refer to a medical practitioner or consult Stockley's alerts (available through the NZ Formulary). |
| **Information for patients** | • Encourage the patient to read the Patient Information Leaflet. |
| **Scope authorised to administer this medicine** | Current NZDF Vaccinator |
| **Countersigning** | Countersignature not required |
| **Clinical Documentation** | No additional documentation required |
| **Additional information** | • The influenza strains in the vaccine change every year. Content can be verified from the manufacturer's datasheet.<br>• Egg allergy, including anaphylaxis, is not a contraindication or precaution.<br>  ◦ The standard 15-minute observation period may be shortened to 5 minutes if the individual meets all IMAC criteria (see 'Waiting after receiving a 2026 influenza vaccination' under 'Schedule and administration') and is briefed by the healthcare provider as per IMAC advice.<br>  See also *FLU2026 Winter Preparedness Kit: Vaccination for Flu, COVID-19 and other respiratory viruses*. |

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# Japanese Encephalitis Vaccine (Primary option)

**(Enhanced Programme)**

| **Live Attenuated Japanese Encephalitis Vaccine** | |
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| **Available Product** | **IMOJEV®**<br>Powder and Diluent for Suspension for Injection<br>Diluent is a 0.4% Sterile Sodium Chloride Solution<br>Each dose contains: Monovalent Live Attenuated Viral Vaccine Japanese Encephalitis virus:<br>4.0–5.8 log PFU (plaque-forming units)<br>The powder is a white to creamy white homogenous cake which might be retracted from the sides of the vial. After reconstitution **IMOJEV®** is a colourless to amber suspension. |

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| **Indication** | Active immunisation against Japanese Encephalitis (Primary JEV vaccine option for the NZDF) |
| **Authorisation** | Authorising Document (to include High Readiness Nominal Roll) |
| **Dosage and Route of Administration** | Using aseptic technique, reconstitute **IMOJEV®** by injecting all the 0.4% sodium chloride solution into the freeze-dried vaccine, using one of the needles provided in the carton.<br>Swirl the vial gently. After the vaccine is completely dissolved, draw up a 0.5-ml dose of the reconstituted suspension with the same syringe.<br>For injection, fit the syringe with the second needle provided in the package. |
| | **Vaccination**<br>Administer a single injection of reconstituted vaccine 0.5 mL by subcutaneous injection (deltoid area recommended)<br>**Note**: This is an unapproved, Section 29 medicine so informed consent is required.<br><br>**Booster dose**<br>There is no need for a booster dose after the administration of a single dose of IMOJEV® |

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| **Contraindications** | • Hypersensitivity after previous vaccination with any Japanese Encephalitis Vaccine<br>• Known hypersensitivity to any component of the vaccine<br>• Administration of another live vaccine (including BCG) within the previous four weeks, unless given concurrently<br>• Immunosuppression<br>• Pregnancy<br>• Breastfeeding<br>• Acute systemic illness with fever over 38°C |

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| | • Blood or immunoglobulin transfusions during the previous 3 months |
| **Precautions** | • None |
| **Occupational Considerations** | • Ideally, the vaccine should be given at least 28 days prior to potential exposure to JEV. If a person is travelling to a JE endemic area and they will enter within 28 days of receiving their vaccination, they and their command chain are to be made aware of their reduced protection status.<br>• NZDF Aircrew are to be stood down for 12 hours following administration.<br>• NZDF Divers are to be stood down for 48 hours following administration.<br>• Personnel must be symptom free from any side effects before returning to duties. |
| **Side Effects** | • Local reactions (including injection site pain, inflammation, redness)<br>• Headache<br>• Fatigue<br>• Malaise |
| **Significant Drug Interactions** | • Immunosuppressive medicines may reduce the response to the vaccine – refer to medical practitioner<br>• Many medicines have multiple interactions with non-DML medicines. If the patient is on a medicine with which you are unfamiliar, refer to a medical practitioner. |
| **Information for patients** | • This is an unapproved, Section 29 medicine.<br>• Women should avoid pregnancy for 28 days after vaccination.<br>• Encourage the patient to read the Patient Information Leaflet. |
| **Scope authorised to administer this medicine** | Current NZDF Vaccinator |
| **Countersigning** | Countersignature not required |
| **Clinical Documentation** | No additional documentation required |
| **Additional information** | • IMOJEV® can be used as a booster to previous JE-Vax and Green Cross courses if they have an ongoing risk of JE virus exposure and require vaccination. |
| | • Where patients have previously received JESPECT® and require a booster dose, using JESPECT® for the booster dose is the preferred option. However, IMOJEV® may be used as an alternative where needed. |
| | • IMOJEV® can be co administered with any other vaccine including the seasonal influenza vaccine |

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# Japanese Encephalitis Vaccine (Alternative option)

## (Enhanced Programme)

| Inactivated Japanese Encephalitis Vaccine (adsorbed) | |
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| **Available Product** | **Jespect®**<br>Each 0.5 mL dose contains:<br>Japanese encephalitis virus (purified, inactivated): 6 antigen units (AgU)<br>Cloudy white suspension for injection. Storage may cause the vaccine to appear as a fine white deposit with a clear colourless supernatant. |

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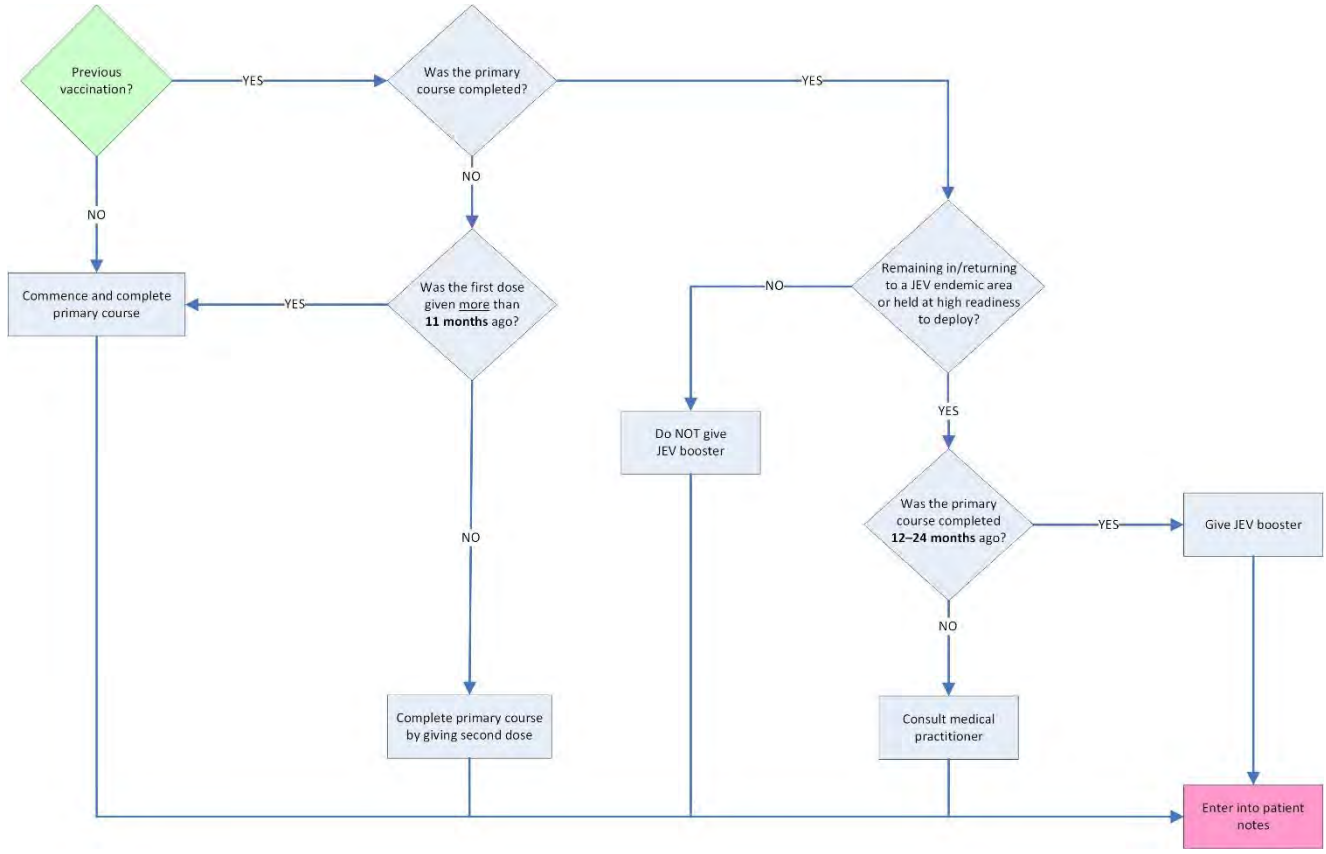
| **Indication** | Active immunisation against Japanese Encephalitis (Alternative JEV vaccine option for the NZDF) |
| **Authorisation** | Authorising Document (to include High Readiness Nominal Roll) |



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| **Dosage and Route of Administration** | Shake well before use. Once shaken, the vaccine should appear as a white cloudy suspension. |
| | **Primary vaccination**<br>Administer the required number of doses of 0.5 mL by intramuscular injection (deltoid area recommended), to complete the following schedule:<br>First dose: on day 0<br>Second dose: on day 28<br>**Notes:**<br>1. If the second dose is delayed, it can be given up to 11 months after the first dose; otherwise, the primary course is to be restarted.<br>2. If the primary course cannot be completed within the required time period, consult with a medical practitioner.<br>**Booster dose**<br>A booster dose of 0.5 mL by intramuscular injection (deltoid area recommended) can be given between 12 and 24 months following completion of the primary vaccination for those individuals remaining in or returning to a JEV endemic area or held at high readiness to deploy. The authorising document for those held at high readiness to deploy is to be the High Readiness Nominal Roll. This booster provides immunity for a further 10-year period. |

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| **Contraindications** | **WARNING: Patients with a hypersensitivity reaction after the first dose should not be given a second dose.**<br>• Known hypersensitivity to any component of the vaccine<br>• Hypersensitivity after previous vaccination with Jespect®<br>• Acute systemic illness with fever over 38°C |
| **Precautions** | • Thrombocytopenia or a bleeding disorder<br>• Immunosuppression<br>• Pregnancy – refer to medical practitioner<br>• Breastfeeding – refer to medical practitioner |
| **Occupational Considerations** | • The primary course should be completed at least 7 days prior to potential exposure to JEV. If a person is travelling to a JE endemic area and is unable to complete the primary course or they will enter within 7 days of receiving their primary course, they and their command chain are to be made aware of their unknown protection status.<br>• NZDF Aircrew are to be stood down for 12 hours following administration.<br>• NZDF Divers are to be stood down for 72 hours following administration.<br>• Personnel must be symptom free from any side effects before returning to duties. |
| **Side Effects** | • Local reactions (including pain, inflammation, redness)<br>• Nausea<br>• Headache<br>• Influenza-like illness<br>• Myalgia<br>• Rash<br>• Hypersensitivity reactions (including bronchospasm, angioedema, urticaria, anaphylaxis) |
| **Significant Drug Interactions** | • Immunosuppressive medicines may reduce the response to the vaccine – refer to medical practitioner |

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| | • Many medicines have multiple interactions with non-DML medicines. If the patient is on a medicine with which you are unfamiliar, refer to a medical practitioner or consult Stockley's alerts (available through the NZ Formulary). |
| **Information for patients** | • Encourage the patient to read the Patient Information Leaflet. |
| **Scope authorised to administer this medicine** | Current NZDF Vaccinator |
| **Countersigning** | Countersignature not required |
| **Clinical Documentation** | No additional documentation required |
| **Additional information** | • Jespect® can be used as a booster to previous JE-Vax and Green Cross courses. |
| | • Jespect® is indicated only for use in persons 18 years of age and older. |
| | • Jespect® is marketed in the US, Europe, Canada, Hong Kong and Singapore under the trade name IXIARO® and in Australia and New Zealand as Jespect® |
| | • An accelerated course of JEV vaccine may be used only after consultation, approval and under the authority of a prescription from a medical practitioner. |

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# Meningococcal A, C, W-135 and Y Vaccine

## (Enhanced Programme)

| MenACWY-D quadrivalent meningococcal conjugate vaccine<br>MenACWY-T quadrivalent meningococcal conjugate vaccine | |
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| **Preparations** | **Menactra® (MenACWY-D)**<br>Each 0.5 mL dose contains:<br>Meningococcal polysaccharide Group A: 4 micrograms<br>Meningococcal polysaccharide Group C: 4 micrograms<br>Meningococcal polysaccharide Group Y: 4 micrograms<br>Meningococcal polysaccharide Group W-135: 4 micrograms<br>Diphtheria toxoid protein: 48 micrograms<br>Clear to slightly turbid solution for injection<br><br>**MenQuadfi® (MenACWY-T)**<br>Each 0.5 mL dose contains:<br>Meningococcal polysaccharide Group A: 10 micrograms<br>Meningococcal polysaccharide Group C: 10 micrograms<br>Meningococcal polysaccharide Group Y: 10 micrograms<br>Meningococcal polysaccharide Group W-135: 10 micrograms<br>Tetanus toxoid protein: 55 micrograms<br>Clear, colourless solution for injection |

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| **Indication** | Active immunisation against meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, W-135 and Y |
| **Authorisation** | Ab initio trainees aged <25 years who have not received a previous MenA,C,W,Y vaccine in the last 4 years<br>Individuals aged ≤25 years who are in their first 12 months of living in shared service accommodation who have not received a previous MenA,C,W,Y vaccine in the last 4 years<br>Authorising Document: no booster to be given within 5 years of any previous MenA,C,W,Y vaccine |
| **Dosage and Route of Administration** | Shake gently before use. |
| | **CAUTION:** Check whether patient has received a previous MenA,C,W,Y vaccine and refer to Authorisation.<br>**Primary vaccination**<br>Administer one dose of 0.5 mL by intramuscular injection (deltoid area recommended). |
| | **Booster**<br>Refer to Authorisation for booster direction |

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| **Contraindications** | • Known hypersensitivity to any component of the vaccine or other Meningococcal A, C, W-135 and Y vaccines<br>• Hypersensitivity after previous vaccination with Meningococcal A, C, W-135 and Y vaccines<br>• Acute systemic illness with fever over 38°C |
| **Precautions** | • Thrombocytopenia or a bleeding disorder<br>• Pregnancy<br>• Breastfeeding<br>• 13-valent Pneumococcal conjugate vaccine (PCV13) administration in last four weeks |
| **Occupational Considerations** | • NZDF Aircrew are to be stood down for 12 hours following administration.<br>• NZDF Divers are to be stood down for 48 hours following administration.<br>• Personnel must be symptom free from any side effects before returning to duties. |
| **Side Effects** | • Local reactions (including pain, inflammation, redness)<br>• Arthralgia / myalgia<br>• Gastrointestinal disturbances<br>• Anorexia<br>• Chills/fever<br>• Headache<br>• Malaise<br>• Hypersensitivity reactions (including bronchospasm, angioedema, urticaria, anaphylaxis) |
| **Significant Drug Interactions** | • Immunosuppressive medicines may reduce the response to the vaccine – refer to medical practitioner<br>• PCV13 – administration of PCV13 and MenACWY-D should be separated by at least four weeks<br>• Many medicines have multiple interactions with non-DML medicines. If the patient is on a medicine with which you are unfamiliar, refer to a medical practitioner or consult Stockley's alerts (available through the NZ Formulary). |
| **Information for patients** | • Encourage the patient to read the Patient Information Leaflet. |
| **Scope authorised to administer this medicine** | Current NZDF Vaccinator |
| **Countersigning** | Countersignature not required |
| **Clinical Documentation** | No additional documentation required |
| **Additional information** | |

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# Meningococcal B Vaccine

## (Enhanced Programme)

| Meningococcal B Recombinant, Adsorbed Vaccine | |
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| **Available Product** | **Bexsero®**<br>Each 0.5 mL dose contains:<br>*Neisseria meningitidis* Group B NHBA fusion protein: 50 micrograms<br>*Neisseria meningitidis* Group B NadA protein: 50 micrograms<br>*Neisseria meningitidis* Group B fHbp fusion protein: 50 micrograms<br>*Neisseria meningitidis* Group B outer membrane vesicles: 25 micrograms<br>Clear, colourless suspension for injection. Storage may cause the vaccine to appear as a fine white deposit with a clear colourless supernatant. |

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| **Indication** | Active immunisation against meningococcal disease caused by *Neisseria meningitidis* serogroup B |
| **Authorisation** | Ab initio trainees<br>Individuals aged ≤25 years who are in their first 12 months of living in shared service accommodation<br>Authorising Document |
| **Dosage and Route of Administration** | Shake well before use to form a uniform suspension. |
| | **Primary vaccination**<br>Administer the required number of doses of 0.5 mL by intramuscular injection (deltoid area recommended), to complete the following schedule:<br>First dose: on day 0<br>Second dose: at least 8 weeks after first dose |
| | **Booster dose**<br>No booster required following completion of the primary vaccination course |

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| **Contraindications** | • Known hypersensitivity to any component of Bexsero®<br>• Hypersensitivity after previous vaccination with Bexsero® or other meningitis B vaccines<br>• Acute systemic illness with fever over 38°C |
| **Precautions** | • Thrombocytopenia or a bleeding disorder<br>• Pregnancy<br>• Breastfeeding |
| **Occupational Considerations** | • NZDF Aircrew are to be stood down for 12 hours following administration.<br>• NZDF Divers are to be stood down for 48 hours following administration.<br>• Personnel must be symptom free from any side effects before returning to duties. |

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| **Side Effects** | • Local reactions (including pain, inflammation, redness)<br>• Headache<br>• Nausea<br>• Myalgia<br>• Arthralgia<br>• Rash<br>• Generally feeling unwell or tired<br>• Hypersensitivity reactions (including bronchospasm, angioedema, urticaria, anaphylaxis) |
| **Significant Drug Interactions** | • Immunosuppressive medicines may reduce the response to the vaccine – refer to medical practitioner.<br>• Many medicines have multiple interactions with non-DML medicines. If the patient is on a medicine with which you are unfamiliar, refer to a medical practitioner or consult Stockley's alerts (available through the NZ Formulary). |
| **Information for patients** | • Encourage the patient to read the Patient Information Leaflet |
| **Scope authorised to administer this medicine** | Current NZDF Vaccinator |
| **Countersigning** | Countersignature not required |
| **Clinical Documentation** | No additional documentation required |
| **Additional information** | • The safety and efficacy of Bexsero® in patients over 50 years of age have not been established. |

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# Rabies Vaccine

## (Enhanced Programme)

| Inactivated Rabies Virus Vaccine | |
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| **Available Products** | **Verorab Inactivated Rabies Vaccine (Verorab)®**<br>Each 0.5 mL dose of the reconstituted vaccine contains:<br>Inactivated Wistar rabies virus strain: 3.25 International Units<br>There are two components to the Verorab vaccine:<br>• the vaccine – a white homogenous pellet<br>• the diluent – 0.4% sodium chloride solution in a pre-filled syringe which when constituted forms a uniformly clear and colourless solution.<br><br>**Rabipur®**<br>Each 1 mL dose of the reconstituted vaccine contains:<br>Inactivated rabies virus: 2.5 International Units<br>There are two components to the Rabipur vaccine:<br>• the vaccine – lyophilised powder in a glass vial<br>• the diluent – diluent in ampoule |

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| **Indication** | Active immunisation for **pre-exposure prophylaxis** against Rabies |
| **Authorisation** | Authorising Document |
| **Dosage and Route of Administration** | To prepare one dose of rabies vaccine—<br>• Add the entire volume of diluent to the vial of vaccine powder.<br>• Gently swirl the vial to avoid foaming.<br>• Reconstituted Verorab should be uniformly clear and colourless.<br>• Reconstituted Rabipur should be clear to slightly opalescent and colourless to slightly pink. |
| | **Primary vaccination**<br>Administer the required number of doses of 0.5 mL of Verorab or 1 mL of Rabipur by intramuscular injection (deltoid area recommended) to complete the following schedule:<br>First dose: on day 0<br>Second dose: on day 7<br>**Note:** The above two-dose regimen is unapproved (off-label use), so informed consent is required.<br>**Note:** Immunocompromised individuals are to be referred for medical practitioner assessment and consideration of a three-dose regimen.<br>**Note:** If the primary course cannot be completed within the required time period, consult with a medical practitioner. |

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| | **Booster**<br>Administer 0.5 mL of Verorab or 1 mL of Rabipur by intramuscular injection (deltoid area recommended).<br>**Note**: A third dose (booster) is required where a two-dose regimen was given and an individual is planning another visit to an endemic area more than 3 years after the initial two doses. No further booster doses are required following a three-dose regimen. |
| **Contraindications** | • Known hypersensitivity to any component of the vaccine or other rabies vaccines including hypersensitivity to neomycin or other antibiotics of the same class (aminoglycoside)<br>• Hypersensitivity after previous vaccination with rabies vaccines<br>• Acute systemic illness with fever over 38°C |
| **Precautions** | • Thrombocytopenia or a bleeding disorder<br>• Immunosuppression<br>• Pregnancy – refer to medical practitioner<br>• Breastfeeding – refer to medical practitioner |
| **Occupational Considerations** | • NZDF Aircrew are to be stood down for 12 hours following administration.<br>• NZDF Divers are to be stood down for 48 hours following administration.<br>• Personnel must be symptom free from any side effects before returning to duties. |
| **Side Effects** | • Local reactions (including pain, inflammation, redness)<br>• Myalgia and asthenia<br>• Arthralgia<br>• Lymphadenopathy<br>• Influenza-like symptoms<br>• Headache<br>• Malaise<br>• Fever<br>• Hypersensitivity reactions (including bronchospasm, angioedema, urticaria, anaphylaxis) |
| **Significant Drug Interactions** | • Immunosuppressive medicines may reduce the response to the vaccine – refer to medical practitioner<br>• Many medicines have multiple interactions with non-DML medicines. If the patient is on a medicine with which you are unfamiliar, refer to a medical practitioner or consult Stockley's alerts (available through the NZ Formulary). |
| **Information for patients** | • Encourage the patient to read the Patient Information Leaflet. |
| **Scope authorised to administer this medicine** | Current NZDF Vaccinator |
| **Countersigning** | Countersignature not required |
| **Clinical Documentation** | No additional documentation required |
| **Additional information** | • Post-exposure prophylaxis:<br>o Consists of local treatment of a wound, initiated as soon as possible after an exposure. This is followed by administration of rabies vaccine with or without immunoglobulin depending |

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| | upon the category of exposure to the suspected rabid animal and the patient's immunisation status.<br>o Administration of rabies vaccine for post-exposure prophylaxis may be conducted only under the authority of a prescription from a medical practitioner. |
| | • Booster doses:<br>o may be required for high risk exposure groups, for example those undertaking animal control activities, veterinarians or force health protection personnel; and<br>o may be given only after consultation, approval and under the authority of a prescription from a medical practitioner. |

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# Tick Borne Encephalitis (TBE) Vaccine

## (Enhanced Programme)

| Inactivated TBE Virus Vaccine | |
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| **Available Products** | **TicoVac™ (FSME-IMMUN)**<br>Each 0.5 mL dose of the vaccine contains 2.4 mcg of inactivated TBE virus.<br>The TicoVac™ vaccine is a pre-mixed suspension in a single use pre-filled syringe for intramuscular injection.<br>**Encepur®**<br>Encepur® is not to be used for the initial two doses of vaccination. It is interchangeable with TicoVac™ for third and booster doses. |

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| **Indication** | Active immunisation for **pre-exposure prophylaxis** against TBE. |
| **Authorisation** | Authorising Document |
| **Dosage and Route of Administration** | To prepare one dose of TBE vaccine—<br>• Bring the vaccine to room temperature before administration.<br>• Shake well to mix the vaccine suspension.<br>• The vaccine should be a homogeneous off-white, opalescent suspension.<br>• The vaccine should be inspected visually for particulate matter and discolouration prior to administration.<br>• Do not administer if particulate matter or discolouration remains after shaking. |
| | **Primary vaccination**<br>Administer the required doses of 0.5 mL of TicoVac by intramuscular injection (deltoid area recommended) to complete the following schedule:<br>First dose: on day 0<br>Second dose: 1–3 months after first dose<br>Accelerated schedule may be authorised and given no earlier than day 14<br>Third dose: 5–12 months after second dose if continued exposure expected<br>**Note:** This is an unapproved Section 29 medicine, so informed consent is required.<br>**Note:** Immunocompromised individuals are to be referred for medical practitioner assessment.<br>**Note:** If the first two doses cannot be completed within the required time period, consult with a medical practitioner. |

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| | **Booster**<br><br>Administer 0.5 mL of TicoVac™ or Encepur® by intramuscular injection (deltoid area recommended).<br><br>**Note**: A booster is required where the primary regimen was given and an individual remains in or is planning another visit to an endemic area more than 3 years after the third dose was administered. After the first booster dose, boosters need to be administered only every 5 years until age 60 years, then 3 yearly thereafter (subject to continued exposure risk). |
| **Contraindications** | • Known hypersensitivity to any component of the vaccine or other TBE vaccines<br>• Hypersensitivity after previous vaccination with TBE vaccines<br>• Acute systemic illness with fever over 38°C |
| **Precautions** | • Thrombocytopenia or a bleeding disorder<br>• Immunosuppression<br>• Pregnancy – refer to medical practitioner. Insufficient human data on risk. In the context of NZDF vaccination, consider defer future doses subject to deployments<br>• Breastfeeding – refer to medical practitioner. Human data not available. In the context of NZDF vaccination, consider defer future doses subject to deployments. |
| **Occupational Considerations** | • NZDF Aircrew are to be stood down for 12 hours following administration.<br>• NZDF Divers are to be stood down for 48 hours following administration.<br>• Personnel must be symptom free from any side effects before returning to duties. |
| **Side Effects** | • Local reactions (including pain, inflammation, redness)<br>• Myalgia and asthenia<br>• Arthralgia<br>• Lymphadenopathy<br>• Influenza-like symptoms<br>• Headache<br>• Malaise<br>• Fever<br>• Hypersensitivity reactions (including bronchospasm, angioedema, urticaria, anaphylaxis) |
| **Significant Drug Interactions** | • Immunosuppressive medicines may reduce the response to the vaccine – refer to medical practitioner<br>• Many medicines have multiple interactions with non-DML medicines. If the patient is on a medicine with which you are unfamiliar, refer to a medical practitioner or consult Stockley's alerts (available through the NZ Formulary). |
| **Information for patients** | • Encourage the patient to read the Patient Information Leaflet. |
| **Scope authorised to administer this medicine** | • Current NZDF Vaccinator |

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| **Countersigning** | Countersignature not required |
| **Clinical Documentation** | No additional documentation required |
| **Additional information** | • Vaccination against TBE should include a minimum of the initial 2 doses, with these 2 doses completed at least one week prior to potential exposure to TBE.<br>• Completion of the primary course (ie the third dose) may need to occur in location once deployed<br>• **It is important that the initial 2 doses, at least, are the same vaccine (e.g. TicoVac)**<br>• Encepur is the other commonly available vaccine in Europe, and is considered interchangeable with TicoVac, for third and booster doses.<br>• In most cases, the third dose should still be administered after return to New Zealand if there is a chance the person will deploy to a TBE endemic region in the future.<br>• Authorisation to administer TBE vaccine includes completing the full 3-dose schedule, even if the third dose is administered after return to New Zealand.<br>• Vaccine effectiveness (VE) after only two initial doses is around 95.3% at 5 months (VE expressed as % of people who are seropositive after 2 doses). This is valid if the second dose was administered on or after 21 days. Therefore a 2 dose regimen is considered appropriate for a one-off deployment for a period no greater than 5 months after the second dose. |

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# Typhoid Vaccine

## (Enhanced Programme)

| Typhoid Vi Polysaccharide Vaccine | |
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| **Preparation** | **Typhim Vi®**<br>Each 0.5 mL dose contains:<br>*Salmonella typhi* Vi polysaccharide: 25 micrograms<br>Clear, colourless solution for injection |

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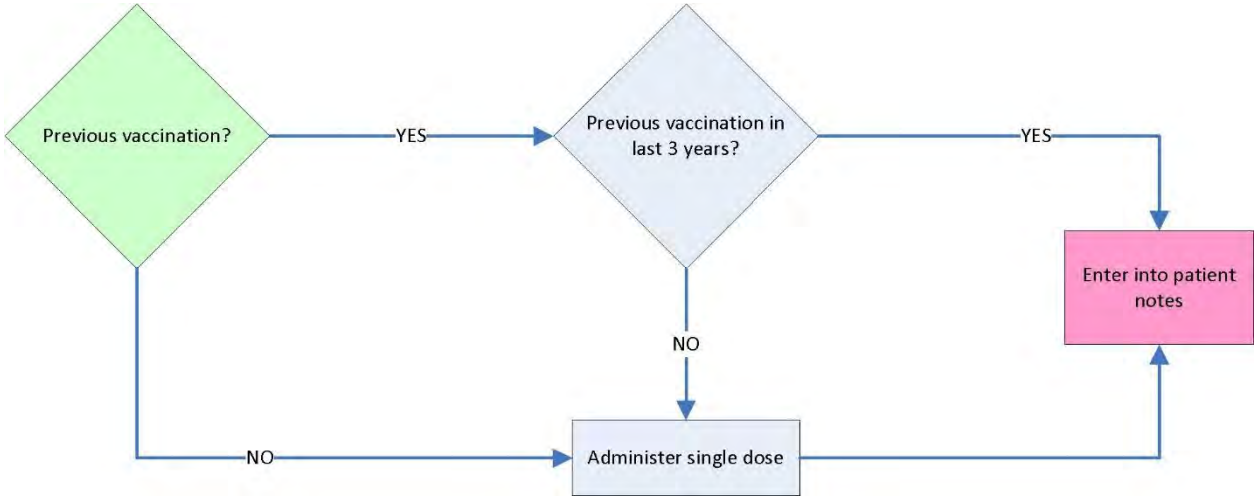
| **Indication** | Active immunisation against Typhoid fever |
| **Authorisation** | Authorising Document |
|  | |
| **Dosage and Route of Administration** | **<u>Primary vaccination</u>**<br>Administer a single dose of 0.5 mL by intramuscular injection (deltoid area recommended). |
| | **<u>Booster dose</u>**<br>Administer a single dose of 0.5 mL by intramuscular injection (deltoid area recommended). |
| **Contraindications** | • Known hypersensitivity to any component of the vaccine or other typhoid vaccines<br>• Hypersensitivity after previous vaccination with typhoid vaccines<br>• Acute systemic illness with fever over 38°C |
| **Precautions** | • Thrombocytopenia or a bleeding disorder<br>• Pregnancy<br>• Breastfeeding |
| **Occupational Considerations** | • NZDF Aircrew are to be stood down for 12 hours following administration.<br>• NZDF Divers are to be stood down for 48 hours following administration.<br>• Personnel must be symptom free from any side effects before returning to duties. |

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| **Side Effects** | • Local reactions (including pain, inflammation, redness)<br>• Myalgia and asthenia<br>• Headache<br>• Malaise<br>• Fatigue<br>• Hypersensitivity reactions (including bronchospasm, angioedema, urticaria, anaphylaxis) |
| **Significant Drug Interactions** | • Immunosuppressive medicines may reduce the response to the vaccine – refer to medical practitioner.<br>• Many medicines have multiple interactions with non-DML medicines. If the patient is on a medicine with which you are unfamiliar, refer to a medical practitioner or consult Stockley's alerts (available through the NZ Formulary). |
| **Information for patients** | Encourage the patient to read the Patient Information Leaflet. |
| **Scope authorised to administer this medicine** | Current NZDF Vaccinator |
| **Countersigning** | Countersignature not required |
| **Clinical Documentation** | No additional documentation required |
| **Additional information** | • Vaccination with Typhim Vi® should occur at least 2 weeks prior to potential exposure to the *Salmonella typhi* organism. |
| | • Typhim Vi® provides protection against the risk of infection related to *Salmonella typhi*, but gives no protection against *Salmonella paratyphi A or B* or against non-typhoidal Salmonellae. |

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# Other MSOs

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# Adrenaline

*(a-dren-a-lin)*

sympathomimetic

| Adrenaline 1 mg in 1 mL Injection | |
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| **Indication** | Anaphylactic shock following vaccination |
| **Dosage and Route of Administration** | Administer 0.5 mg (0.5 mL of the adrenaline 1 mg in 1 mL injection) intramuscularly (preferably in the upper outer thigh) immediately.<br><br>Repeat every 5–15 minutes as needed whilst awaiting medical assistance. |
| **Available Product** | 1 mg in 1 mL ampoule |
| **Contraindications** | • There are no contraindications to adrenaline administered for anaphylaxis. |
| **Precautions** | • Myocardial ischaemia<br>• Tachydysrhythmias<br>• Hypercalcaemia<br>• Hypokalaemia<br>• Sulfite allergy |
| **Occupational Considerations** | • None |
| **Side Effects** | • Tachydysrhythmias<br>• Myocardial ischaemia/infarction<br>• Hypertension<br>• Nausea; vomiting<br>• Tremor, anxiety, sweating<br>• Cold extremities<br>• Hyperglycaemia |
| **Significant Drug Interactions** | • Beta-blockers (eg propranolol, metoprolol, atenolol)—severe anaphylaxis may not respond to adrenaline; refer to a medical practitioner<br>• Tricyclic antidepressants (eg amitriptyline, nortriptyline, clomipramine)—refer to a medical practitioner<br>• Mono-amine oxidase inhibitor antidepressants (eg tranylcypromine, moclobemide)—refer to a medical practitioner |
| **Information for Patients** | • None |
| **Special Notes** | • US name: Epinephrine<br>• Adrenaline 1 mg in 1 mL injection is also known as adrenaline 1:1,000 injection.<br>• Injection may contain sulfites. |
| **Scope authorised to administer this medicine** | Current NZDF Vaccinator |
| **Countersigning** | • No countersignature required |

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| **Clinical Documentation** | • Report to Ministry of Health MedSafe Centre for Adverse Reactions to Medicines (CARM)<br>• This is a healthcare incident. See DHR 02 *Applied Health Regulation*, Part 5, Chapter 2 *Healthcare Incident Management Processes* |

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## Record of Amendments

| Version | Issue Date | Details of Change | Authority |
|---|---|---|---|
| 2.00 | 1 December 2022 | Initial Issue of Revised Format Vaccine SO | LTCOL R Duncan |
| 2.01 | 01 February 2023 | Addition of MenQuadfi to Meningococcal ACWY prescription<br>Inclusion of 2023 Seasonal Influenza vaccine | LTCOL R Duncan |
| 2.02 | 05 April 2023 | Inclusion of COVID-19 vaccine | LTCOL R Duncan |
| 2.03 | 27 September 2023 | Changes to the Authorisations for the Meningococcal A, C, W-135 and Y Vaccine and the Meningococcal B Vaccine | LTCOL R Duncan |
| 2.04 | 11 October 2023 | Minor formatting changes not affecting intent<br>Addition of catch-up programme to Authorisation for the Meningococcal B Vaccine | LTCOL R Duncan |
| 2.05 | 05 December 2023 | Replace the COVID-19 Immunisation Register (CIR) with the Aotearoa Immunisation Register (AIR) in the COVID-19 MSO | LTCOL R Duncan |
| 3.00 | 07 February 2024 | Name change from VSO to VTP and full review of contents.<br>Minor formatting changes not affecting intent.<br>Change in timeframe for recommended pertussis protection for military partners of pregnant women or those with newborns. | LTCOL R Duncan |
| 3.01 | 07 March 2024 | Updated Influenza vaccine to 2024 product.<br>Updated COVID-19 booster vaccine. Added hyperlink to MOH booster eligibility criteria. | LTCOL R Duncan |
| 3.02 | 10 April 2024 | Updated COVID-19 vaccine primary course and flowchart.<br>Added option of shorter observation period for individuals after receiving an influenza vaccine if they meet IMAC criteria. | LTCOL R Duncan |
| 3.03 | 02 August 2024 | Added third indication for tetanus vaccination.<br>Replaced Merieux Inactivated Rabies Vaccine with Verorab Inactivated Rabies Vaccine. | LTCOL R Duncan |

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| Version | Issue Date | Details of Change | Authority |
|---|---|---|---|
| 3.04 | 04 September 2024 | Added a section on off-label use.<br>JEV vaccine MSO: added a booster dose.<br>Hepatitis B vaccine MSO: added note on situations where a third dose is not required.<br>HPV vaccine MSO: added note on situations where a third dose is not required.<br>Tdap vaccine MSO: amended the 'Additional note' regarding Indication 3 to direct that medical practitioner consultation for wound assessment be considered where clinically indicated.<br>Rabies vaccines MSO: added notes regarding the two-dose regimen and added a booster dose. | LTCOL R Duncan |
| 3.05 | 06 November 2024 | Added 'NZDF divers' as a group authorised to receive boosters for COVID vaccine and influenza vaccine, in accordance with DHR 37.<br>Removed information about the 2023 influenza vaccine.<br>As per DHR37, after receiving vaccinations, divers are to be stood-down from diving for a period of 48 hours (with the exception of the Japanese Encephalitis Vaccine, which requires a 72-hour stand-down). | LTCOL R Duncan |
| 4.00 | 05 February 2025 | Annual full review of contents.<br>Updated COVID-19 vaccine MSO and flowchart. | LTCOL R Duncan |
| 4.01 | 12 March 2025 | Updated Influenza vaccine to 2025 product. | LTCOL R Duncan |
| 4.02 | 07 May 2025 | Changes to the Authorisations for the Meningococcal A, C, W-135 and Y Vaccine<br>Removal of booster dose caution from the Typhoid Vaccine | LTCOL R Duncan |
| 4.03 | 16 July 2025 | Addition of Section 29 information<br>Addition of third dose for the MMR vaccine<br>Addition of TBE vaccine MSO | LTCOL R Duncan |
| 4.04 | 10 September 2025 | Addition of Dengue Disease Vaccine MSO | LTCOL R Duncan |
| 4.05 | 03 October 2025 | Addition of Adrenaline MSO | LTCOL R Duncan |
| 5.00 | 04 February 2026 | Removal of 'Previous diagnosis of Guillain Barre Syndrome' from the list of precautions in the Meningococcal A, C W-135 and Y vaccine MSO<br>Change to the clinical documentation statement in the Poliomyelitis Vaccine MSO | LTCOL R Duncan |

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| Version | Issue Date | Details of Change | Authority |
|---|---|---|---|
| 5.01 | 25 March 2026 | Update of the influenza vaccine MSO<br>Update of the COVID-19 vaccine MSO<br>Addition of the IMOJEV® MSO<br>Minor changes to the Jespect® MSO | LTCOL R Duncan |