MMR Immunisation Policy Statement

National Immunisation Programme

Version 2.0

Te Kāwanatanga o Aotearoa
New Zealand Government

Te Whatu Ora
Health New Zealand

Document Version Control

Revision history

Version	Date	Section/Appendix
V1.0	May 2022	National Immunisation Programme has prepared this document as a comprehensive MMR Immunisation Policy Statement outlining the operational minimum requirements for the safe use of MMR vaccines.
V2.0	January 2023	Updated outdated terminology and definitions, more information added about MMR dose zero and updates to the technology advice.

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Definitions

The following definitions and abbreviations apply to this document, unless otherwise stated.

Word or phrase	Definition
Aotearoa Immunisation Register	The Aotearoa Immunisation Register (AIR) is a centralised, browser-based system used to record all vaccination details. Once AIR is fully implemented this will replace both the NIR and ImmuniseNow.
Centre for Adverse Reactions Monitoring (CARM)	CARM is based within the New Zealand Pharmacovigilance Centre (NZPhvC) which consists of synergistic monitoring programmes that contribute to and support the safety of medicines and related products in New Zealand through voluntary reporting of adverse events
Consumer	A consumer can also be a client, patient, or resident. The consumer is the person who uses or receives health and disability services, or their representative.
Contraindication	Anything (including a symptom or medical condition) that is a reason for a person to not receive a particular treatment because it may be harmful. A contraindication can be relative or absolute. For the purposes of this document, contraindications refer to those documented by Medsafe on the relevant New Zealand data sheet.
Concomitant	Concomitant vaccination refers to administration of more than one vaccination at the same time.
Immunisation Advisory Centre (IMAC)	The IMAC provides a variety of products and services for consumers, health professionals, government agencies and the media to improve the understanding

	and quality of immunisation in Aotearoa New Zealand.
ImmuniseNow	ImmuniseNow is a web application that enables pharmacies to record vaccinations including Measles, Mumps and Rubella (MMR) on the National Immunisation Register (NIR).
MMR Vaccinators	MMR vaccinators are fully authorised vaccinators, pharmacist vaccinators, and provisional vaccinators who can administer the MMR vaccine under their scope of practice. For further detail please see Appendix 4 of the Immunisation Handbook 2020.
Medsafe	Medsafe is the New Zealand Medicines and Medical Devices Safety Authority. It is a business unit of the Ministry of Health and is the authority responsible for the regulation of therapeutic products in Aotearoa New Zealand.
Medsafe Vaccine Evaluation and Approval Process	Medsafe evaluates applications for all new medicines, including vaccines, to ensure they comply with international standards and local requirements for quality, safety, and efficacy.
National Immunisation Register	The National Immunisation Register (NIR) is the current system that stores the immunisation records for all tamariki and some adult vaccinations including MMR, excluding COVID-19 vaccines.
National Immunisation Schedule	The National Immunisation Schedule is the series of vaccines that are offered free to babies, children, adolescents, and adults.
On-time	A vaccination is administered 'on time' means the vaccine has been administered at the suggested age milestone as indicated in the National Schedule.

	Vaccinations delivered on time is the most effective to protect against disease.
Pharmac	Pharmac's role within the New Zealand health system is to make decisions on which medicines and related products are funded for the best health outcomes from within the available funding.
Qualified healthcare professional	For the purposes of this document, a qualified healthcare professional is a registered healthcare professional who is acting within their scope of practice and has completed the required vaccination training to be able to discuss the benefits, risks, and alternatives with the consumer and safely administer the vaccine.

Introduction

The measles, mumps, and rubella (MMR) vaccines are available in Aotearoa New Zealand through the National Immunisation Programme (the Programme).

The Programme supports and monitors the uptake of funded vaccines to eligible people. The measles, mumps, and rubella (MMR) vaccines are funded for everyone born after 1 January 1969. The complete course is two vaccinations, at least four weeks apart after the age of 12 months.

MMR is a live[1] measles, mumps, and rubella vaccine.

[1] Live vaccines contain pathogens, usually viruses, which have been weakened (attenuated) so that they are able to replicate enough to induce an immune response but not cause disease. Immunity from live vaccines is usually very long-lived (Ministry of Health, 2020).

Background and context

Immunisation is an effective intervention to protect our communities from infection and serious illness. As expected there has been a resurgence of respiratory viruses as the borders open following restrictions due to the COVID-19 pandemic. Aotearoa New Zealand has seen no measles cases since our borders closed, but this will likely change as international travel increases. Vaccine coverage for childhood immunisation peaked in 2018 in Aotearoa New Zealand but has declined somewhat especially since pandemic-based interruptions to normal immunisation programmes.

The on-time receipt of childhood vaccines is particularly concerning especially in Māori populations. The Programme recommends timely MMR vaccination to all those eligible in Aotearoa New Zealand and at least 1 catch-up dose where there is no documentation of vaccine administration.

Medsafe and the Centre for Adverse Reactions Monitoring (CARM) continues to monitor the safety of all vaccines used in Aotearoa New Zealand.

Purpose

To provide a policy statement on the use of the MMR vaccine in Aotearoa New Zealand and provide guidance on its use.

This policy statement should be used alongside the Ngā Paerewa Health and Disability Services Standard, Te Pae Tata Interim New Zealand Health Plan 2022, the Immunisation Handbook 2020 and the MMR vaccine datasheets.

Equity

In Aotearoa New Zealand, people have differences in health outcomes that are not only avoidable but unfair and unjust. Equity recognises different people with various levels of advantage require different approaches and resources to achieve equitable health outcomes.

Te Tiriti o Waitangi gives the right of Māori to self-determination over their healthcare and how it is delivered and to full ōritetanga (equity) with other Aotearoa New Zealand populations. This means that delivery of services must prioritise approaches that are equitable and acceptable to Māori. Lack of access has consistently been shown to be the main contributor to low rates of uptake for

scheduled vaccines. The rollout of the MMR vaccine to Māori and Pacific people will be carefully considered and planned with Māori and Pacific vaccination providers. Specific consideration given to promoting and improving vaccine access to groups that face barriers to health and have experienced disproportionate morbidity and mortality from previous disease outbreaks.

Whānau-based and community centred approaches will provide an opportunity to improve delivery and uptake of the MMR vaccine among the Māori and Pacific population as well as uptake of the wider National Immunisation Schedule.

There are at risk communities who need specific approaches to ensure equitable access including, but not exclusive to those living with disability, those living rurally, and those from immigrant communities who may not speak English as a first language. Data on uptake by consumers within these communities will be collected to ensure they are not falling behind and address inequities as they occur.

Policy Statement

MMR vaccination as part of the National Immunisation Programme is designed to protect everyone from measles, mumps, and rubella infection.

The MMR programme aims to achieve national coverage of 95%, with three priority actions:

- Address the equity gap in MMR rates for Māori and Pacific tamariki.
- Increase the uptake of on time dose 2 at 15 months.
- Deliver a catch-up campaign for those born 1989-2004.

Eligibility Criteria

Eligibility Criteria	
1.1	Children aged under 18 years OR Adults born 1 January 1969 or later who do not have knowledge or documentation of two doses of MMR vaccine given from 12 months of age and a minimum of 4 weeks apart OR Re-immunisation of special immunisation groups as per the Immunisation Handbook section four
Notes	1. For other eligibility please refer to the Immunisation Handbook 2. Clinician or Healthcare professional support is available through the Immunisation Advisory Centre (IMAC) clinical advice line (**0800 466 863**).

MMR vaccine Contraindications for use

Contraindication to receiving the MMR Vaccine	
1	• Pregnancy (note: pregnancy should be avoided for one month following vaccination). • Anaphylactic or anaphylactoid reaction to neomycin, hypersensitivity to any component of the vaccine, previous anaphylactic reaction to a previous dose of the MMR vaccine. For vaccine excipients please refer to the vaccine datasheet. • Immunodeficiency states and those receiving immunosuppressive therapies. • Previous administration of a live vaccination within the last 4 weeks.
Note: For further information including 'Precautions for Use' please see the MMR data sheet or contact the IMAC for clinical advice (0800 466 863).	

Administration and schedule of MMR vaccination

Route	
The vaccine should be administered by intramuscular or deep subcutaneous injection.	The preferred site of administration is into the deltoid muscle in adults and children ≥ 12 months of age.

Schedule (Timing and combination of doses for MMR)	
National Schedule	First MMR vaccination dose at 12 months of age. Second MMR vaccination dose at 15 months of age (may be brought forward to 13 months during an outbreak, or if the child is at higher risk of catching measles such as if traveling abroad). This should be administered at least 4 weeks after the first MMR dose.
Catch-up doses (from 15 months of age)	Two MMR vaccination doses separated by at least 4 weeks.
Outbreak Schedule	In outbreak situations, the local Medical Officer of Health can advise that funded vaccination be given to younger children as follows: • the second scheduled MMR vaccination dose to be given as early as 4 weeks after the first MMR vaccination dose • in an outbreak situation or when travelling to a high-risk country, a one-off-schedule dose of measles vaccine (Dose zero) can be given to individuals from 6 months of age to 11 months of age. This dose does NOT count towards the schedule and infants immunised before they are 12 months old will still need a further 2-dose regimen according to the schedule (at 12 months and 15 months)

Concomitant use with other vaccines

MMR vaccination timing and combinations with other vaccines	
Live attenuated viral vaccines	Other live vaccines can be given at the same time as MMR. However, if NOT given concomitantly, there should be a 4-week gap between MMR and other live vaccines.
Other National Immunisation Schedule vaccines including Covid-19 vaccines	No spacing required when administering MMR vaccine and other vaccines on the National Immunisation Schedule (including COVID-19 vaccines).
Note: If an MMR vaccine is to be administered at the same time as another vaccine, vaccinations should be given at separate injection sites, preferably on different limbs.	

Policy Statement Objectives

The following section outlines the Programme objectives for the different elements of the policy statement related to the MMR vaccine:

1. Equity
2. Access
3. Use of MMR vaccine
4. Planning and delivery
5. Logistics
6. Correct procedures
7. Workforce
8. Reporting and monitoring
9. Post vaccination reporting

Equity

1. Equity	
1.1	A Provider must ensure sites administering the MMR vaccine provide equitable opportunity to Māori and Pacific people in line with the action plans below, along with other ethnic communities, and disabled people. This may involve allocating resources in different ways to different people to ensure everyone is able to take up the offer of vaccination as easily as possible. Enable the administration of concomitant vaccines using a whānau centred approach most of the time Whakamaua: Māori Health Action Plan 2020–2025 Ola Manuia: Pacific Health and Wellbeing action plan
1.2	A Provider must ensure sites administering the MMR vaccine are actively incorporating the rights of Māori under Te Tiriti o Waitangi

Access

2. Access	
2.1	A Provider must ensure sites administering the MMR vaccine are easily accessible to those with disabilities. This will need to include physical and sensory disability.
2.2	The Programme will provide consumers with sufficient information in an easily accessible format to help them determine if they need an MMR vaccination. This will be provided through a wide range of channels and language to promote equitable outcomes.
2.3	Where provision of MMR vaccination is in a rural/remote setting a Provider will consider initiatives to assist access for consumers. Such initiatives could include and are not limited to liaising with local communities to assist with publicity, arranging transport for consumers to attend a vaccination site and extending hours of operation.
2.4	A Provider should wherever possible provide drop-in options for sites administering MMR vaccines. Drop-in sites provide consumer choice to receive their vaccination without the need to book an appointment in advance. Drop-in sites are ideally accessible to pedestrians, cyclists, and those in vehicles.

Use of MMR Vaccine

3. Use of MMR Vaccine		
	Who can administer?	**Administration requirements**
Primary course, first and second dose	• Fully authorised vaccinators can administer to consumers aged 12 months and older.	No prescription required.
	• Provisionally authorised vaccinators can administer to consumers aged 3 years and older.	No prescription required.
	• Pharmacist vaccinators can administer to consumers according to the clinical assessment achieved.	No prescription required.
	• Vaccinating Health Worker*****, who has successfully completed the MMR training module, and working under supervision.	No prescription required.
Dose Zero	An additional dose called 'dose zero' can be administered by fully authorised vaccinators to consumers aged 6 – 11 months in the event of an outbreak as directed by a Medical Officer of Health or if the child is at higher risk of catching measles such as if traveling to a high-risk region. This dose does NOT count towards the schedule and infants immunised before they are 12 months old will still need a further 2-dose regimen according to the schedule (at 12 months and 15 months).	Prescription required.

***Note 1:** COVID-19 Vaccinator Working under Supervision (CVWUS) is not authorised to administer the MMR vaccine.

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Planning and delivery

4. Planning and delivery	
4.1	Providers are responsible for ensuring MMR vaccination events are recorded on NIR or AIR[2]. For providers who are using systems that do not connect with the NIR, they are required to record MMR vaccination events manually via NIR3 forms to support manual data entry by an NIR administrator OR alternatively if you have been activated in the AIR then you need to record these in the AIR vaccinator. New providers delivering MMR who do not have an established PMS or access to NIR and with the approval from their Health District, need to record MMR Vaccination Events through manual NIR 3 forms or using the AIR Vaccinator Portal. For payment, new providers will submit bulk invoice claims to their Health District.
4.2	A site will be staffed with a suitably qualified health professional capable of discussing the clinical suitability of the MMR vaccine on a person-by-person basis and identify eligibility.
4.3	A Provider will ensure MMR vaccines are only administered by appropriately qualified vaccinators working within their scope of practice.

[2] AIR is in development and will be rolled out in a staged approach to users over the 2022 and 2023 years.

Logistics

5. Logistics	
5.1	The Programme will ensure the distribution of the vaccine follows the Programme requirements on handling and cold chain management of the MMR vaccines.
5.2	The Programme will verify conformance to relevant standards and recommended practice.
5.3	A Provider will ensure that only the stock required to meet the demand for vaccination of their eligible populations will be ordered.
5.4	A Provider will ensure that the handling and cold chain management of the MMR vaccine are followed as per the National Standards for Vaccine Storage and Transportation 2017.
5.5	A Provider will ensure that good inventory management practices are followed and return damaged or unused vaccine to ProPharma.

Correct procedures

6. Correct procedures	
6.1	A Provider will ensure they meet the requirements of Vaccine Storage and Transportation for Immunisation Providers (2017).
6.2	The Programme will make available National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017 | Ministry of Health NZ and the Immunisation Handbook 2020.
6.3	A Provider will ensure that the pre-vaccination screening tool and the 7 rights of vaccine administration from IMAC is followed.
6.4	A provider will ensure all MMR vaccines are delivered in accordance with the Immunisation Handbook's Standards for Vaccinators (Appendix 3.3) covers consent, documentation & administration.
6.5	The Programme and providers will verify conformance to relevant standards and recommended practice is followed.

6.6	A Provider will ensure the correct safety requirements are met for the MMR vaccines.
6.7	A Provider will have a local standard operating procedure for the preparation and administration of MMR vaccine based on the IMAC resources, Immunisation Handbook and vaccine data sheet.
6.8	A Provider will seek clinical advice from IMAC on a consumer related clinical concern or query where needed.

Workforce

7. Workforce	
7.1	IMAC provides necessary training collateral, and updates to the clinical guidance within the Immunisation Handbook.
7.2	A Provider will ensure that vaccinators administering the MMR vaccine are working within their scope of practice.
7.3	IMAC provides MMR vaccination training for vaccinators through various channels including webinars and locally based education sessions with regional immunisation co-ordinators. Vaccinators can access direct clinical advice and support through the IMAC website and 0800 number.

Reporting and monitoring

8. Reporting and monitoring	
8.1	The Programme will monitor performance toward meeting the Programme's MMR priorities. This will include reporting by age group, ethnicity, deprivation, and Health District.
8.2	The Programme will monitor MMR vaccine uptake via NIR for people born from 2005 onwards
8.3	The Programme will monitor MMR vaccine use via NIR and AIR.
8.4	The Provider will use NIR or AIR to record and document MMR vaccinations administered. Vaccinations administered outside a GP setting will be recorded into NIR or AIR as well.

Post Vaccination Reporting

1. Post Vaccination monitoring	
9.1	A Provider will report to CARM any medication errors or an adverse event following immunisation (AEFI) that occurs within the observation period or reported later by the consumer i.e., after leaving the vaccination site.

References

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