

# MMR Immunisation Policy Statement

National Immunisation Programme

Version 1.0

**Te Kāwanatanga o Aotearoa**  
New Zealand Government



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# Definitions

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

Word or phrase	Definition
<b>Centre for Adverse Reactions Monitoring aka CARM</b>	The New Zealand pharmacovigilance centre 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
<b>Consumer</b>	A consumer can also be a client, patient, or resident. It is the person who uses or receives health and disability services, or their representative.
<b>Contraindication</b>	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. For the purposes of this document, contraindications refer to those documented by Medsafe on the relevant New Zealand data sheet.
<b>Concomitant</b>	<p>Most routine vaccines can be safely and effectively administered at the same visit. When a person is delayed in their immunisation schedule, administration of multiple vaccines at the same visit can support catch-up immunisation.</p> <p>Concomitant vaccination aims to provide optimal protection against disease as quickly as possible by completing a person's recommended vaccination schedule in the shortest but most effective time frame.</p>
<b>Immunisation Advisory Centre (IMAC)</b>	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 New Zealand.
<b>ImmuniseNow</b>	ImmuniseNow is a web application that enables pharmacies to record vaccinations including MMR on the NIR.
<b>MMR Vaccinators</b>	Fully authorised vaccinators, Pharmacist vaccinators, and Provisional vaccinators, can administer the MMR vaccine under their scope of practice.  For further detail please see Appendix 4 of the <a href="#">Immunisation Handbook 2020</a> .
<b>Medsafe</b>	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 New Zealand.
<b>Medsafe Vaccine Evaluation and Approval Process</b>	Medsafe evaluates applications for all new medicines, including vaccines, to ensure they comply with international standards and local requirements for quality, safety and efficacy. Once Medsafe have completed the evaluation process and international agreed criteria for safety and efficacy are met, consent can be granted either full consent under section 20, or provisional consent under section 23 of the Medicines Act 1981.
<b>National Immunisation Register</b>	The National Immunisation Register (NIR) is the current system that stores the immunisation records for all tamariki and some adult vaccinations including MMR.
<b>National Immunisation Solution</b>	The National Immunisation Solution (NIS) is a centralised, browser-based system used to record all vaccination details.  Once NIS is fully introduced this will replace both the NIR and ImmuniseNow.
<b>Qualified healthcare professional</b>	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.
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# Introduction

The measles, mumps, and rubella (MMR) vaccines are available in Aotearoa New Zealand through the National Immunisation Programme (the Programme) overseen by the Ministry of Health (Ministry). The Programme offers funded MMR vaccinations to everyone born after 1969. The complete course is two vaccinations, at least 4 weeks apart after the age of 12 months.

Pharmac is the New Zealand government agency that decides which medicines and related products are funded in New Zealand. Pharmac determine the vaccines funded for use in New Zealand, communicated through the Community Schedule, and procure and manage the distribution of these vaccines across the motu.

MMR is a live<sup>1</sup> measles, mumps and rubella vaccine.

## Background and context

Immunisation is the best way to protect our communities from infection and serious illness. It is expected that there will be a resurgence of respiratory viruses. Aotearoa New Zealand has seen no measles infection since our borders closed, but this will change in 2022. Immunity is low across most of the country due to pandemic-based interruptions to normal immunisation programmes as well as historical gaps in coverage.

The World Health Organisation (WHO) recommends countries step up their measles vaccination campaigns during the COVID-19 pandemic to prevent severe disease and hospitalisation associated with measles and prepare for co-circulation of all respiratory infections.

The Ministry recommends timely MMR vaccination to all those eligible in Aotearoa New Zealand.

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<sup>1</sup> 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).

Medsafe, New Zealand's medicines and Regulatory Authority, continues to monitor all vaccines for safety which includes pharmacovigilance and adverse drug reactions.

## 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](#), the [Immunisation Handbook 2020](#) and the MMR vaccine datasheet ([PRIORIX](#) and [M-M-R II](#)).

## 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 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 vulnerable 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 tamariki Māori and Pacific children.
- Increase the uptake of dose 2 at 15 months, with particular focus on the second dose event.
- Deliver a catch-up campaign for those born 1989-2004.

## Eligibility Criteria

Eligibility Criteria	
<b>1.1</b>	Children aged under 18 years OR Adults born 1 January 1969 or later who do not have knowledge of two doses of MMR vaccine given from 12 months of age and a minimum of 4 weeks apart OR Re-immunisation following immunosuppression
<b>Notes</b>	<ol style="list-style-type: none"><li>1. For other eligibility please refer to the Immunisation Handbook</li><li>2. Clinician or Healthcare professional support is available through the Immunisation Advisory Centre (IMAC) clinical advice line (<b>0800 466 863</b>).</li></ol>

# MMR vaccine Contraindications for use

## Contraindication to receiving the MMR Vaccine

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|----------|---|
| <b>1</b> | <ul style="list-style-type: none"><li>• Pregnancy (note: pregnancy should be avoided for one month following vaccination).</li><li>• 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.</li><li>• Immunodeficiency states including those receiving immunosuppression therapy</li><li>• Previous administration of a live vaccination within the last 4 weeks.</li></ul> |
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**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	
<b>The vaccine should be administered by intramuscular or deep subcutaneous injection.</b>	The preferred site of administration is into the deltoid muscle in adults and children $\geq$ 12 months of age.

Schedule (Timing and combination of doses for MMR)	
<b>National Schedule</b>	<p>First MMR vaccination dose at 12 months of age.</p> <p>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 travel). This should be administered at least 4 weeks after the first MMR dose.</p>
<b>Catch up doses (from 15 months of age)</b>	Two MMR vaccination doses separated by at least 4 weeks.
<b>Outbreak Schedule</b>	<p>In outbreak situations, the local Medical Officer of Health can advise that vaccination be given to younger children as follows:</p> <ul style="list-style-type: none"> <li>the second scheduled MMR vaccination dose to be given as early as 1 month after the first MMR vaccination dose</li> <li>in a severe outbreak, an additional dose of measles vaccine can be given to individuals from 6 months of age. Babies immunised before they are 12 months old will still need 2 further doses according to the schedule (at 12 months and 15 months)</li> </ul>

# 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, immunisation 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	<p>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.</p> <p>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</p> <p><a href="#">Whakamaua: Māori Health Action Plan 2020–2025</a></p> <p><a href="#">Ola Manuia: Pacific Health and Wellbeing action plan</a></p>
1.2	<p>A Provider must ensure sites administering the MMR vaccine are actively incorporating the rights of Māori under Te Tiriti o Waitangi</p>

## Access

2. Access	
2.1	<p>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.</p>
2.2	<p>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.</p>
2.3	<p>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.</p>
2.4	<p>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.</p>

## Use of MMR Vaccine

3. Use of MMR Vaccine		
	Who can administer?*	Administration requirements
<b>Primary course, first and second dose</b>	<ul style="list-style-type: none"> <li>Fully authorised vaccinators can administer to consumers aged 6 months and older.</li> </ul>	No prescription required.
	<ul style="list-style-type: none"> <li>Provisionally authorised vaccinators can administer to consumers aged 3 years and older.</li> </ul>	No prescription required.
	<ul style="list-style-type: none"> <li>Pharmacist vaccinators can administer to consumers aged 3 years and older.</li> </ul>	No prescription required.

**\*Note:** COVID-19 Vaccinators Working under Supervision (CVWUS) cannot administer the MMR vaccine.

## Planning and delivery

4. Planning and delivery	
<b>4.1</b>	<p>Providers are responsible for ensuring MMR vaccination events are recorded on the NIR.</p> <p>For non-GP, non-Pharmacy providers, MMR vaccination events will be recorded manually via NIR3 forms to support manual data entry by an NIR administrator.</p> <p>New onboarded providers [without an established PMS or access to ImmuniseNow and with the approval from DHBs, will use NIR3 forms to record MMR Vaccination Events. For payment, new providers will submit bulk invoice claims to DHBs.</p>
<b>4.2</b>	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.
<b>4.3</b>	A Provider will ensure MMR vaccines are only administered by appropriately qualified vaccinators working within their scope of practice.

## 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 <a href="#">National Standards for Vaccine Storage and Transportation 2017</a> .
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 <a href="#">Vaccine Storage and Transportation for Immunisation Providers (2017)</a> .
6.2	The Programme will make available <a href="#">National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017   Ministry of Health NZ</a> and the <a href="#">Immunisation Handbook 2020</a> .
6.3	A Provider will ensure that the <a href="#">pre-vaccination screening tool</a> and the <a href="#">7 rights of vaccine administration</a> from the 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.

<b>6.7</b>	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 data sheet.
<b>6.8</b>	A Provider will seek clinical advice from the IMAC on a consumer related clinical concern or query

## Workforce

<b>7. Workforce</b>	
<b>7.1</b>	The IMAC provides necessary training collateral, and updates to the clinical guidance within the Immunisation Handbook.
<b>7.2</b>	A Provider will ensure that vaccinators administering the MMR vaccine are working within their scope of practice.
<b>7.3</b>	The 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

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

# Post Vaccination Reporting

## 9. Post Vaccination monitoring

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| <b>9.1</b> | A Provider will report to <a href="#">CARM</a> 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. |
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# References

Medsafe. 2022. New Zealand Data Sheet MMRII Wellington: Medsafe. Retrieved from: [MMRIIinj.pdf \(medsafe.govt.nz\)](#)

Medsafe. 2022. New Zealand Data Sheet Priorix Wellington: Medsafe. Retrieved from: [Priorixvac.pdf \(medsafe.govt.nz\)](#)

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