

Funded vaccines for special groups

These vaccines may be given in addition to or instead of the routine Schedule vaccines. See the Pharmaceutical Schedule (www.pharmac.govt.nz) for the number of funded doses and any changes to the funding decisions.

Vaccine	Individuals eligible for funded vaccine
Hib	Post-HSCT or chemotherapy; pre- or post-splenectomy or with functional asplenia; pre- or post-solid organ transplant (SOT), pre- or post-cochlear implants, renal dialysis and other severely immunosuppressive regimens. Testing for primary immune deficiency.
Hep A	Transplant patients. Children with chronic liver disease. Close contacts of hepatitis A cases.
HepB and HBIG	HepB and HBIG at birth for babies of mothers with chronic HBV infection. HepB for: household or sexual contacts of HBsAg-positive patients; children <18 years who have not achieved positive serology and who require additional vaccination; HIV- or hepatitis C-positive patients; following non-consensual sexual intercourse; following immunosuppression; SOT; post-HSCT; following needle-stick injury; dialysis and liver or kidney transplant.
HPV	Individuals aged 9–26 years: with confirmed HIV infection; transplant (including stem cell) patients; post-chemotherapy.
Influenza	Pregnant women. Individuals aged 6 months to <65 years with certain medical conditions.
MMR	For (re-)vaccination following immunosuppression.
MenCCV and MCV4-D	Pre- or post-splenectomy or with functional asplenia; with HIV, complement deficiency (acquired or inherited) or pre- or post-SOT; close contacts of meningococcal cases; HSCT patients; following immunosuppression; those aged between 13 and 25 years in boarding school hostels, tertiary education residences, military barracks, or prisons.
Pertussis-containing vaccine	Tdap for pregnant women, recommended from 16 weeks' gestation of every pregnancy, preferably in the second trimester, but at least two weeks before birth. (Funded when given any time in second or third trimester.) Tdap is funded for parents or primary caregivers of infants admitted to a Neonatal Intensive Care Unit or Specialist Care Baby Unit for more than 3 days. Tdap, DTaP-IPV-HepB/Hib or DTaP-IPV for (re-)vaccination: post-HSCT or chemotherapy; pre- or post-splenectomy; pre- or post-SOT, renal dialysis and other severely immunosuppressive regimens.
PCV13 and 23PPV	Children and adults with eligible conditions. PCV13 and 23PPV for testing for primary immune deficiency.
IPV	For (re-)vaccination following immunosuppression.
Td	For (re-)vaccination following immunosuppression; boosting of patients with tetanus-prone wounds; testing for primary immune deficiency.
BCG	Infants and children <5 years at increased risk of TB.
Varicella	Non-immune patients: with chronic liver disease who may need a transplant in the future; with deteriorating renal function before transplant; prior to SOT; prior to elective immunosuppression; for post-exposure prophylaxis of immune-competent in-patients. Patients at least 2 years after bone marrow transplant or at least 6 months after completion of chemotherapy, on advice of their specialist. HIV-positive patients with mild or moderate immunosuppression who are non-immune to varicella, on advice of their specialist. Patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella. Household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immunocompromise, where the household contact has no clinical history of varicella. Household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised or undergoing a procedure leading to immunocompromise, where the household contact has no clinical history of varicella.