

Decision to widen access to pertussis (whooping cough) vaccine

28 June 2019



What we're doing

We're pleased to announce that from 1 July 2019 funding of the pertussis (whooping cough) vaccine will include pregnant women in the second and third trimester of their pregnancy, as well as parents or primary caregivers of infants admitted to a Neonatal Intensive Care Unit or Specialist Care Baby Unit for more than 3 days.

This decision means that funded access to the diphtheria, tetanus and pertussis vaccine (DTaP; funded brand name Boostrix) will change from 1 July 2019. Changes in Section I and Part II of Section H of the Pharmaceutical Schedule will be published from 1 August 2019.



Any changes to the original proposal?

This decision was subject to a [consultation letter dated 14 May 2019](#).

Two changes to the funding criteria were made from the original proposal:

- Vaccination at any time during pregnancy was changed to vaccination in the second and third trimester of pregnancy.
- Primary caregivers were added the criteria for infants admitted to a Neonatal Intensive Care Unit or Specialist Care Baby Unit for more than 3 days.

We want to thank everyone who provided feedback to this consultation.



Who we think will be most interested

- Doctors in general practice, nurses, vaccinators and midwives
- Paediatricians, DHBs, hospital pharmacists, NICU/SCBU staff
- Suppliers and wholesalers
- Organisations with an interest in immunisation



Detail about this decision

From 1 July 2019, the following changes in funding will occur:

Note: The changes will be published in Section I and Part II of Section H of the Pharmaceutical Schedule from 1 August 2019)

The eligibility criteria for the DTaP vaccine (Boostrix) will be amended in Section I and Part II of Section H of the Pharmaceutical Schedule as follows (amendments in bold, deletions in strikethrough).

Section I

Funded for any of the following criteria:

1. A single ~~dose vaccine~~ for pregnant ~~women woman between gestational weeks 28 and 38~~ **in the second or third trimester of each pregnancy**; or
2. **A single dose for parents or primary caregivers of infants admitted to a Neonatal Intensive Care Unit or Specialist Care Baby Unit for more than 3 days, who had not been exposed to maternal vaccination at least 14 days prior to birth**; or
3. A course of up to four ~~doses vaccines~~ is funded for children from age 7 up to the age of 18 years inclusive to complete full primary immunisation; or
4. An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell transplantation or chemotherapy; pre- or post-splenectomy; pre- or post-solid organ transplant, renal dialysis and other severely immunosuppressive regimens.

Section H

Restricted
Initiation

Any of the following:

1. A single ~~dose vaccine~~ for pregnant ~~women woman between gestational weeks 28 and 38~~ **in the second or third trimester of each pregnancy**; or
2. **A single dose for parents or primary caregivers of infants admitted to a Neonatal Intensive Care Unit or Specialist Care Baby Unit for more than 3 days who had not been exposed to maternal vaccination at least 14 days prior to birth**; or
3. A course of up to four ~~doses vaccines~~ is funded for children from age 7 up to the age of 18 years inclusive to complete full primary immunisation; or
4. An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell transplantation or chemotherapy; pre- or post-splenectomy; pre- or post-solid organ transplant, renal dialysis and other severely immunosuppressive regimens.



Our response to what you told us

We're really grateful for the time people took to respond to this consultation. Responses were generally supportive of the proposal and a summary of the main themes raised in feedback, our responses to the feedback received, and changes we have made after listening to you are set out below.

If you have any questions about this decision, you can email us at enquiry@pharmac.govt.nz; or call our toll free number (9 am to 5 pm, Monday to Friday) on 0800 66 00 50.

Theme	PHARMAC comment
<p>Some responders noted that there is a lack of safety and immunogenicity data for vaccination prior to the second trimester.</p> <p>The Immunisation Subcommittee recommended maternal vaccination from the second trimester.</p>	<p>The current evidence supports vaccination from the second trimester of pregnancy, or as early as 16 weeks. The original proposal included any stage of pregnancy to prevent funding being a barrier to access if further evidence became available supporting earlier vaccination.</p> <p>PHARMAC has considered the feedback regarding concerns for use earlier in pregnancy and has amended the criteria to align with use from the second trimester of pregnancy.</p>
<p>Primary caregivers of infants in NICU/SCBU should also be considered for funding.</p>	<p>PHARMAC has amended the criteria to include parents or primary caregivers for infants in NICU/SCBU. The intent of this criteria is to fund vaccination for those people who are the main carers for the infant. We note that vaccinating other family members, such as grandparents or other household members, would be outside the intent of criteria.</p>
<p>Parents/primary caregivers of infants admitted to NICU/SCBU should be able to be vaccinated by the DHB rather than having to visit their GP. In some regions such as the West Coast there are no NICU/SCBU so vaccination would be required when the parents/caregivers are distant from their usual GP.</p>	<p>DHBs do not have a mechanism to vaccinate or claim for vaccination administration for people who are not patients of the DHB. The proposal did include changing the eligibility criteria for DHB hospitals, therefore DHBs will be able to obtain funded vaccine for this use but will need to have mechanisms in place to administer the vaccine to non-patients.</p>
<p>Parents/primary caregivers of infants admitted to NICU/SCBU should be able to be vaccinated at a community pharmacy rather than their GP. Some noted that this could reduce inequity of access for some people who do not currently access their GP.</p>	<p>It is not currently possible for Immunisation Schedule vaccines to be administered in community pharmacy. Vaccines are listed in the Pharmaceutical Schedule with a zero cost, and there is no claiming mechanism for pharmacies. We acknowledge that there would be benefits from community pharmacy being able to administer some vaccines, and current work to refresh the way the Pharmaceutical Schedule works would remove these barriers.</p>
<p>General concerns about safety of the pertussis vaccine for pregnant women and unborn babies.</p>	<p>The Immunisation Subcommittee considered a number of published studies on the safety and immunogenicity of pertussis vaccine in unborn children. The change in funding criteria aligns with expert clinical advice. Our website has more information and links to the expert clinical advice about the applications for pregnant women and parents or primary caregivers of children admitted to NICU/SCBU.</p>