Annex A – Current and Proposed Funding Criteria

The following funding criteria would apply (amendments/additions are shown in bold and deletions in strike through):

Adult diphtheria and tetanus vaccine – ADT Booster

Any of the following:

1. For vaccination of patients aged 45 and 65 years old; or
2. For vaccination of previously unimmunised or partially immunised patients; or
3. For revaccination following immunosuppression; or
4. For boosting of patients with tetanus-prone wounds; or
5. For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

Diphtheria, tetanus and acellular pertussis vaccine – Boostrix

Funded for any of the following criteria:

1. A single vaccine for pregnant woman between gestational weeks 28 and 38; or
2. A course of up to four vaccines is funded for children from age 7 up to the age of 18 years inclusive to complete full primary immunisation; or
3. 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.

Notes: Tdap is not registered for patients aged less than 10 years. Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

Diphtheria, tetanus, acellular pertussis and inactivated polio vaccine – Infanrix IPV

Funded for any of the following:

1. A single dose for children up to the age of 7 who have completed primary immunisation; or
2. A course of four vaccines is funded for catch up programmes for children (to the age of 10 years) to complete full primary immunisation; or
3. An additional four doses (as appropriate) are funded for (re-)immunisation for patients post HSCT, or chemotherapy; pre- or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
4. Five doses will be funded for children requiring solid organ transplantation.

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

Diphtheria, tetanus, acellular pertussis, inactivated polio, *Haemophilus influenzae* type B and hepatitis B vaccine – Infanrix Hexa

Funded for patients meeting any of the following criteria:

1. Up to four doses for children up to and under the age of 10 for primary immunisation; or

2. An additional four doses (as appropriate) are funded for (re-)immunisation for children up to and under the age of 10 who are 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; or

3. Up to five doses for children up to and under the age of 10 receiving solid organ transplantation

Note: A course of up-to four vaccines is funded for catch up programmes for children (up to and under the age of 10 years) to complete full primary immunisation. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

Haemophilus influenzae type B vaccine – Hiberix

One dose for patients meeting any of the following:

1. For primary vaccination in children; or

2. An additional dose (as appropriate) is funded for (re-)immunisation for patients post haematopoietic stem cell transplantation, or chemotherapy; functional asplenic; pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or

3. For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

Human papillomavirus vaccine – Gardasil 9

1. **Maximum of two doses for males and females aged 14 years and under; or**

2. Maximum of three doses for patient**s** meeting any of the following criteria:

    i. **Male and** female~~s~~ **patients** ~~aged under 20 years old~~ **26 years and under**; or

    ~~Patients aged under 26 years old with confirmed HIV infection; or~~

    ii. For use in transplant (including stem cell) patients; or

    iii. An additional dose for patients under 26 years of age post chemotherapy.

The criteria proposed above assume market approval of the Gardasil 9 two dose schedule prior to listing on the Pharmaceutical Schedule.

Measles, mumps and rubella vaccine – Priorix

A maximum of two doses for any patient meeting the following criteria:

1. For primary vaccination in children; or

2. For revaccination following immunosuppression; or

3. For any individual susceptible to measles, mumps or rubella; or

4. A maximum of three doses for children who have had their first dose prior to 12 months.

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

Pneumococcal (PCV10) vaccine – Synflorix

Any of the following:

1. **A primary course of four doses for previously unvaccinated individuals up to the age of 59 months inclusive; or**

2. **Up to three doses as appropriate to complete the primary course of immunisation for individuals under the age of 59 months who have received one to three doses of PCV13; or**

3. **For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.**

Note: please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes

Rotavirus vaccine – Rotarix

Maximum of three two doses for patients meeting the following:

1. First dose to be administered in infants aged under ~~**15**~~ **14** weeks of age; and

2. no vaccination being administered to children aged ~~**8 months**~~ **24 weeks** or over.

Varicella vaccine – Varilrix

1. **One dose for primary vaccination for:**

   i. Children at 15 months; or

   ii. For previously unvaccinated children at 11 years old, who have not previously had a varicella infection (chickenpox).

2. Maximum of two doses for any of the following:

   i. For non-immune patients:

   (a) with chronic liver disease who may in future be candidates for transplantation; or
   (b) with deteriorating renal function before transplantation; or
   (c) prior to solid organ transplant; or
   (d) prior to any elective immunosuppression*.

   ii. For patients at least 2 years after bone marrow transplantation, on advice of their specialist.

   iii. For patients at least 6 months after completion of chemotherapy, on advice of their specialist.

   iv. For HIV positive patients non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist.

   v. For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella.

   vi. For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

   vii. For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

   * immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days.