



## Muscular Dystrophy New Zealand

Updated September 2016

### [Vaccination Recommendations for people with a neuromuscular condition](#)

**All children and adults with neuromuscular conditions should be vaccinated in line with the National Immunisation Schedule.**

**The Schedule can be viewed here: The Immunisation Advisory Centre (IMAC)**

<http://www.immune.org.nz/new-zealand-national-immunisation-schedule>

**To read more about the immune system and vaccination, please follow the links below:**

<http://www.immune.org.nz/immunisation-overview>

<http://www.immune.org.nz/immune-system-and-vaccination>

<http://www.immune.org.nz/immunisation-visit-0>

### [Flu Vaccine](#)

**It is important that you receive your ANNUAL FLU VACCINE. This is available March/April of every year. If you have a neuromuscular condition you are eligible to receive the Flu vaccine free of charge through your GP.**

### [Pneumococcal Vaccines](#)

There are three pneumococcal vaccines available-Synflorix (PCV)10, Prevenar (PCV)13 and Pneumovax 23. Pneumococcal vaccines prevent against pneumococcal disease, which are infections caused by *Streptococcus pneumoniae* bacteria. These can include infection of the sinuses (sinusitis), ears (otitis media), blood (septicemia), lungs (pneumonia) or brain membranes (meningitis) which is life threatening.

PNEUMOCOCCAL VACCINES are important to prevent pneumonia if your lung function is diminished by your condition causing muscle weakness. Even if you already get the flu vaccine you should talk to your GP about getting pneumococcal vaccination as well. If necessary please take this fact sheet with you and show them.

The pneumococcal vaccine is only funded for you if you fit the criteria below:

Post-haematopoietic stem cell transplantation, post-chemotherapy, pre- or post-splenectomy, with functional asplenia, pre- or post-solid organ transplantation, with a cochlear implant, inherited or acquired complement deficiency, primary immunodeficiency, on renal dialysis or who are HIV-positive.

Pneumococcal vaccines are recommended but not funded if you are on corticosteroid therapy for more than 2 weeks (at daily dose of prednisone of 2 mg/kg or greater, or a total daily dosage of 20 mg or more), have chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy), cardiac disease with cyanosis or failure, diabetes, or if you have had one previous episode of pneumococcal disease or if you are aged 65 years and older.

MDA strongly believes that Pneumococcal vaccine should be funded for neuromuscular patients and is lobbying to achieve this. In the meantime MDA will fund the vaccine for you. Request that your doctor send the invoice directly to [info@mda.org.nz](mailto:info@mda.org.nz) or if you have already paid for the vaccines, MDA will reimburse you the costs. Please keep your invoice/receipt from your medical center and email us at [info@mda.org.nz](mailto:info@mda.org.nz).

Prevenar (PCV13) is currently funded for infants as part of the Immunisation Schedule, however as of July 2017 will be replaced by Synflorix (PCV10). Infants receive four doses at 6 weeks, 3 months, 5 months, 15 months or will receive relevant catch-up up to the age of 5 years.

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**Charity Registration Number CC31123**



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The recommended doses of Prevenar 13 for individuals at high risk are as follows:

1. One dose if aged 18 months to 18 years if they have previously received four doses of PCV10;
2. Up to an additional four doses (as appropriate) for (re-)immunization of patients, the number of doses determined by the age at first presentation.

The recommended doses of Pneumovax 23 for individuals at high risk are as follows:

3. Up to two doses are funded for high risk children aged 2 years to 18 years
4. Up to Three doses if aged 18 years or older, the number of doses determined by the age at first presentation.

You can have your flu vaccine and pneumococcal vaccine on the same day or two or more days apart to reduce risk of fever, particularly in children.

It is recommended that you receive both Prevenar 13 and Pneumovax 23 for maximum protection. Prevenar 13 should be given first, followed by Pneumovax 23, 8 weeks later. A second dose of Pneumovax 23 can be given 5 years later, and a third and final dose at the age of 65 years.

### **Follow the link below to the IMAC Pneumococcal Disease Fact Sheet**

[http://www.immune.org.nz/sites/default/files/factsheets/DiseasePneumococcalImac20160408V01Final\\_5.pdf](http://www.immune.org.nz/sites/default/files/factsheets/DiseasePneumococcalImac20160408V01Final_5.pdf)

### **Follow the link below to the IMAC Pneumococcal Vaccines Fact Sheet**

<http://www.immune.org.nz/sites/default/files/factsheets/VaccinePneumococcal20160408V01Final.pdf>

## **Varicella (Chickenpox) Vaccine**

**Before initiating corticosteroid therapy, immunisation against varicella (chickenpox) should be considered.**

The chickenpox vaccine will be funded for children on the Immunization Schedule as of July 2017.

Children will receive one dose at 15 months or 11 years if they have not been vaccinated.

The chickenpox vaccine is given in two doses and (among others) is funded for the individuals who are the; Household contacts of pediatric patients who are immune compromised, or undergoing a procedure leading to immune compromise, where the household contact has no clinical history of varicella infection or immunisation. Household contacts of adult patients who have no clinical history of varicella and who are severely immune compromised or undergoing a procedure leading to immune compromise, where the household contact has no clinical history of varicella infection or immunisation.

**If you are on immunosuppressive drugs, for example, corticosteroids such as prednisone, your immune system is compromised and you are more prone to infections. Members of your household should also be vaccinated to further protect you from exposure.**

**Important warning: If you are immunocompromised or on immunosuppressive drugs you should only receive inactivated vaccines and should not be administered any live attenuated vaccines.** These are fine to use in healthy individuals e.g.: if your household contacts are being immunised as well.



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**For more detailed clinical recommendations specific to particular neuromuscular conditions, please refer to the published scientific article available here:**

<http://www.mda.org.nz/media/2524/Vaccination-recommendations-for-patients-with-a-neuromuscular-disease-2014.pdf>

**For the current NZ Immunisation Handbook please visit the following link:**

<http://www.health.govt.nz/publication/immunisation-handbook-2014-2nd-edn>

For information on vaccines in NZ, contact The Immunisation Advisory Centre (IMAC) on 0800 IMMUNE (0800 466 863), or visit the website and email via <http://www.immune.org.nz/>

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