

Memo

Coadministration of the COVID-19 vaccine with other vaccines, including the MMR and influenza vaccines: COVID-19 Vaccine Technical Advisory Group (CV TAG) recommendations

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For your: Consideration

Purpose of report

1. To summarise the COVID-19 Vaccine Technical Advisory Group's (CV TAG) recommendations for coadministration of the Pfizer COVID-19 vaccine with the MMR, influenza, and other vaccines.

Context

2. On 02 March 2021, CV TAG considered the concomitant delivery of the Pfizer COVID-19 vaccine with other vaccines. Overall, CV TAG agreed with the following recommendations proposed by the Immunisation Advisory Centre (IMAC):
 - a. For the Influenza vaccine:
 - i. The COVID-19 mRNA vaccine should take priority over influenza vaccine.
 - ii. Ideally, the influenza vaccine can be administered two weeks before or after the COVID-19 vaccine.
 - iii. Do not delay either vaccination if it is not practical to leave a space.
 - b. For the MMR vaccine:
 - i. It is advised to leave a four-week gap after a live vaccine (such as the MMR vaccine) before giving the COVID-19 vaccine.
 - ii. Allow a two-week gap after COVID-19 vaccine and having another vaccine, including the MMR vaccine.

- c. Note that there are no clinical safety concerns should the gap between vaccines be less than the recommendations above. Do not delay vaccination if such a gap is not possible.
 - d. The MMR and influenza vaccines can be given at the same time.
3. The current recommendations provided publicly on the Ministry of Health webpage (updated on 28 July 2021)[2] are summarized below:
- a. Allow at least two weeks between the COVID-19 vaccine and the influenza vaccine, i.e., get the influenza vaccine from two weeks after the second dose of the COVID-19 vaccine, or get the first COVID-19 vaccination from two weeks after the influenza vaccine.
 - b. If you get the COVID-19 vaccine first, wait at least two weeks after the second dose before you get the MMR vaccine
 - c. If you get the MMR vaccine first, wait at least four weeks before you get the first dose of the COVID-19 vaccine.
4. There is limited clinical trial or observational evidence regarding the safety, immunogenicity, or efficacy of coadministration of live or non-live vaccines with COVID-19 vaccines. One trial has reported preliminary results evaluating the coadministration of the Novavax COVID-19 and an influenza vaccine; however, the results of this study are of limited relevance as the Pfizer COVID-19 vaccine uses mRNA technology, which is different to the protein-subunit technology used in the Novavax vaccine.[3]
5. Two trials are underway investigating coadministration of the Pfizer COVID-19 vaccine and influenza vaccines, but no data are available yet. There are no trials that we are aware of evaluating the coadministration of the Janssen and AstraZeneca COVID-19 vaccines with other vaccines.[4, 5]
6. Current recommendations and advice from peak bodies are based on immunological principles and knowledge of existing vaccines. These recommendations are outlined in the table below.

Organisation	Recommendation for coadministration of a COVID-19 vaccine with MMR, influenza, or other vaccines
United States Centers for Disease Control (US CDC)[6]	Coadministration of COVID-19 vaccine and other vaccines on the same day, as well as administration of other vaccines within 14 days. Recommendation includes live virus vaccines
The World Health Organization (WHO)[7]	Minimum interval of 14 days between vaccines

Australian Technical Advisory Group on Immunisation (ATAGI)[8]	Minimum interval of 7 days unless there is an increased risk of vaccine-preventable diseases
Public Health England (PHE)[9]	Administering other vaccines or COVID-19 vaccines should not be delayed in relation to each other with the exception of the live-attenuated zoster vaccine for shingles (Zostavax), where a 7-day interval should be implemented

7. One dose of live-attenuated zoster vaccine (Zostavax) is indicated for the prevention of shingles in New Zealand. Recommendations from IMAC for Zostavax include:[10, 11]
 - a. One Zostavax is recommended for adults aged 65 years to under 81 years.
 - b. Zostavax and influenza vaccine can be administered at the same visit.
 - c. This vaccine contains a weakened form of the varicella-zoster virus, and as a live viral vaccine, is not suitable for some people with medical conditions or who are receiving treatments that affect their immune system.
8. Some DHBs have recently expressed their concerns to IMAC about the impact of the COVID-19 vaccine rollout on the MMR, HPV, and Boostrix (diphtheria, tetanus and pertussis) campaigns. Vaccine coverage is being impacted by the current recommendations on coadministration with the COVID-19 vaccine, because young people have had to defer their vaccination due to upcoming bookings for a COVID-19 vaccine or because they have recently received the COVID-19 vaccine.[12]
9. The Child and Community Health Group in the Ministry is seeking CV TAG advice on whether the current recommendations on the spacing of the COVID-19 vaccine with other vaccines can be updated to improve vaccine coverage.

Recommendations

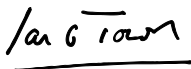
10. CV TAG met on 17 August 2021 to discuss and provide updated recommendations about the coadministration of the Pfizer COVID-19 vaccine and the MMR, influenza, and other vaccines.
11. **CV TAG noted that:**
 - a. There are limited clinical trial, observational, or laboratory data on the safety and immunogenicity associated with the coadministration of the Pfizer COVID-19 vaccine and other vaccines.
 - b. Based on first principles, there is the potential for a reduced immune response when two different types of vaccine are administered together or within several days of each other. However, there are no additional safety concerns associated with coadministration, over and above each vaccine's individual safety profile.

- c. Older individuals that are administered the live-attenuated zoster vaccine (Zostavax) and the Pfizer COVID-19 vaccine at the same time could potentially have a reduced immune response to one or both of the vaccines.
- d. Given that the catch-up campaigns for MMR, HPV, and Boostrix are largely among younger age groups, and that these individuals are likely to have a robust immune response, younger age groups are less likely to be adversely impacted by coadministration of vaccines.
- e. Younger age groups have lower vaccination rates compared to others. Any obstacles to accessing and completing vaccinations should be removed and steps should be taken to encourage completion of the recommended vaccine schedules.
- f. In general, the risk of reduced immune protection from coadministration of the Pfizer COVID-19 vaccine and other vaccines is low in younger age groups, while the public health benefit gained from higher vaccine coverage is substantial.

12. **CV TAG recommends that:**

- a. The influenza, MMR, HPV, diphtheria/tetanus/pertussis combination vaccine (Boostrix), and other vaccines may be administered before, after, or at the same time as the Pfizer COVID-19 vaccine, without concern for the spacing of the vaccinations.
- b. The only exception to this advice is for the live-attenuated shingles vaccine (Zostavax) where a 7-day interval, before or after administering Pfizer COVID-19 vaccine, is advised.

13. CV TAG will continue to monitor the evidence and will update their recommendations as data become available.



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