

# **Vaccine Temporary Medical Exemption Clinical Criteria, Clinical Guidance and Resources**

**New Zealand COVID-19  
Vaccine and Immunisation Programme**

Version 1.2

## Table of Contents

Table of Contents.....	2
Principles of Temporary Medical Exemption .....	3
Those not medically exempt.....	3
Medical exemption duration.....	3
Additional Support.....	7
Ministry of Health Application .....	8
COVID-19 Vaccine Temporary Medical Exemption.....	10
Ministry of Health Approval Record.....	10

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## Principles of Temporary Medical Exemption

- There are very few situations where a vaccine is contraindicated and, as such, a medical exemption is expected to be rarely required.
- Exemptions should be limited to situations where a suitable alternative COVID-19 vaccine is not readily available for the individual.
- Exemptions should be for a specified time, reflecting, for example, recovery from clinical conditions or the availability of alternate vaccines.
- Vaccination should be completed as soon as clinically safe within the exemption timeframe. This is particularly relevant for criteria 1C where it is unlikely that a full six months is required.
- It is likely that most people who are not medically exempt can be safely vaccinated, with some requiring extra precautions.
- The practitioner completing the application form should have an existing clinical relationship with the consumer and will support them for completing their vaccinations going forward.

## Those not medically exempt

- People who had an otherwise negative experience that is not mentioned above, with other vaccines in the past.
- Disabled people once adequate resources are available to support safe delivery. People with disabilities are generally at higher risk from COVID-19, and therefore are a priority for vaccination.
- Pregnant people. Pregnancy is not a valid reason for exemption in the absence of any of the criteria listed in the above table. Pregnancy is associated with higher risk from COVID-19 compared to the general population and therefore this group are a priority for vaccination.
- A vaccination may reasonably be deferred for individuals with some acute major medical conditions, such as undergoing major surgery or hospital admission for a serious illness.

## Medical exemption duration

The medical exemption duration is 6 months, with the ability to apply for a new exemption if required. This time period will allow individuals who can safely be vaccinated, with either the same vaccine or an alternative vaccine, as appropriate, to be protected against COVID-19 in a timely way.

## Criteria for Temporary COVID-19 Vaccine Medical Exemptions

Step	Vaccine	Category	Criteria Details	Select Criteria Present	Supporting Evidence	Select Exemption Categories
1	All COVID-19 Vaccines	1A. COVID-19 Infection	<ul style="list-style-type: none"> <li>PCR-confirmed SARS-CoV-2 infection until complete recovery from the acute illness.</li> </ul> <p><b>Note:</b> Chronic symptoms following COVID-19 ("Long COVID") is not a contraindication to COVID-19 vaccine but does warrant a clinical discussion with the patient regarding the benefits and risks.</p>	<input type="checkbox"/>	PCR result  Letter of support from their general practitioner/nurse practitioner	1A <input type="checkbox"/>
		1B. Serious Adverse Event to previous dose	<ul style="list-style-type: none"> <li>Serious adverse event attributed to a previous dose of the same COVID-19 vaccine with no other cause identified.</li> <li>An adverse event is considered serious for the purposes of these criteria if it:                             <ul style="list-style-type: none"> <li>Requires in-patient hospitalisation or prolongation of existing hospitalisation OR results in persistent or significant disability/incapacity.</li> </ul> <p><b>AND</b></p> <li>Has been reported to CARM.</li> </li></ul> <p><b>AND</b></p>	<input type="checkbox"/>   <input type="checkbox"/>  <input type="checkbox"/>	Discharge summary  Letter of support from the medical specialist within the relevant scope practice	

			<ul style="list-style-type: none"> <li>Has been determined following review by, and/or on the opinion of, a relevant medical specialist to be associated with a risk of recurrence of the serious adverse event if another dose of the same vaccine is given.</li> </ul>	<input type="checkbox"/>		<b>1B.</b> <input type="checkbox"/> (4 of 4 criteria required)
			<p><b>Examples</b> of serious AEFIs may include but are not limited to a medically significant illness (eg, immune thrombocytopenia purpura (ITP), myocarditis, potentially life-threatening events (eg, anaphylaxis), severe ME/CFS, or persistent or significant disability (eg, Guillain-Barré Syndrome). These reactions do not include common expected local or systemic reactions known to occur within the first few days after vaccination.</p>			
		<b>1C.</b> <b>Unable to tolerate administration due to risk to self or others.</b>	<ul style="list-style-type: none"> <li>Unable to tolerate vaccine administration with resulting risk to themselves or others (eg, due to severe neurodevelopmental condition such as autistic spectrum disorder).</li> </ul>		Letter of support from a medical specialist within the relevant scope practice	<b>1C.</b> <input type="checkbox"/>
<b>2</b>	<b>Pfizer Vaccine</b>	<b>2A.</b> <b>Anaphylaxis</b>	<ul style="list-style-type: none"> <li>Anaphylaxis to the first dose of the vaccine or known severe allergy to the excipients of the vaccine as per the datasheet provided to Medsafe.</li> </ul> <p>This criterion will be removed as an exemption when there is an alternative vaccine available in New Zealand.</p>		Discharge summary  Letter of support from a medical specialist within	<b>2A.</b> <input type="checkbox"/>

			Many of these individuals will be able to be safely vaccinated in a controlled environment, and we recommend clinical immunologist/specialist assessment.	the relevant scope practice	
		<b>2B. Myocarditis / Pericarditis</b>	Myocarditis/pericarditis following the first dose of the vaccine.		<b>2B.</b> <input type="checkbox"/>
		<b>2C. Inflammatory Cardiac Illness</b>	Inflammatory cardiac illness within the past 6 months including: acute myocarditis, pericarditis, endocarditis, acute rheumatic fever or acute rheumatic heart disease (ie, with active myocardial inflammation).		<b>2C.</b> <input type="checkbox"/>
		<b>2D. Acute Decompensated Heart Failure</b>	<ul style="list-style-type: none"> <li>• Acute decompensated heart failure.</li> </ul> Although myocarditis and/or pericarditis is very rare following vaccination, if such an event were to occur, then it may exacerbate a patient's pre-existing heart failure.		<b>2D.</b> <input type="checkbox"/>
<b>3</b>	<b>Trial Vaccine</b>	<b>3A. Non-Placebo participant in a vaccine trial</b>	<ul style="list-style-type: none"> <li>• Those who are confirmed as having the vaccine (ie, non-placebo) in any COVID-19 vaccine trial in Aotearoa New Zealand (for example, the Valneva COVID-19 vaccine trial NCT04956224).</li> </ul>	Letter of confirmation from the Vaccine Trial Clinical Lead	<b>3A.</b> <input type="checkbox"/>

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Other adverse events that have been reported to the Centre for Adverse Reactions Monitoring (CARM), the Immunisation Advisory Centre (IMAC), or have been observed internationally include shingles, appendicitis, lymphadenopathy with or without fever, exacerbation of myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), regional pain syndrome, and neurological events with localised arm pain. These events **may or may not** be related to the vaccine and it is generally advised to defer the second dose until the symptoms have fully resolved.

### **Additional Support**

If you or your patient are uncertain about the criteria, please consider contacting IMAC for clinical decision-making support on **0800 IMMUNE (466 863)**.

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## Ministry of Health Application

### COVID-19 Vaccine Temporary Medical Exemption

Please send the completed application to [temporarymedicalexemption@health.govt.nz](mailto:temporarymedicalexemption@health.govt.nz)

Consumer Details				
Full Name				
Contact Phone				
Contact Address				
Contact Email				
Address				
Vaccine Order Status	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>	Date of Birth
NHI				
I [ _____ ], consumer, certify that the information I have provided to the practitioner for the purposes of making this application is true.				
Consumer Signature			Date Signed	
Applicant Details				
Full Name				
Contact Phone				
Contact Email				
Clinic Address				
Registration number				
Health Practitioner Index Number				
Category exemption criteria (please tick those that apply)	<input type="checkbox"/> 1A <input type="checkbox"/> 1B (4 of 4 criteria required) <input type="checkbox"/> 1C	<input type="checkbox"/> 2A <input type="checkbox"/> 2B	<input type="checkbox"/> 2C <input type="checkbox"/> 2D	<input type="checkbox"/> 3A
The duration of the clinical relationship with the consumer is _____ years _____ months				
I [ _____ ] nurse practitioner/medical practitioner [select] certify that I:				
Have reviewed the consumer's medical history and assessed the person's state of health.				Yes / No
Have clinical evidence supporting the person meets the specified COVID-19 vaccination exemption criteria.				Yes / No



The attached supporting clinical evidence is:

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I certify that I provide this information believing it to be true.

Applicant Signature		Date Signed	
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## COVID-19 Vaccine Temporary Medical Exemption

### Ministry of Health Approval Record

Consumer Details			
Full Name			
Contact phone			
Contact email			
Contact Address			
Vaccine Order Status	Yes <input type="checkbox"/>	or	No <input type="checkbox"/>
NHI			
Exemption start date			
Exemption expiry date			
Category exemption categories	<input type="checkbox"/> 1A <input type="checkbox"/> 1B <input type="checkbox"/> 1C	<input type="checkbox"/> 2A <input type="checkbox"/> 2B	<input type="checkbox"/> 2C <input type="checkbox"/> 2D <input type="checkbox"/> 3A
Name		Role	
Signature		Date Signed	

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## COVID-19 Vaccine Temporary Medical Exemption Certificate

PRIVATE AND CONFIDENTIAL

DATE: *[insert date]*

Re: VACCINE TEMPORARY MEDICAL EXEMPTION

This letter certifies that *[full name of person being assessed]* application has been assessed in accordance with the Ministry of Health's Temporary Medical Exemption Process and a temporary medical exemption has been granted.

This exemption is granted pursuant to clause 9B of the COVID-19 Public Health Response (Vaccinations) Order 2021.

This exemption expires after *[insert number]* months after the date of issue being *[insert date]*.

This temporary medical exemption certificate is recorded as *[insert number]*.

*[Ministry of Health]*

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