

Vaccine Temporary Medical Exemption

Clinical Criteria,

Clinical Guidance and Resources

New Zealand COVID-19

Vaccine and Immunisation Programme

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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 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** | * PCR-confirmed SARS-CoV-2 infection until complete recovery from the acute illness.   **Note:** 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. |  | PCR result  Letter of support from their general practitioner/nurse practitioner | **1A □** |
| **1B.**  **Serious Adverse Event to previous dose** | * Serious adverse event attributed to a previous dose of the same COVID-19 vaccine with no other cause identified. * An adverse event is considered serious for the purposes of these criteria if it:   + - Requires in-patient hospitalisation or prolongation of existing hospitalisation OR results in persistent or significant disability/ incapacity.   ***AND***   * + - Has been reported to CARM.   ***AND***   * + - 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. | □  □  □  □ | Discharge summary  Letter of support from the medical specialist within the relevant scope practice | **1B. □**  (4 of 4 criteria required) |
| **Examples** 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. | | | |
| **1C.**  **Unable to tolerate administration due to risk to self or others.** | * Unable to tolerate vaccine administration with resulting risk to themselves or others (eg, due to severe neurodevelopmental condition). | | Letter of support from a medical specialist within the relevant scope practice | **1C. □** |
| 2 | **Pfizer Vaccine** | **2A.**  **Anaphylaxis** | * 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.   This criterion will be removed as an exemption when there is an alternative vaccine available in New Zealand.  Many of these individuals will be able to be safely vaccinated in a controlled environment, and we recommend clinical immunologist/specialist assessment. | | Discharge summary  Letter of support from a medical specialist within the relevant scope practice | **2A. □** |
| **2B.**  **Myocarditis / Pericarditis** | Myocarditis/pericarditis following the first dose of the vaccine. | | **2B.□** |
| **2C.**  **Inflammatory Cardiac Illness** | 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). | | **2C.□** |
| **2D.**  **Acute Decompensated Heart Failure** | * Acute decompensated heart failure.   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. | | **2D.□** |
| 3 | **Trial Vaccine** | **3A.**  **Non-Placebo participant in a vaccine trial** | * 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). | | Letter of confirmation from the Vaccine Trial Clinical Lead | **3A. □** |

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).**

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)

Completed applications will be processed within 5 working days.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Consumer Details** | | | | | | | |
| Full Name | |  | | | | | |
| Contact Phone number | |  | | | | | |
| Contact Address | |  | | | | | |
| Contact Email | |  | | | | | |
| Address | |  | | | | | |
| Vaccine Order Status | | Yes or No | | 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 number | |  | | | | | |
| Contact Email | |  | | | | | |
| Clinic Address | |  | | | | | |
| Registration number | |  | | | | | |
| Health Practitioner Index Number | |  | | | | | |
| Category  exemption criteria  (please tick those that apply) | | 1A  1B (4 of 4 criteria required)  1C | 2A  2B | | 2C  2D | | 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: | | | | | | | |
| I certify that I provide this information believing it to be true. | | | | | | | |
| Applicant Signature |  | | | Date  Signed | |  | |

COVID-19 Vaccine Temporary Medical Exemption

Ministry of Health Approval Record

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Consumer Details** | | | | | |
| Full Name |  | | | | |
| Contact phone number |  | | | | |
| Contact email |  | | | | |
| Contact Address |  | | | | |
| Vaccine Order Status | Yes  or No | | | | |
| NHI |  | | | | |
| Exemption start date |  | | | | |
| Exemption expiry date |  | | | | |
| Category exemption categories | 1A  1B  1C | 2A  2B | 2C  2D | | 3A |
| Name |  | Role | |  | |
| Signature |  | Date Signed | |  | |

**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 a recorded as [*insert number*].

[*Ministry of Health*]