

MINUTES: COVID-19 Vaccine Technical Advisory Group

Date: Tuesday 09 November 2021

Time: 11:00am to 12:00pm

Location: Teams: S9(2)(k)

Chair: Ian Town

Members: David Murdoch, Elizabeth Wilson, Helen Petousis-Harris, Nikki Moreland, Nikki Turner, Peter McIntyre, Sean Hanna, Sue Crengle,

Ministry of Health Attendees: Brooke Hollingshead, Caroline McElnay, Chriselle Braganza, Daniel Bernal, Edwin Reynolds, Fiona Callaghan, Juliet Rumball-Smith, Niki Stefanogiannis, Pippa Scott, Imogen Roth

Guests: Kris Golding

Apologies: Ian Frazer, James Ussher, Tony Wall, Andi Shirtcliffe, Erin Smith, John Tait

1.0	<p>Welcome and previous minutes</p> <p>Ian Town welcomed all Members and Attendees in his capacity as Chair of the COVID-19 Vaccine Technical Advisory Group (CV TAG).</p> <p>Minutes of the last meeting (02 November 2021) were accepted.</p>
2.0	<p>Science Updates</p> <p>The Science and Technical Advisory team provided an update on the Novavax</p> <ul style="list-style-type: none"> • Novavax has submitted an application for approval to Medsafe. • There is still limited data other than from the clinical trials which were for people 18 years and over. The Serum Institute of India have manufactured some Novavax vaccines, and these have been granted emergency use authorisation in Indonesia. • Currently there is no data on how Novavax performs against Delta. • Manufacturing issues have slowed licencing in the US, however there are limited details on this publicly available.
3.0	<p>Research in Children</p> <p>The Science and Technical Advisory team provided an update on vaccine candidates for children:</p> <ul style="list-style-type: none"> • There is new clinical trial data on the safety and efficacy of the Pfizer vaccine in 5-11-year-olds. A favourable safety profile is evident with most reactions being mild, self-limiting, and similar to adults. The US CDC has stated that clinical trial vaccine efficacy against symptomatic lab-confirmed COVID-19 was 90.9%.
4.0	<p>Booster Doses</p> <p>Draft recommendations were discussed:</p>

	<ul style="list-style-type: none"> • Booster doses were discussed, at 6 months or more after a primary course of vaccination for everyone aged 18 and over, with priority groups identified. • A need for caution among 18–30-year-olds was noted due to a potentially different benefit-risk equation. • Concern was expressed about mandating booster doses for employment reasons for people aged 18-30-year-olds. • Pregnant people will only be excluded if they received their full primary course in early pregnancy. • Implementation was discussed. Details of the rollout need to be worked through however it is likely the booster vaccination programme will be woven into schedules and recalls in 2022. • The booster programme should not distract from the primary vaccination programme and this has been communicated. There is no shortage of vaccines or bookings for primary vaccination. • An updated memo will be shared with CV TAG and will be finalised overnight
5.0	<p>Provisional approval for Comirnaty vaccine booster dose</p> <p>This item was noted and covered under item 4.0.</p>
6.0	<p>Vaccination in 5–11-year-olds</p> <ul style="list-style-type: none"> • In general, a cautious approach to wait for more data was agreed, and this has been communicated to the Director-General and Prime Minister. ATAGI is also taking this approach. • Some vulnerable 5-11-year-old groups may need protection. Individual risk factors such as comorbidities and pre-existing conditions were discussed, as well as the importance of broader social determinants of health, crowded or intergenerational households, and protection for Māori and Pacific Peoples. • The indirect impacts of exclusions from school or recreation were also noted as being significant, and children’s role in transmission • The STA team will collate information on the risks and benefits, and this will be brought back to CV TAG for discussion.
7.0	<p>Immunocompromised Populations and Updated Advice</p> <ul style="list-style-type: none"> • Advice on immunocompromised populations eligible for a third primary dose has been updated. Updates are being made to incorporate advice from: rheumatologists, the Gastro Society and Canterbury MI group; ATAGI’s updated guidelines which are more inclusive, for example by including dialysis patients. • The recommendations serve as guidance and are not to be considered as strict inclusion criteria. Therefore, some key scenarios are given as examples. • Clinical judgement should be applied by the prescriber to determine whether someone has sufficient immunocompromise to need a third primary dose. • Medsafe are preparing to address third primary doses. • Updated guidance will be shared with CVIP.
8.0	<p>Medical Exemptions Memo</p> <ul style="list-style-type: none"> • CV TAG advice on who is medically exempt from mandatory vaccination has been operationalised, with the eligibility criteria now available on the Ministry of Health website and a centralised application process is being established.

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	<ul style="list-style-type: none"> The criteria must be clear and unambiguous, and work is underway to align it with the Vaccination Order. One operational update is being actioned so that people are exempt from vaccination for one month after testing PCR-positive to align it with the IMAC handbook. 																
8.1	<p>Vaccine Temporary Medical Exemption Clinical Criteria, Clinical Guidance and Resources</p> <p>This item was noted.</p>																
9.0	<p>Definition of fully vaccinated within New Zealand memo</p> <ul style="list-style-type: none"> The memo on who can be considered fully vaccinated within New Zealand has been finalised. This topic will be revisited in 2022, for example with the rollout of boosters and as new evidence emerges on the duration of protection. It was noted that there is emerging evidence that, people who have had a PCR-proven infection may not need a second dose for protection, and therefore may need one dose only. This is of increasing importance as case numbers grow in New Zealand, and the discussion will be revisited again once evidence emerges. 																
10.0	<p>Next Steps/Decisions Pending</p> <p>None.</p>																
11.0	<p>Any Other Business</p> <p>None.</p>																
12.0	<p>Agenda items for next meeting</p> <p>None.</p>																
13.0	<p>New Action Items Raised During Meeting</p> <table border="1"> <thead> <tr> <th>#</th> <th>Agenda item</th> <th>Actions</th> <th>Action Owner</th> </tr> </thead> <tbody> <tr> <td>74</td> <td>Booster doses</td> <td>Update and finalise memo, and circulate to Director-General</td> <td>Science and Technical Advisory</td> </tr> <tr> <td>75</td> <td>Vaccination in 5-11-year-olds</td> <td>Compile evidence on risk and benefits of vaccination in this age group</td> <td>Science and Technical Advisory</td> </tr> <tr> <td>76</td> <td>Immunocompromised Populations and Updated Advice</td> <td>Update and finalise memo, and share with CVIP</td> <td>Science and Technical Advisory</td> </tr> </tbody> </table>	#	Agenda item	Actions	Action Owner	74	Booster doses	Update and finalise memo, and circulate to Director-General	Science and Technical Advisory	75	Vaccination in 5-11-year-olds	Compile evidence on risk and benefits of vaccination in this age group	Science and Technical Advisory	76	Immunocompromised Populations and Updated Advice	Update and finalise memo, and share with CVIP	Science and Technical Advisory
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<p>Meeting closed at 11:51am</p> <p>Next meeting: Tuesday 23 November – 11:00am to 12:00pm</p>																	

Open Actions:

#	Agenda item	Actions	Action Owner	Updates
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49	Pfizer dosing error	Compile further evidence on the link between dosing intervals and reactogenicity.	Science and Technical Advisory	31/08 – Action raised
64	Supporting Evidence for Healthcare Worker Vaccination Order	Finalise evidence brief and share with CVIP and CV TAG	Science and Technical Advisory	19/10 – Action raised
68	Decision to Use 5–11-Year-Olds	Review Pfizer's application for 12-to-15-year-olds for evidence on dosages.	Medsafe	19/10 – Action raised
73	Immunocompromised populations and ATAGI's update guidance	Revise memo with CV TAG's feedback and share with CVIP	Science and Technical Advisory	02/11 – Action raised
74	Booster doses	Update and finalise memo, and circulate to Director-General	Science and Technical Advisory	09/11 – Action raised
75	Vaccination in 5-11-year-olds	Compile evidence on risk and benefits of vaccination in this age group	Science and Technical Advisory	09/11 – Action raised
76	Immunocompromised Populations and Updated Advice	Update and finalise memo, and share with CVIP	Science and Technical Advisory	09/11 – Action raised

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

MINUTES: COVID-19 Vaccine Technical Advisory Group

Date:	Tuesday 23 November 2021
Time:	11:00am to 12:00pm
Location:	Teams: S9(2)(k)
Chair:	David Murdoch
Members:	Elizabeth Wilson, Ian Frazer, James Ussher, Nikki Moreland, Nikki Turner, Peter McIntyre, Sue Crengle, Tony Walls
Ministry of Health Attendees:	Andi Shirtcliffe, Caroline McElnay, Chriselle Braganza, Daniel Bernal, Edwin Reynolds, Fiona Callaghan, Juliet Rumball-Smith, N ki Stefanogiannis, Pippa Scott, Imogen Roth, Mariana Traslosheros Reyes
Guests:	Hilary Longhurst
Apologies:	Ian Town, Brooke Hollingshead, Helen Petousis-Harris, Sean Hanna, John Tait, Kris Golding

1.0	<p>Welcome and previous minutes</p> <p>David Murdoch welcomed all Members and Attendees in his capacity as Deputy Chair of the COVID-19 Vaccine Technical Advisory Group (CV TAG).</p> <p>Minutes of the last meeting (09 November 2021) were accepted.</p>
2.0	<p>Protection Framework</p> <p>An update on the COVID 19 protection framework (CPF or 'traffic light' system) was given:</p> <ul style="list-style-type: none"> • CPF will come into force at 11.59 pm on Thursday 2nd December • Can only operate well in a highly vaccinated community, and implementation is dependent on availability of vaccine certificates and proof of vaccination • Factors to be considered under the settings for red, orange and green are: <ul style="list-style-type: none"> ○ Vaccine coverage across population and equity of vaccine coverage ○ Capacity of system to manage cases ○ Testing and contact tracing system capacity ○ Transmission within the community • This a process that is reviewed regularly
3.0	<p>Update on Vaccine Rollout</p> <p>An update was provided on the vaccine rollout:</p>

	<ul style="list-style-type: none"> • AstraZeneca and boosters will be administered from 26 November, once we have the ability to record them in the CIR • Exemption process is working as planned, noting that most of the declines have been due to incomplete applications • Only eight DHBs are at less than 90% first doses, with most about to hit the 90% mark • Advice on a third primary dose for immunocompromised patients has been finalised, noting that the list is not exhaustive and provides scope for clinical judgement
4.0	<p>Vaccine Certificates</p> <p>An update was provided on vaccine certificates:</p> <ul style="list-style-type: none"> • Around 1.4 million people have received their Vaccine Pass • The vaccination order will be updated by 29 November to include those vaccines which are on the WHO EUL list (currently eight in total)
5.0	<p>Vaccination in 5–11-year-olds</p> <p>The Science and Technical Advisory team provided an update on COVID-19 and vaccination in 5-11 year old and discussion followed.</p> <ul style="list-style-type: none"> • Children are at a low risk of severe disease, although the risk is higher in some groups • There is limited vaccine safety and efficacy data in this age group. With a reported 2 million plus doses administered in this age group in the US, real world data is expected to help inform the advice • Equity is an important factor in this group, and consideration will be given to prioritisation for certain vulnerable groups • Any future advice regarding vaccine certificates or mandates in this younger group, would need to be considered separately to the advice on the decision to use.
6.0	<p>Chronic Fatigue/ME and Vaccination</p> <p>The Science and Technical Advisory (STA) team provided an overview of ME/CFS patients and vaccination:</p> <ul style="list-style-type: none"> • STA is preparing a response to an external request that ME/CFS patients be exempt from vaccination • In addition, a literature review is being prepared externally by the requestor around the evidence for this • The current status for these patients is that exemptions can be granted if there is an adverse event after the first dose • There is concern that exemptions in this group could provide precedence for other groups • STA will continue to assess the evidence and bring back to CV TAG for discussion
7.0	<p>Update from BMI Needle Length Study</p> <p>A brief update was included in the agenda for noting.</p>
8.0	<p>Next Steps/Decisions Pending</p>

9.0	<p>Any Other Business</p> <ul style="list-style-type: none"> Final versions of advice will be shared with members and any amendments post-CV TAG sign-off will be communicated as verbal updates. <p>With regards to modelling studies, CV TAG requested modelling regarding:</p> <ul style="list-style-type: none"> Vaccine assumptions used in modelling Ethnic-specific modelling, especially for Māori and Pacific populations The effect of boosters vs. effect of vaccinating 5-11s i.e. no boosters (waning immunity) and vaccinating 5-11, vs boosters (less waning) and no vaccination in 5-11 								
10.0	<p>Agenda items for next meeting</p> <ul style="list-style-type: none"> Previous SARS-CoV-2 infection and one dose of a vaccine as being fully vaccinated Booster doses for people with previous SARS-CoV-2 infection 								
11.0	<p>New Action Items Raised During Meeting</p> <table border="1" data-bbox="225 813 1485 996"> <thead> <tr> <th data-bbox="225 813 304 887">#</th> <th data-bbox="311 813 683 887">Agenda item</th> <th data-bbox="689 813 1182 887">Actions</th> <th data-bbox="1189 813 1485 887">Action Owner</th> </tr> </thead> <tbody> <tr> <td data-bbox="225 893 304 996">77</td> <td data-bbox="311 893 683 996">Any Other Business</td> <td data-bbox="689 893 1182 996">Share modelling data and assumptions with CV TAG</td> <td data-bbox="1189 893 1485 996">STA Team</td> </tr> </tbody> </table>	#	Agenda item	Actions	Action Owner	77	Any Other Business	Share modelling data and assumptions with CV TAG	STA Team
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77	Any Other Business	Share modelling data and assumptions with CV TAG	STA Team						
<p>Meeting closed at 12:00pm</p> <p>Next meeting: Tuesday 30 November – 11:00am to 12:00pm</p>									

Open Actions:

#	Agenda item	Actions	Action Owner	Updates
49	Pfizer dosing error	Compile further evidence on the link between dosing intervals and reactogenicity.	Science and Technical Advisory	31/08 – Action raised
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68	Decision to Use 5–11-Year-Olds	Review Pfizer's application for 12-to-15-year-olds for evidence on dosages.	Medsafe	19/10 – Action raised
77	Any Other Business	Share modelling data and assumptions with CV TAG	Science and Technical Advisory	23/11 - Action raised

Closed Actions Since Last Meeting:

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#	Agenda item	Actions	Action Owner	Updates
73	Immunocompromised populations and ATAGI's update guidance	Revise memo with CV TAG's feedback and share with CVIP	Science and Technical Advisory	02/11 – Action raised 17/11 - Memo finalised. Action closed.
74	Booster doses	Update and finalise memo, and circulate to Director-General	Science and Technical Advisory	09/11 – Action raised 10/11 - Memo finalised. Action closed.
75	Vaccination in 5-11-year-olds	Compile evidence on risk and benefits of vaccination in this age group	Science and Technical Advisory	09/11 – Action raised 23/11 - Draft RfA shared and discussed with CV TAG. Action closed.
76	Immunocompromised Populations and Updated Advice	Update and finalise memo, and share with CVIP	Science and Technical Advisory	09/11 – Action raised 17/11 - Memo finalised. Action closed.

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1992

MINUTES: COVID-19 Vaccine Technical Advisory Group

Date:	Tuesday 30 November 2021
Time:	11:00am to 12:00pm
Location:	Teams: S9(2)(k)
Chair:	Ian Town
Members:	Elizabeth Wilson, Helen Petousis-Harris, Ian Frazer, James Ussher, Nikki Moreland, Nikki Turner, Peter McIntyre, Sean Hanna, Tony Walls
Ministry of Health Attendees:	Brooke Hollingshead, Caroline McElnay, Chriselle Braganza, Daniel Bernal, Edwin Reynolds, Fiona Callaghan, Imogen Roth, Juliet Rumball-Smith, Mariana Traslosheros Reyes, Niki Stefanogiannis, Pippa Scott
Guests:	Hilary Longhurst
Apologies:	David Murdoch, John Tait, Kris Golding, Andi Shirtcliffe, Sue Crengle

1.0	<p>Welcome and previous minutes</p> <p>Ian Town welcomed all Members and Attendees in his capacity as Chair of the COVID-19 Vaccine Technical Advisory Group (CV TAG) and provided an overview of the vaccination program progress.</p> <p>Minutes of the last meeting (23 November 2021) were accepted.</p> <p>A request was made for further discussion in the minutes on one dose in 12–15-year-olds. This is covered further under any other business, below.</p>
2.0	<p>Pfizer Vaccination in 5-11 year-olds</p> <p>The Science and Technical Advisory team provided an update on COVID-19 and vaccination in 5-11 year olds and discussion followed:</p> <ul style="list-style-type: none"> • There is concern that if implemented this will need to be very carefully considered in the context of our current national immunisation schedule, particularly with respect to equity of delivery of all childhood vaccines. • Noted that including numbers needed to treat to prevent disease and death in children and in 5-11 year olds would be valuable, noting this is a commonly used statistic • Noted that children at high risk of severe illness should be prioritised for COVID-19 vaccines • Identified that a longer than three week interval between doses would be preferable • STA will continue to assess the evidence and bring it back to CV TAG for discussion
3.0	<p>Modelling data and assumptions</p> <p>The Science and Technical Advisory team provided an update on modelling data and assumptions and discussion followed:</p>

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	<ul style="list-style-type: none">CV TAG asked to be provided with a list of the model assumptions and parameter values
4.0	Vaccine Certificates No update.
5.0	Vaccination after previous SARS-CoV-2 infection (primary and booster schedules) The Science and Technical Advisory team provided an update on vaccination after previous SARS-CoV-2 infection: <ul style="list-style-type: none">Noted this was a current issue and required a fair level of detail when decision making for cliniciansNoted that any decisions around pregnancy need to be high priorityUrgent advice will be provided for clinicians on vaccination after SARS-CoV-2 infection and possible temporary exemptions in the light of vaccine mandates.
6.0	Update of fully vaccinated definition to include boosters The Science and Technical Advisory team provided an update on the definition of fully vaccinated and the inclusion of boosters in the definition: <ul style="list-style-type: none">Noted that this would be a comprehensive piece of work that is being raised early in the booster program and the definition of fully vaccinatedSTA will continue to assess the evidence and bring it back to CV TAG for discussion
7.0	ME/CFS and COVID-19 Vaccination An update was provided on the request for ME/CFS patients to be exempt from vaccination: <ul style="list-style-type: none">Advised that we need to distinguish between the clinical issues and the scientific issuesConsideration could be given to ME/CFS patients receiving a lower dose of the Pfizer vaccine for those patients with chronic and debilitating disease symptomsNoted that it is important that patient groups feel heard, and there is a potential opportunity for a clinical trial which will address these issuesSTA will continue to assess the evidence and bring it back to CV TAG for discussion
8.0	Myocarditis research sub-TAG An update was provided on the sub-TAG meeting <ul style="list-style-type: none">An initial discussion was had at the sub-TAG meeting and future topics were discussed, including detection and monitoring of milder cases of myocarditisThere will be another meeting to follow up and prepare some specific research proposals.
9.0	Final Memo: Booster Vaccinations Noted
10.0	Final Memo: Decision to Use AZ Noted
11.0	Next Steps/Decisions Pending None noted

12.0	<p>Any Other Business</p> <p>As raised above, there was discussion around not wanting to require 12-15 year olds to be required to have two doses of vaccine:</p> <ul style="list-style-type: none"> • Noted the gazette notice can be amended to reflect this but the order itself is more complex • Policy and Health Legal can be engaged around how the order is interpreted in practice • CV TAG noted that an issue currently front of mind was for young people being required to get two vaccinations after a SARS-CoV-2 infection <p>ACTION: Science and Technical Advisory to draft a memo making CV TAG's stance on mandating two doses for under 18s</p>								
13.0	<p>Agenda items for next meeting</p> <ul style="list-style-type: none"> • Pfizer Vaccination in 5-11 year-olds • Modelling data and assumptions • Vaccination after previous SARS-CoV-2 infection 								
14.0	<p>New Action Items Raised During Meeting</p> <table border="1" data-bbox="225 846 1485 1066"> <thead> <tr> <th data-bbox="225 846 304 920">#</th> <th data-bbox="304 846 683 920">Agenda item</th> <th data-bbox="683 846 1182 920">Actions</th> <th data-bbox="1182 846 1485 920">Action Owner</th> </tr> </thead> <tbody> <tr> <td data-bbox="225 920 304 1066">78</td> <td data-bbox="304 920 683 1066">Any other business – issue of requiring two doses of vaccine for 12-15 year olds</td> <td data-bbox="683 920 1182 1066">Draft a memo outlining CV TAGs position on requiring two doses for under 18s</td> <td data-bbox="1182 920 1485 1066">Science and Technical Advisory</td> </tr> </tbody> </table>	#	Agenda item	Actions	Action Owner	78	Any other business – issue of requiring two doses of vaccine for 12-15 year olds	Draft a memo outlining CV TAGs position on requiring two doses for under 18s	Science and Technical Advisory
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<p>Meeting closed at 12:06pm</p> <p>Next meeting: Tuesday 07 December – 11:00am to 12:30pm</p>									

Open Actions:

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77	Any Other Business	Share modelling data and assumptions with CV TAG	Science and Technical Advisory	23/11 - Action raised

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78	Any other business – issue of requiring two doses of vaccine for 12-15 year olds	Draft a memo outlining CV TAGs position on requiring two doses for under 18s	Science and Technical Advisory	30/11 – Action raised
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RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

MINUTES: COVID-19 Vaccine Technical Advisory Group

Date:	Tuesday 07 December 2021
Time:	11:00am to 12:30pm
Location:	Teams: S9(2)(k)
Chair:	Ian Town
Members:	Elizabeth Wilson, Helen Petousis-Harris, Ian Frazer, James Ussher, Nikki Moreland, Nikki Turner, Peter McIntyre, Sean Hanna, Sue Crengle, Tony Walls
Ministry of Health Attendees:	Andi Shirtcliffe, Brooke Hollingshead, Caroline McElnay, Daniel Bernal, Edwin Reynolds, Fiona Callaghan, Imogen Roth, Juliet Rumball-Smith, Mariana Traslosheros Reyes, Pippa Scott
Guests:	John Tait, Kris Golding, Jin Russell, Danny de Lore, Erik Andersen, Owen Sinclair, Teuila Percival, Marise Stuart, Andrew Simpson, Liam McConnell
Apologies:	David Murdoch, Chriselle Braganza, Niki Stefanogiannis

1.0	<p>Welcome and Previous Minutes</p> <p>Ian Town welcomed all Members and Attendees and Guests in his capacity as Chair of the COVID-19 Vaccine Technical Advisory Group (CV TAG).</p> <p>Minutes of the last meeting (30 November 2021) were accepted.</p>
2.0	<p>Modelling Data and Assumptions</p> <p>Update deferred</p>
3.0	<p>Vaccination After Previous SARS-CoV-2 Infection</p> <p>As part of the discussion under 7.0, below, CV TAG members agreed that a 3-month class exemption after PCR confirmed infection could resolve current issues around wording of exemption after infection (currently states until complete recovery), providing sufficient time for full vaccination to be completed.</p>
4.0	<p>Two Doses of Vaccine for Under 18s</p> <p>An update was provided on the memo advising that those aged under 18 should not be required to have two doses of vaccine under vaccine mandates</p> <ul style="list-style-type: none"> CV TAG does not want to see two doses of vaccine absolutely required for under 18s to be able to work STA outlined the current status of the draft memo, aimed at clarifying the CV TAG advice that vaccine mandates should not apply to those under 18 Policy, health legal and crown law will continue working with STA and CV TAG

	<ul style="list-style-type: none"> • STA will continue to work with colleagues towards making vaccination requirements for those under 18 clearer.
<p>5.0</p>	<p>Pfizer Vaccination in 5-11 year-olds</p> <p>Guests were welcomed by the Chair and provided an overview of their affidavit to the Waitangi Tribunal about the expected impacts to tamariki Māori and their whānau with the planned shift to the COVID-19 protection framework.</p> <p>An update was provided on vaccination in 5-11 year olds and discussion followed:</p> <ul style="list-style-type: none"> • STA outlined the timeline for decision to use for 5-11 year olds and advised Cabinet will make their decision on 23 December, pending Medsafe approval • The contribution to the Waitangi Tribunal claim was outlined, noting that tamariki Māori do not always have their views represented due to the small numbers of experts and advocates involved in decision making • It was noted that if decisions were made for the majority or the average but tamariki Māori were not considered then the health inequities that already exist will be exacerbated • It was noted that tamariki Māori do not have the same standard of health as other children, as they bear the burden more heavily with co-morbidities, which are linked with poorer outcomes as a result of SARS-CoV-2 infection • The Māori population is younger and has on average more tamariki in an average household • Tamariki Māori have a right to an intervention that protects them against a direct harm from a preventable disease, and the right to participate in protecting the people around them • It was felt that if we do not make the vaccine available we will have rolling outbreaks in tamariki Māori, resulting in isolation, sick caregivers, and whānau in hospital • The te ao Māori understanding of tamariki as being a part of a whānau and community was highlighted, rather than solely as an individual with only individual benefit • Additional points were raised from the literature indicating that non-white children are likely to disproportionately be affected by COVID-19 with respect to MIS-C, as well as the loss of a parent/caregiver • It was outlined that including 5-11 year olds in the vaccination program can strengthen efforts to immunise older Māori people - noting whānau will get vaccinated together • Operational suggestions for the rollout were discussed, and this will be taken to the implementation group with regards to the national immunisation programme • Delivery of successful vaccinations for 5-11 year olds need to be with Māori health providers and networks and iwi and hapu • The suggestion of a Māori paediatrician(s) joining CV TAG as a continuing member was made, and supported by the group • STA will develop a draft memo with recommendations for CV TAG to consider next week <p>Guests were thanked by the Chair and left the meeting</p> <p>ACTION: CV TAG chair to consider co-opting additional members to CV TAG for 2022</p>
<p>6.0</p>	<p>Next Steps/Decisions Pending</p> <p>None noted</p>

7.0	<p>Any Other Business</p> <p>Exemptions</p> <p>An overview of the current exemptions process was provided</p> <ul style="list-style-type: none"> The majority of approved exemption applications to date have been for those in clinical trials for a vaccine candidate It was proposed that it would be better to make the criteria more generalisable and add the flexibility to adapt to new vaccines as they become available in New Zealand The criteria will be refined, with CV TAG noting also the need to consider those on immunotherapies who may need to delay vaccination, those with terminal illnesses, and immunisation stress-related responses STA will continue to work with colleagues towards making the temporary exemption criteria more inclusive and fit for purpose 								
8.0	<p>Agenda Items for Next Meeting</p> <ul style="list-style-type: none"> Pfizer Vaccination in 5-11 year-olds 								
9.0	<p>New Action Items Raised During Meeting</p> <table border="1" data-bbox="225 969 1479 1160"> <thead> <tr> <th data-bbox="225 969 304 1048">#</th> <th data-bbox="304 969 683 1048">Agenda item</th> <th data-bbox="683 969 1182 1048">Actions</th> <th data-bbox="1182 969 1479 1048">Action Owner</th> </tr> </thead> <tbody> <tr> <td data-bbox="225 1048 304 1160">79</td> <td data-bbox="304 1048 683 1160">Pfizer Vaccination in 5-11 year-olds</td> <td data-bbox="683 1048 1182 1160">Consider a Māori paediatrician/s to become a standing member of CV TAG</td> <td data-bbox="1182 1048 1479 1160">Chair</td> </tr> </tbody> </table>	#	Agenda item	Actions	Action Owner	79	Pfizer Vaccination in 5-11 year-olds	Consider a Māori paediatrician/s to become a standing member of CV TAG	Chair
#	Agenda item	Actions	Action Owner						
79	Pfizer Vaccination in 5-11 year-olds	Consider a Māori paediatrician/s to become a standing member of CV TAG	Chair						
<p>Meeting closed at 12:26pm</p> <p>Next meeting: Tuesday 14 December – 11:00am to 12:00pm</p>									

Open Actions:

#	Agenda item	Actions	Action Owner	Updates
49	Pfizer dosing error	Compile further evidence on the link between dosing intervals and reactogenicity.	Science and Technical Advisory	31/08 – Action raised
64	Supporting Evidence for Healthcare Worker Vaccination Order	Finalise evidence brief and share with CVIP and CV TAG	Science and Technical Advisory	19/10 – Action raised
68	Decision to Use 5–11-Year-Olds	Review Pfizer's application for 12-to-15-year-olds for evidence on dosages.	Medsafe	19/10 – Action raised

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77	Any Other Business	Share modelling data and assumptions with CV TAG	Science and Technical Advisory	23/11 - Action raised
78	Any other business – issue of requiring two doses of vaccine for 12-15 year-olds	Draft a memo outlining CV TAGs position on requiring two doses for under 18s	Science and Technical Advisory	30/11 – Action raised
79	Pfizer Vaccination in 5-11 year-olds	Consider a Māori paediatrician/s to become a standing member of CV TAG	Chair	07/12 – Action raised

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MINUTES: COVID-19 Vaccine Technical Advisory Group

Date:	Thursday 20 January 2022
Time:	11:00am to 12:30pm
Location:	S9(2)(k)
Chair:	Ian Town
Members:	Danny de Lore, David Murdoch, Elizabeth Wilson, Helen Petousis Harris, James Ussher, Nikki Moreland, Nikki Turner, Owen Sinclair, Peter McIntyre
Ministry of Health Attendees:	Andi Shirtcliffe, Brooke Hollingshead, Daniel Bernal, Fiona Callaghan, Juliet Rumball-Smith, Mariana Traslosheros Reyes, Pippa Scott
Guests:	John Tait, Karin Van Bart, Frances Graham, Phoebe Currie
Apologies:	Caroline McElnay, Chriselle Braganza, Edwin Reynolds, Ian Frazer, Imogen Roth, Niki Stefanogiannis, Sean Hanna, Sue Crengle, Tony Walls

1.0	<p>Welcome and Previous Minutes</p> <p>Ian Town welcomed all Members and Attendees and Guests in his capacity as Chair of the COVID-19 Vaccine Technical Advisory Group (CV TAG).</p> <p>Minutes of the last meeting (07 December 2021) were accepted subject to the following changes to Item 2.0 CV TAG Draft Recommendations on Vaccination in 5-11-year-olds</p> <ul style="list-style-type: none"> The previous minutes note <i>It was felt very strongly that CV TAG do not want vaccines mandated (formally or informally) in this age group and ensuring there are no unintended consequences for children if they are not vaccinated, even as a matter of choice, due to the lack of clear benefit for the child.</i> The "lack of clear benefit" was in relation to mandates and not vaccines and this should be clarified in revised minutes.
2.0	<p>Revisit Discussions:</p> <p>2.1 Interval between doses for <30s</p> <p>Discussion point: Does the interval between doses need to be reconsidered and lengthened in light of the risk of myocarditis?</p> <ul style="list-style-type: none"> Continued concern was expressed about the risk of myocarditis for those aged under 30. While it was noted that evidence is limited on the ways to reduce myocarditis, initial data from Ontario in Canada suggests a wider interval between doses reduces the risk of myocarditis. Based on first principles of immunology, a three-week interval between doses was not seen as typical. Any messaging on a change to suggested schedules would need to be based on the benefits in the immune response, due to not wanting to have unintended consequences on vaccine acceptance. It was discussed that the vaccine rollout among 5-11-year-olds was framed as an 8-week interval, with the option to have it sooner, and this could also be more broadly applied.

- It was agreed that a brief update to the advice will be issued with the new data with from Ontario and discussed with the Director-General

2.2 Vaccine certificates for under 18s

Discussion point: Is this clinically appropriate and aligned with advice for 5-11-year-olds? What steps have been taken from Policy?

- Concern was expressed that COVID-19 vaccine certificates (CVCs) for those aged under 18 might seek two adult doses three-weeks apart when clinically another option may be better, and concern was also expressed about the impact that restrictions would have on this group when vaccines provide good protection.
- There is a need for flexible guidance on what is considered well protected and of clinical benefit to the individual, with variations by age, clinical considerations, history of infection etc. These guidelines could allow for longer intervals and lower (paediatric) second doses rather than a rigid framework.
- It was noted that this would have implications for CVCs and mandatory vaccine orders that need to be worked through and is in line with the broader National Immunisation Schedule.
- A formal policy statement is needed to ensure CVCs are not used among 5-11-year-olds due to concern of the impact of social restrictions.
- CVIP Clinical with STA support will develop a framework for CV TAG's consideration and endorsement in conjunction with Policy.

2.3 Myocarditis post-vaccine

Discussion point: Should individuals who had myocarditis after their first Pfizer dose be recommended an exemption or AstraZeneca?

- Guidance should be balanced to ensure people are not unfairly assigned to social restrictions.
- It was noted that there is some evidence of a risk of myocarditis with the AstraZeneca dose too.
- The risk of myocarditis from infection may be greater for most.
- Evidence collation is required on the safety of AstraZeneca and Janssen given as a second dose. STA to collate an RfA at pace on the latest evidence.

2.4 Previous infection

Discussion point: Is there evidence that infection provides similar protection to one dose, or is a second primary dose needed?

- It was noted that this was relevant to three groups
 - Young people with disease (who will now be covered by changes in the exemption criteria)
 - Whether young people with proven disease need two primary doses
 - Whether young people with proven disease and two primary doses need a booster, some of whom will be captured under mandatory vaccine orders.
- Consideration of the efficacies, immune response and protection provided by each of these experiences is required and would be captured under the framework being developed under item 2.2.

	<ul style="list-style-type: none"> • A quick review of the advice given by other peak bodies (e.g., ATAGI, JCVI, MHRA, ACIP) is required to see what other jurisdictions are recommending. <p>2.5 Alternative schedule: Paediatric dose after adult dose</p> <p>Discussion point: For people who have an adverse reaction to Pfizer post-first dose (e.g., adolescents aged 12-15 or adults with unclear aetiology e.g., severe CFS/ME response), could the lower dose (10 mcg) formulation be an option, and does off-label use cover it?</p> <ul style="list-style-type: none"> • Concerns were raised regarding administrative errors (e.g., between the adult and paediatric doses, expired doses etc.) being given. These will be dealt with through clinical quality assurance processes. • It was noted that 12-15-year-olds who may benefit from having the lower paediatric dose could be given this off-label at clinical discretion. There is evidence they are protected well by this dose. • People with ME/CFS who have experienced exacerbated conditions that may be linked to the vaccine could also be offered the paediatric formulation. A protocol for this will be developed by CVIP Clinical, relevant clinicians, and some CV TAG members. • It was raised that a formal uncoupling of science and clinical advice may be needed from the policy and legislative frameworks for CV TAG recommendations. • A discussion is required with the Ministry of Health teams managing CVCs/Data and Digital to ensure this would still meet requirements for CVCs and be easy to implement
3.0	<p>mRNA Injections and Aspiration</p> <ul style="list-style-type: none"> • Queries on the benefits of aspiration continue to be received. • IMAC have a formal statement discussing the issue, and the University of Auckland has a blog, and queries should be directed to these sources. • A further statement is required that having some blood in the needle can occur.
4.0	<p>Booster Interval Final Memo</p> <ul style="list-style-type: none"> • It was noted that the Ministry of Health Policy team, on guidance from the Director-General, recommended that the interval be changed to 4 months (rather than the 5 months in CV TAG's advice). • Guidance for pregnant and immunocompromised people was updated at pace to be four months with ATAGI updating their guidance, and via consultation with some CV TAG members, with a note that further evidence and recommendations would be sought from CV TAG. • A further discussion and memo are required to formalise the advice on boosters in pregnant people, and boosters (fourth doses) in the immunocompromised. • There may be a role for serology for immunocompromised people in case of exposure to measure antibody response and develop a management plan if this response is not strong. Clinicians may consider antibody tests at clinical discretion.
5.0	<p>Myocarditis Research Project Update</p> <ul style="list-style-type: none"> • This research will be following up with people who have had myocarditis or pericarditis after their vaccination, and their healthcare providers. There are estimated to be 200-300 people eligible. CBG Health have been contracted to run the survey. Ethics application are being submitted this week, and the study will be starting mid-late-February. • This research will be put in touch with the research underway at the University of Auckland.

6.0	<p>Updated Exemptions</p> <ul style="list-style-type: none"> • Updates made to the exemptions criteria have gone through which gives more freedom for to operate, however the panel is open to further feedback on criteria. • 2.a currently says 'attributed to previous vaccine' however this needs to be changed to 'causally associated'.
7.0	<p>Update on Mandated Boosters</p> <p>This item was noted.</p>
8.0	<p>Decision to Use for 5–11-Year-Olds Final Memo</p> <p>This item was noted.</p>
9.0	<p>Rollout Data on Myocarditis in 5–11-year-olds</p> <p>This item was noted.</p>
10.0	<p>CV TAG work for 2022</p> <ul style="list-style-type: none"> • Heterologous schedules for boosting • 4th boosters (for immunocompromised/ all) • Definition of fully vaccinated (and boosters) • Second dose for 5–11-year-olds – full safety review required in early February • Boosters for 12-15-year-olds and 5-11-year-olds <ul style="list-style-type: none"> ○ It was noted that initial caution is required that the use of boosters in this population is not a certainty, and currently there is a lack of evidence for their need. • Roles of Janssen and AstraZeneca in the rollout • Novavax decision to use • Moderna decision to use • Vaccinating 2–5-year-olds
11.0	<p>Next Steps/Decisions Pending</p> <p>None.</p>
12.0	<p>Any Other Business</p> <p>Secretariat business</p> <ul style="list-style-type: none"> • The regular meeting time may need to be moved to 10.30am Tuesdays, however availability from CV TAG members will be sought, and this would not be for the next two weeks. • CV TAG members can expect to receive a work programme for the year noting when items will likely be discussed, and what CV TAG's role will be. • All finalised and signed off CV TAG memos are in the process of being uploaded to the Ministry of Health website for public access, pending approval.
13.0	<p>Agenda Items for Next Meeting</p> <p>Heterologous schedules for boosting</p> <p>4th doses for the immunocompromised</p>

	4 th doses for high-risk workers			
14.0	New Action Items Raised During Meeting			
	#	Agenda item	Actions	Action Owner
	80	Interval between doses for <30s	Memo to be drafted with brief update on advice and shared with CV TAG	STA
	81	Vaccine certificates for under 18s Previous infection	Develop clinical guidance framework on what is considered sufficient protection for CV TAG's consideration and endorsement	CVIP Clinical
	82	Vaccine certificates for under 18s	Develop formal policy statement that CVCs should not be used among 5-11-year-olds	STA
	83	Myocarditis post-vaccine	Collate evidence on risk of myocarditis post-vaccine with AstraZeneca and Janssen	STA
	84	Previous infection	Collate advice from peak bodies on immune response and vaccine recommendations.	STA
	85	Alternative schedule: Paediatric dose after adult dose	Protocol to be developed to ensure access to paediatric doses of the vaccine are available to those who may benefit from it.	CVIP Clinical with support from STA
	86	Alternative schedule: Paediatric dose after adult dose	Advice to be sought on the impact on CVCs	STA
	87	mRNA Injections and Aspiration	Send updated comment for statement to include comment on blood and myocarditis	STA
	88	Booster Interval Final Memo	Develop recommendation and write memo on booster interval for pregnant and immunocompromised people	STA
89	Updated exemptions	Update language of 2.a criteria	STA	
Meeting closed at 12:19pm				
Next meeting: 25 January 2022				

Open Actions:

#	Agenda item	Actions	Action Owner	Updates
64	Supporting Evidence for Healthcare Worker Vaccination Order	Finalise evidence brief and share with CVIP and CV TAG	STA	19/10 – Action raised
80	Interval between doses for <30s	Memo to be drafted with brief update on advice and shared with CV TAG	STA	20/01 – Action raised

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81	Vaccine certificates for under 18s Previous infection	Develop clinical guidance framework on what is considered sufficient protection for CV TAG's consideration and endorsement	CVIP Clinical	20/01 – Action raised
82	Vaccine certificates for under 18s	Develop formal policy statement that CVCs should not be used among 5-11-year-olds	STA	20/01 – Action raised
83	Myocarditis post-vaccine	Collate evidence on risk of myocarditis post-vaccine with AstraZeneca and Janssen	STA	20/01 – Action raised
84	Previous infection	Collate advice from peak bodies on immune response and vaccine recommendations.	STA	20/01 – Action raised
85	Alternative schedule: Paediatric dose after adult dose	Protocol to be developed to ensure access to paediatric doses of the vaccine are available to those who may benefit from it.	CVIP Clinical with support from STA	20/01 – Action raised
86	Alternative schedule: Paediatric dose after adult dose	Advice to be sought on the impact on CVCs	STA	20/01 – Action raised
87	mRNA Injections and Aspiration	Send updated comment for statement to include comment on blood and myocarditis	STA	20/01 – Action raised
88	Booster Interval Final Memo	Develop recommendation and write memo on booster interval for pregnant and immunocompromised people	STA	20/01 – Action raised
89	Updated exemptions	Update language of 2.a criteria	STA	20/01 – Action raised

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