Document 1

MINUTES: COVID-19 Vaccine Technical Advisory Group

Date:	Tuesday 25 January 2022
Time:	11:00am to 12:00pm
Location:	Teams: S9(2)(k) [redacted]
Chair:	Ian Town
Members:	Danny de Lore, David Murdoch, Elizabeth Wilson, Helen Petousis-Harris, James Ussher, Nikki Moreland, Nikki Turner, Owen Sinclair, Pete McIntyre, Sean Hanna, Sue Crengle, Tony Walls
Ministry of Health Attendees:	Andi Shirtcliffe, Brooke Hollingshead, Caroline McElnay, Daniel Bernal, Juliet Rumball-Smith, Mariana Traslosheros Reyes, Niki Stefanogiannis, Phoebe Currie, Liam McConnell, Chriselle Braganza
Guests:	
Apologies:	John Tait; Ian Frazer, Edwin Reynolds, Fiona Callaghan, Imogen Roth, Pippa Scott

1.0	**Welcome and Previous Minutes** Ian Town welcomed all Members and Attendees and Guests in his capacity as Chair of the COVID-19 Vaccine Technical Advisory Group (CV TAG). Minutes of the last meeting (20 January 2022) were accepted subject to the following changes to item 10. • It was requested that item 10 be amended to include boosters for 12-17-year-olds who are high-risk, and boosters for 12-17-year-olds in general population.
2.0	**Interval for Boosters** • The calls from some commentators to shorten the interval for a booster to 3 months were discussed. • Immunity does not wane at the same pace for all, and therefore it was argued that any changes to recommendations should not be applied to all and should be based on age and risk factors. • People aged over 50 or with high-risk conditions were likely to benefit from a shorter interval, however this age eligibility would need to be lower for Māori and Pacific peoples (e.g., 35-40) due to the increased risk of hospitalisation, severe disease, and death. Some emerging evidence shows a shorter interval between the second dose and the booster may lead to lower vaccine effectiveness against symptomatic infection than longer intervals. • Preliminary results from the VAANZ study were shared, which noted that 28 days post-second dose, neutralisation against Omicron was low, demonstrating the importance of boosters. Neutralisation against Delta remained high. However, it was noted that this was only one part of the immune response. It has been requested that this data be shared with the Ministry.

	• Recommendations will be drafted and shared with CV TAG for approval.
3.0	**Heterologous Schedules for Booster Doses** • The Ministry of Health Policy team have requested advice be developed on heterologous booster schedules, in case of supply issues with Pfizer. • A rapid review conducted by STA on the data for safety, reactogenicity, and immunogenicity of heterologous booster schedules was shared with CV TAG, looking at the use of AstraZeneca, Janssen, Moderna or Novavax following a Pfizer primary course. • For participants primed with Pfizer, there were more local and systemic reactions after AstraZeneca, Janssen, and Moderna, with these mostly being malaise and fatigue, however rates were under 5%. • Moderna appears to be the most reactogenic for those vaccinated with Pfizer, and alongside Pfizer has a risk of myocarditis. However, Pfizer and Moderna offer the greatest protection as boosters in terms of increasing neutralising antibody and T cell responses. • Heterologous boosts increased antibody titres to a larger extent than homologous boosts, though Pfizer as a booster protects slightly better and it was noted that Pfizer as a booster remains a good option. • No boosters were more or less impacted by variants, but Pfizer and Moderna increased neutralising antibodies against Omicron. • One possibility raised was that mRNA vaccines could be recommended for elderly and high-risk populations due to the need for an increased immune response, with Novavax or Janssen an option for younger populations. • A supply of Novavax will also be important for a small group who have had severe reactions to Pfizer, or for those hesitant for an mRNA vaccine. • This topic will be kept under rolling review by STA for when advice is requested from the programme. This advice will also become relevant as more people return to New Zealand with varying vaccine schedules.
4.0	**Booster doses for pregnant people at 4 months** • Draft recommendations to endorse changes to the timing of boosters in pregnant people were shared with CV TAG. Changes to this advice were made at pace based on updates to international guidance, noting that formal advice and endorsement from CV TAG would be sought. • There have been no adverse events or safety signals from the rollout of the vaccine in pregnant people despite large numbers being vaccinated, and the risk of COVID-19 in this population is clear. It was agreed that this should be brought forward from 6 months to align with the timing for the general population. • A formal memo with CV TAG's updated recommendations will be issued.
5.0	**4th Dose (first booster) for severely immunocompromised people** • Draft recommendations to endorse changes to the timing of boosters in severely immunocompromised people were shared with CV TAG. Changes to this advice were made at pace based on updates to international guidance, noting that formal advice and endorsement from CV TAG would be sought. • Data on the safety and efficacy of a fourth dose (first booster) for severely immunocompromised people who received three primary doses is emerging and promising. A longer interval for a booster dose in this population may cause harm, given the rapid degree of waning protection

	against Omicron. Formal advice on boosters has not been given for this group who are more at risk, and therefore a booster dose at 4 months was seen as beneficial. • A formal memo with CV TAG's recommendations will be issued.
6.0	**4th Dose (second booster) for high-risk populations** This item was not discussed.
7.0	**5–11-year-olds safety data** An update on the vaccination rollout of boosters and paediatric doses was given: • A breakdown of doses administered by age and ethnicity was requested by CV TAG, and this will be a formal agenda item next week for discussion. • Some small groups have filed affidavits to halt the rollout programme but have not been successful. The Ministry team have been providing advice to Crown law, and if CV TAG members are approached about the injunction, they are welcome to refer queries to the Ministry of Health. • Concern was also raised that insufficient vaccinators feel confident to administer the paediatric vaccine, and further mentoring is required. This would be exacerbated in provincial and rural areas where access to the paediatric formulation and trained vaccinators was understood to be lower. Pharmacists have also never vaccinated this population. • A school-based rollout targeting Decile 1 to 4 schools was seen as an option to reach more Māori and Pacific 5-11-year-olds, alongside an increase in communication relevant to communities. • Some CV TAG members mentioned that parents are requesting their children have access to a second dose earlier than 8 weeks, and formal communication or guidance from the Ministry was requested prior to the formal safety review in February. No children should be receiving second doses. • Some high-risk children may benefit from an earlier second dose, so these children could be prioritised, however, clear guidance on which groups are considered high risk is required. • A statement on 5-11-year-olds and the protection provided by two doses is being written by the Science and Technical Ad isory team to pre-empt calls for booster doses in this age group.
8.0	**Next Steps/Decisions Pending** None.
9.0	**Any Other Business** Booster rollout An update was provided on the booster rollout. • Over one million doses have now been administered. • A breakdown of doses administered by age and ethnicity was requested by CV TAG, and this will be a formal agenda item next week for discussion. • Concern was raised that if eligibility for boosters follows the original sequencing framework then this will reproduce inequities. Forecasting and modelling for doses (from Matt Jones) will be shared with CV TAG for discussion. Dosing errors

- An update was requested from the Ministry of Health team on whether people can receive a lower dose formulation and still receive and COVID-19 Vaccine Certificate (CVC), and what to do for people who receive the incorrect dose.
- Vaccination of children takes longer, and often the parents are being boosted at the same time, and the volume of vaccination is causing the errors. This is a clinical and quality assurance issues and therefore an operational letter will be going out to vaccinators to give advice.
- The Vaccine Order and CVCs do not specify which dose people receive, however operationalising the advice within the CIR will take some time.

10.0 Agenda Items for Next Meeting

Interval for boosters

Uptake of vaccines by age and ethnicity

11.0 New Action Items Raised During Meeting

#	Agenda item	Actions	Action Owner
90	Interval for boosters	Draft memo with recommendations to shorten interval	STA
91	Booster doses for pregnant people at 4 months 4th Dose (first booster) for severely immunocompromised people	Issue recommendations to update booster recommendations	STA
92	5–11-year-olds safety data	Request data on age and ethnicity of current uptake.	STA
93	5–11-year-olds safety data	Draft statement on 5-11-year-olds and need for boosters	STA
94	5–11-year-olds safety data	Collate evidence of high-risk children who may benefit from a shortened interval	STA
95	Booster rollout	Request data on age and ethnicity of current uptake.	STA
96	Booster rollout	Request data on forecasting and modelling of doses.	STA

Meeting closed at **11:57am**

Next meeting: **01 February 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
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
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
87	mRNA Injections and Aspiration	Send updated comment for statement to include comment on blood and myocarditis	STA	20/01 – Action raised
90	Interval for boosters	Draft memo with recommendations to shorten interval	STA	25/01 – Action raised
91	Booster doses for pregnant people at 4 months 4th Dose (first booster) for severely immunocompromised people	Issue recommendations to update booster recommendations	STA	25/01 – Action raised
92	5–11-year-olds safety data	Request data on age and ethnicity of current uptake.	STA	25/01 – Action raised
93	5–11-year-olds safety data	Draft statement on 5-11-year-olds and need for boosters	STA	25/01 – Action raised
94	5–11-year-olds safety data	Collate evidence of high-risk children who may benefit from a shortened interval	STA	25/01 – Action raised

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95	Booster rollout	Request data on age and ethnicity of current uptake.	STA	25/01 – Action raised
96	Booster rollout	Request data on forecasting and modelling of doses.	STA	25/01 – Action raised

Closed Actions:

#	Agenda item	Actions	Action Owner	Updates
83	Myocarditis post-vaccine	Collate evidence on risk of myocarditis post-vaccine with AstraZeneca and Janssen	STA	20/01 – Action raised 24/01 – In heterologous RfA. Action closed.
86	Alternative schedule: Paediatric dose after adult dose	Advice to be sought on the impact on CVCs	STA	20/01 – Action raised 21/01 – Advice from Policy requested. Action closed.
88	Booster Interval Final Memo	Develop recommendation and write memo on booster interval for pregnant and immunocompromised people	STA	20/01 – Action raised 24/01 – Draft memo shared. Action closed.
89	Updated exemptions	Update language of 2.a criteria	STA	20/01 – Action raised 21/01 – Update has been requested and is the process of being signed off by the DG.

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MINUTES: COVID-19 Vaccine Technical Advisory Group

Date:	Tuesday 01 February 2022
Time:	11:00am to 12:00pm
Location:	Teams: S9(2)(k) [redacted]
Chair:	Ian Town
Members:	Danny de Lore, David Murdoch, Elizabeth Wilson, James Ussher, Nikki Turner, Owen Sinclair, Peter McIntyre
Ministry of Health Attendees:	Andi Shirtcliffe, Daniel Bernal, Edwin Reynolds, Imogen Roth, Juliet Rumball-Smith, Mariana Traslosheros Reyes, Niki Stefanogiannis, Pippa Scott, Matt Jones, Liam McConnell, Amy Auld, Alison Cossar, Frances Graham
Guests:	John Tait, Anna Brooks
Apologies:	Helen Petousis-Harris, Ian Frazer, Nikki Moreland, Sean Hanna, Sue Crengle, Tony Walls, Brooke Hollingshead, Caroline McElnay, Fiona Callaghan

1.0	**Welcome and Previous Minutes** Ian Town welcomed all Members and Attendees and Guests in his capacity as Chair of the COVID-19 Vaccine Technical Advisory Group (CV TAG). Minutes of the last meeting (25 January 2022) were accepted.
2.0	**Vaccine Rollout** An update was provided on the vaccine rollout. Approximately 1.3 million booster doses have been administered. The paediatric vaccine rollout will need to be accelerated in the light of Omicron.
3.0	**Proposal to allow the lower dose (Paediatric) formulation in some people with ME** A brief overview was provided on the proposal. There is a significant number of people with ME in NZ, many of whom have chosen not to vaccinate. International data shows that up to 20% have reported severe adverse events, mostly severe relapse. The proposal outlined giving paediatric doses by prescription to ME patients on the basis of Pfizer's initial dose finding studies showing less reactogenicity with a 10µg dose than a 30µg dose, and reasonable immunogenicity. CV TAG discussed the proposal and there was general support. However, it was noted that there is no guarantee that this will meet eligibility criteria for a vaccine certificate under the current legislation and legal review of the proposal would be beneficial. A formal proposal and request for endorsement will be sent by the applicant to the Chair for consideration.
4.0	**Uptake of vaccines by age and ethnicity**

	The data on vaccine uptake by age and ethnicity was presented to CV TAG. It was noted that booking numbers are continuing to rise for boosters. CV TAG was encouraged by the booster uptake in Māori, however the uptake was lower in younger ages. Concern was noted on the low booster uptake in elderly Pacific peoples and the low vaccine uptake in the Pacific community in general. CV TAG also expressed concern that first dose uptake in 5-11 year-olds is substantially lower for Māori compared to NZ European. There was discussion about school-based vaccination programmes being a suitable option to increase access and uptake. The low paediatric first dose uptake should be addressed with urgency, as well as the lower uptake in Pacific peoples. A report that outlines the initiatives to encourage uptake in Māori will be shared with CV TAG and the Chair will express the concerns noted during the discussion at the Steering Group.
5.0	**Priority groups for shortened interval among 5-11-year-olds** The vaccination rollout in 5-11-year-olds was discussed and it was noted that no significant safety concerns have been identified to date It was noted that in general, immunogenicity tends to be higher with a longer interval and we want to provide children with the best chance for prolonged immunity. CV TAG re-iterated their recommendation that the dose interval for 5–11-year-olds be 8 weeks to provide long term protection. This topic will be under ongoing review by CV TAG, and consideration will be will be given as to whether there are any priority groups that should receive an earlier second dose. A formal memo will be issued to the Director-General following next week's meeting.
6.0	**Novavax decision to use in primary courses** Novavax safety and efficacy data were reviewed, and it was noted that submission to Medsafe is only for primary course vaccination, so there will only be few people in New Zealand eligible for this. A memo outlining CV TAG recommendations will be drafted and discussed at the next meeting.
7.0	**Shortened booster interval** The recommendations for a shortened booster interval were discussed, including who should be prioritised. It was noted that the Ministry will work with providers to make sure priority populations in their areas are targeted appropriately. CV TAG recommend that the booster interval be shortened to 3 months (including for immunocompromised and pregnant people), with priority groups as follows: Māori and Pacific people aged 18 years and over those aged 65 years or over; residents of aged care and disability facilities; frontline healthcare workers, border workers, or essential workers whose ability to work is critical for infrastructure and supply chains; anyone aged 18 years and over with comorbidities. A memo will be sent to the Director-General outlining these recommendations.
8.0	**Next Steps/Decisions Pending** None
9.0	**Any Other Business** None
10.0	**Agenda Items for Next Meeting**

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11.0 New Action Items Raised During Meeting

#	Agenda item	Actions	Action Owner
97	Uptake of vaccines by age and ethnicity	Share report that outlines the initiatives to encourage uptake in Māori with CV TAG	STA
98	Priority groups for shortened interval among 5-11-year-olds	Memo to incorporate Medsafe data before finalising	STA
99	Novavax decision to use in primary courses	Finalise recommendations on use of the Novavax vaccine	STA
100	Shortened booster interval	Issue memo to the Director-General outlining CV TAG recommendations.	STA

Meeting closed at **11:58am**

Next meeting: **08 February 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
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
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

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98	Priority groups for shortened interval among 5-11-year-olds	Memo to incorporate Medsafe data before finalising	STA	1/02 – Action raised
99	Novavax decision to use in primary courses	Finalise recommendations on use of the Novavax vaccine	STA	1/02 – Action raised

Closed Actions:

#	Agenda item	Actions	Action Owner	Updates
87	mRNA Injections and Aspiration	Send updated comment for statement to include comment on blood and myocarditis	STA	20/01 – Action raised 31/01 – Action closed.
90	Interval for boosters	Draft memo with recommendations to shorten interval	STA	25/01 – Action raised 31/01 – Action closed.
91	Booster doses for pregnant people at 4 months 4th Dose (first booster) for severely immunocompromised people	Issue recommendations to update booster recommendations	STA	25/01 – Action raised 31/01 – Action closed.
92	5–11-year-olds safety data	Request data on age and ethnicity of current uptake.	STA	25/01 – Action raised 31/01 – Action closed.
93	5–11-year-olds safety data	Draft statement on 5-11-year-olds and need for boosters	STA	25/01 – Action raised 1/02 – STA drafting memo. Action closed.
94	5–11-year-olds safety data	Collate evidence of high-risk children who may benefit from a shortened interval	STA.	25/01 – Action raised 1/02 – RfA provided to CV TAG. Action closed.
95	Booster rollout	Request data on age and ethnicity of current uptake.	STA	25/01 – Action raised 31/01 – Action closed.
96	Booster rollout	Request data on forecasting and modelling of doses.	STA	25/01 – Action raised 31/01 – Action closed.
97	Uptake of vaccines by age and ethnicity	Share report that outlines the initiatives to encourage uptake in Māori with CV TAG	STA	01/02 – Action raised 01/02 – Report shared with CV TAG. Action closed.
100	Shortened booster interval	Issue memo to the Director-General outlining CV TAG recommendations.	STA	01/02 – Action raised 01/02 – Memo sent to Director-General. Action closed.

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98	Priority groups for shortened interval among 5-11-year-olds	Memo to incorporate Medsafe data before finalising	STA	1/02 – Action raised
99	Novavax decision to use in primary courses	Finalise recommendations on use of the Novavax vaccine	STA	1/02 – Action raised

Closed Actions:

#	Agenda item	Actions	Action Owner	Updates
87	mRNA Injections and Aspiration	Send updated comment for statement to include comment on blood and myocarditis	STA	20/01 – Action raised 31/01 – Action closed.
90	Interval for boosters	Draft memo with recommendations to shorten interval	STA	25/01 – Action raised 31/01 – Action closed.
91	Booster doses for pregnant people at 4 months 4th Dose (first booster) for severely immunocompromised people	Issue recommendations to update booster recommendations	STA	25/01 – Action raised 31/01 – Action closed.
92	5–11-year-olds safety data	Request data on age and ethnicity of current uptake.	STA	25/01 – Action raised 31/01 – Action closed.
93	5–11-year-olds safety data	Draft statement on 5-11-year-olds and need for boosters	STA	25/01 – Action raised 1/02 – STA drafting memo. Action closed.
94	5–11-year-olds safety data	Collate evidence of high-risk children who may benefit from a shortened interval	STA.	25/01 – Action raised 1/02 – RfA provided to CV TAG. Action closed.
95	Booster rollout	Request data on age and ethnicity of current uptake.	STA	25/01 – Action raised 31/01 – Action closed.
96	Booster rollout	Request data on forecasting and modelling of doses.	STA	25/01 – Action raised 31/01 – Action closed.
97	Uptake of vaccines by age and ethnicity	Share report that outlines the initiatives to encourage uptake in Māori with CV TAG	STA	01/02 – Action raised 01/02 – Report shared with CV TAG. Action closed.
100	Shortened booster interval	Issue memo to the Director-General outlining CV TAG recommendations.	STA	01/02 – Action raised 01/02 – Memo sent to Director-General. Action closed.

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MINUTES: COVID-19 Vaccine Technical Advisory Group

Date:	Tuesday 08 February 2022
Time:	11:00am to 12:00pm
Location:	Teams: S9(2)(k) [redacted]
Chair:	Ian Town
Members:	Danny de Lore, David Murdoch, Elizabeth Wilson, Helen Petousis-Harris, James Ussher, Nikki Moreland, Owen Sinclair, Peter McIntyre, Sean Hanna, Sue Crengle, Tony Walls
Ministry of Health Attendees:	Brooke Hollingshead, Daniel Bernal, Edwin Reynolds, Frances Graham, Juliet Rumball-Smith, Mariana Traslosheros Reyes, Pippa Scott, Sean Driver
Guests:	Hillary Longhurst, Ali Mirjalili, Tom Hills
Apologies:	Ian Frazer, Nikki Turner, Andi Shirtcliffe, Caroline McElnay, Chriselle Braganza Fiona Callaghan, Imogen Roth, Niki Stefanogiannis

1.0	**Welcome and Previous Minutes** Ian Town welcomed all Members and Attendees and Guests in his capacity as Chair of the COVID-19 Vaccine Technical Advisory Group (CV TAG). Minutes of the last meeting (01 February 2022) were accepted.
2.0	**Vaccine Rollout** An update was provided on the vaccine rollout. • Approximately 1.6 million booster doses have been administered. • Equity concerns in the paediatric rollout were highlighted. A conversation will be organised between CV TAG and the CVIP equity team/ Māori health providers.
3.0	**BMI Needle Length Study** Initial results of the study were reported: • Based on an ethnically diverse sample who were predominantly young and male with few comorbidities, the standard 25mm needle was assessed as insufficient length for intramuscular vaccine deposition in around 15% of participants. Only a small percentage of these were vaccinated with the longer needle. • Measuring arm circumference or noting BMI helped to identify who may need a longer needle. However, antibody levels were comparable in this study (generally young and healthy people) between those who likely received intramuscular administration and those who likely received subcutaneous administration. • The researchers will follow up with IMAC in respect of any operational changes.

4.0	**Novavax Decision to Use Primary Course** Draft recommendations for the decision to use the Novavax vaccine as a primary course were discussed: • It was noted that only a small group remain in New Zealand who have not had a primary course, and there are also limited data on the use of the Novavax vaccine in heterologous schedules. • There may be some benefit to people covered under Vaccine Orders, or people who have had an adverse reaction to Pfizer as a first dose. • Use as a booster dose was not discussed as Medsafe are yet to consider the Novavax vaccine for use as a booster. • Recommendation for use as a primary vaccine course was agreed by CV TAG.
5.0	**Booster Doses in 12-17 year-olds** Draft recommendations on whether 12-17-year-olds should receive booster doses were discussed. • The available (limited) data, and recommendations from other jurisdictions were discussed. It was noted that peak bodies internationally have varied recommendations, which sometimes differ for younger and older ages within this age-group. • There was agreement that comorbidities and epidemiology of COVID-19 should be used to guide recommendations in this age group. • It was agreed that 12-17-year-olds with medical comorbidities should be offered booster vaccination. Other risk factors such as ethnicity and social determinants were also advocated for, with Māori and Pacific peoples being disproportionately impacted by COVID-19 and severe disease thus far in the pandemic. • Issues surrounding mandates for this age-group were also re-iterated. • A discussion is required with Medsafe on use of boosters in this age group, as boosters are currently only approved for those 18 years of age and older. • These recommendations will be finalised within the next week.
6.0	**AstraZeneca Booster Dose at 3 Months** It was agreed that the interval between primary vaccination and boosters could also be brought forward to 3 months for the AstraZeneca vaccine.
7.0	**Priority Groups for Shortened Interval Among 5-11 year-olds** A discussion of the safety of second doses and any need for a shortened interval occurred: • Data available for this age group are limited. But general safety signals have been reassuring to dat. • Medsafe/ CARM/ ISMB processes and data will be summarised for the next memo draft. • Consideration was given to shortening the interval in this age group, and whether it would help to address the current Omicron outbreak. However it was considered there is a strong rationale to continue recommending the 8 week interval between doses for this group, based on the generally lower severity of disease in this age group, the protection provided by the first dose, and potentially better protection and reduced side effects with a longer interval. • It was noted that, because Medsafe approval is for a 3-week interval in this age group, there is no basis to refuse a shorter interval if individual parents were to insist.

8.0	**VAANZ Neutralising Antibody Summary.** Preliminary results were presented. Data will be published when results are finalised.
9.0	**Next Steps/Decisions Pending** None
10.0	**Any Other Business** None
11.0	**Agenda Items for Next Meeting**
12.0	**New Action Items Raised During Meeting**

#	Agenda item	Actions	Action Owner
101	Novavax Decision to Use Primary Course	Finalise and circulate memo	STA
102	Boosters in high-risk 12-17 year olds	Revise recommendations for next CV TAG	STA
103	AstraZeneca booster dose at 3 months	Memo to be finalised and distributed	STA
104	Vaccine rollout	Min stry's equity team to be invited to the next meeting	Secretariat
105	Priority Groups for Shortened Interval Among 5-11-year-olds	Request safety data	STA
106	Priority Groups for Shortened Interval Among 5-11 year-olds	Revise recommendations for next CV TAG	STA

Meeting closed at **12:03pm**

Next meeting: **15 February 2022**

Open Actions:

#	Agenda item	Actions	Action Owner	Updates
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

98	Priority groups for shortened interval among 5-11-year-olds	Memo to incorporate Medsafe data before finalising	STA	1/02 – Action raised
99	Novavax decision to use in primary courses	Finalise recommendations on use of the Novavax vaccine	STA	1/02 – Action raised
101	Novavax Decision to Use Primary Course	Finalise and circulate memo	STA	08/02 – Action raised
102	Boosters in high-risk 12-17 year olds	Revise recommendations for next CV TAG	STA	08/02 – Action raised
103	AstraZeneca booster dose at 3 months	Memo to be finalised and distributed	STA	08/02 – Action raised
104	Vaccine rollout	Ministry's equity team to be invited to the next meeting	Secretariat	08/02 – Action raised
105	Priority Groups for Shortened Interval Among 5-11-year-olds	Request safety data	STA	08/02 – Action raised
106	Priority Groups for Shortened Interval Among 5-11-year-olds	Revise recommendations for next CV TAG	STA	08/02 – Action raised

Closed Actions Since Last Meeting:

#	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 08/02 – Action closed
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 08/02 – Work no longer needed. Action closed.
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 08/02 - Action closed
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 08/02 – Actin closed.