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15 November 2022

Sebastian

By email: fyi-request-16691-fd5eef19@requests.fyi.org.nz
Ref: H2022014883

Tēnā koe Sebastian

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (the Ministry of Health) on 17 October 2022 for information regarding the COVID-19 Vaccine Technical Advisory Group (CV TAG). Each part of your request is responded to below:

*For the COVID-19 Vaccine Technical Advisory Group I would like to request copies of:
All meeting minutes dated since 22 June 2022*

Manatū Hauora has identified four sets of relevant CV TAG minutes within scope of this part of your request. All documents are itemised in Appendix 1 and copies of the documents are enclosed. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in releasing information and consider that it does not outweigh the need to withhold at this time.

All memos or reports they have produced since 22 June 2022

All CV TAG memos within this timeframe are publicly available at: www.health.govt.nz/about-ministry/leadership-ministry/expert-groups/covid-19-vaccine-technical-advisory-group-cv-tag. CV TAG does not produce reports. Therefore, this part of your request for is refused under section 18(e) of the Act.

I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Nāku noa, nā



Dave Henderson
**Interim Group Manager, Intelligence, Surveillance and Knowledge
Public Health Agency | Te Pou Hauora Tūmatanui**

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	19 July 2022	COVID-19 Vaccine TAG Minutes	Some information withheld under the following sections of the Act: <ul style="list-style-type: none">• section 9(2)(a) to protect the privacy of natural persons.• section 9(2)(k) to prevent the disclosure or use of official information for improper gain or advantage.
2	16 August 2022	COVID-19 Vaccine TAG Minutes	
3	13 September 2022	COVID-19 Vaccine TAG Minutes	
4	11 October 2022	COVID-19 Vaccine TAG Minutes	

MINUTES: COVID-19 Vaccine Technical Advisory Group

Date:	Tuesday 19 July 2022
Time:	11:00am to 12:00pm
Location:	s 9(2)(k)
Chair:	Ian Town
Members:	David Murdoch, Elizabeth Wilson, Nikki Moreland, Nikki Turner, Owen Sinclair, Sean Hanna, Sue Crengle,
Ministry of Health Attendees:	Andi Shirtcliffe, Edwin Reynolds, s 9(2)(a) s 9(2)(a)
Guests:	s 9(2)(a)
Apologies:	Alison Cossar, Allison Bennett, Daniel Bernal, Danny de Lore, Harriette Carr, Helen Petousis-Harris, Ian Frazer, James Ussher, Juliet Rumball-Smith, Mariana Traslosheros Reyes, s 9(2)(a) Peter McIntyre, 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 (21 June 2022) were accepted.</p> <p>1.1 Clarification of Booster recommendations for pregnant people:</p> <ul style="list-style-type: none"> The wording around pregnant people was discussed and adjusted as stating 'not recommended' could imply 'not safe'. Members noted concerns raised by General Practitioners, Obstetricians, Gynaecologists and Midwives that the current communications had wrongly been interpreted by some as pregnant people being at higher risk from vaccination. A request to update the wording was <u>suggested</u>, taking into consideration the need for informed consent, knowledge of the vaccine safety profile, with no issues to foetus being anticipated. It was also noted that there is good coverage from the first booster and there may not be a need for a second booster unless there are pre-existing comorbidities <p>ACTION:</p> <ul style="list-style-type: none"> Wording to be finalised, based on CV TAG recommendations, and updated.
2.0	<p>Vaccine Rollout</p> <ul style="list-style-type: none"> An update was provided on the vaccine rollout. Approximately 2.69 million booster doses have been administered and ~140,000 2nd paediatric doses. 177,000 people have received a second booster dose. <p>Feedback from CVTAG included:</p>

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	<ul style="list-style-type: none">• A member noted the lower uptake in influenza vaccinations for the over 65's in the Asian population and requested more data if available. In addition to this, data on uptake from disabled people is also desired.• Members expressed concern in the uptake of vaccination among Pacific Peoples. <p>ACTION:</p> <ul style="list-style-type: none">• Collate data on flu vaccination uptake in the following groups: 65+, Asian and disabled people.
3.0	<p>Mortality and Hospitalisation Risk Data</p> <ul style="list-style-type: none">• An update on the mortality and hospitalisation risk data was provided. The data showed that mortality and hospitalisations are increasing for those aged 60 years and over and there have been a substantial number of infections in those aged 65 years and over compared to first wave.• The mortality risk in age-adjusted populations was found to be 2.4 times higher in Māori and 3.6 times higher in Pacific Peoples than other ethnicities.• Unvaccinated people were 3 times more at risk of death than boosted individuals. Co-morbidity and high deprivation were also highly associated with mortality.• Vaccination was strongly associated with a lower-case fatality risk. 50% of all deaths in 20-to-60-year-olds could have been avoided if boosted. <p>Feedback from CVTAG included:</p> <ul style="list-style-type: none">• Members commented on the value of this data in a New Zealand setting and its importance to support the vaccination campaign. Members emphasised that this should be used to strengthen the communications on vaccine effectiveness. <p>ACTION:</p> <ul style="list-style-type: none">• A breakdown of the mortality and hospitalisation risk data was requested, broken down by disability, and age, with a comparison to influenza by age and ethnicity.
4.0	<p>Booster Uptake Data</p> <ul style="list-style-type: none">• An update on booster uptake adjusted for COVID-19 infection in the previous 3 months was provided. The data showed a minimal difference between groups adjusted for infection compared to no adjustment.• There was concern about Māori aged 50 to 65, as only 76% have received a booster from those eligible (78% if excluding people who have tested positive in the last 3 months). <p>Feedback from CVTAG included:</p> <ul style="list-style-type: none">• Roll out of second boosters has influenced increasing uptake of first booster doses and paediatric second doses.• There still needs to be more effort directed towards increasing booster uptake among Māori and Pacific Peoples.
5.0	<p>Update on the Approach to Future Vaccination</p> <ul style="list-style-type: none">• A verbal update of the status of the Future Vaccination plan was given. The cabinet paper will outline the approach for the next 12 months. This will include 2 key elements: the vaccination approach for 2023 and the vaccination approach for 2024. <p>Feedback from CVTAG included:</p> <ul style="list-style-type: none">• The Chair noted that the 2024 vaccination taskforce will include a wider group to include research scientists, vaccine manufacturers and international perspectives.• A member noted that heterologous boosting may have a role in the coming months, noting that beyond 6 months, immunity waning against severe symptoms in younger populations may occur.

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- A member asked if CV TAG was aware that the AstraZeneca vaccine is being phased out of New Zealand in September, and no more stock will be purchased at this stage as this would need to be considered if being considered as a heterologous booster.
- A member questioned if asymptomatic cases pose a risk or not and whether it makes sense to keep them in isolation.
- It was noted that in the future there should be a balanced approach to influenza and COVID-19 in terms of the burden of hospitalisation by age group and ethnicity, particularly in children.

ACTION:

- Circulate Pfizer data from the presentation given by Pfizer.

6.0 Updates on Topical Matters

None.

7.0 Next Steps/Decisions Pending

None.

8.0 Any Other Business

- Secretariat support asked for expressions of interest for a Meningococcal Expert Advisory Group.

9.0 Agenda Items for Next Meeting

None.

10.0 New Action Items Raised During Meeting

#	Agenda item	Actions	Action Owner
126	Clarification of Booster recommendations for pregnant people	Collate data on flu vaccination uptake in over 65, Asian, and disabled people group.	STA/ Chair
127	Mortality and Hospitalisation Risk Data	A breakdown of the mortality and hospitalisation risk data was requested, broken down by disability, and age, with a comparison to influenza by age and ethnicity.	STA
128	Update on the Approach to Future Vaccination	Circulate Pfizer data from the presentation given by Pfizer.	STA

Meeting closed at 11:55 am

Next meeting: 16 August 2022

Open Actions:

#	Agenda item	Actions	Action Owner	Updates
121	Vaccine Rollout	STA to follow up with Intel on Analytics to obtain data breakdown comparing influenza to COVID-19 and the impact both have on hospitalisations	STA	21/06 – Action raised. Influenza uptake is being followed up with NIP, and influenza outcomes (cases, hospitalisations, deaths) being followed up with ESR.
126	Clarification of Booster recommendations for pregnant people	Collate data on flu vaccination uptake in over 65, Asian, and disabled people group.	STA/ Chair	19/07 – Action raised
127	Mortality and Hospitalisation Risk Data	A breakdown of the mortality and hospitalisation risk data was requested, broken down by disability, and age, with a comparison to influenza by age and ethnicity.	STA	19/07 – Action raised

Closed Actions Since Last Meeting:

#	Agenda item	Actions	Action Owner	Updates
120	Vaccine Rollout	STA to follow up with the National Immunisation Programme on whether data on booster eligibility adjusts for last vaccination and infection with COVID-19. If it doesn't adjust, STA to request for a breakdown of this information.	STA	21/06 – Action raised. Data presented does not adjust for prior infection, and the adjusted data has been requested from NIP. 18/07 - Action closed.
123	Mortality and hospitalisation risk data	Presented data to be circulated by Intel & Analytics to CVTAG	STA	21/06 – Action raised. This is being followed up with Intel & Analytics. 19/07 – Action closed.
124	Mortality and hospitalisation risk data	STA to request Intel & analytics to breakdown presented data if feasible by: <ul style="list-style-type: none"> — Vaccination status — Variants or time — Age <60, <50 (disaggregate against all variables listed) 	STA	21/06 – Action raised. This is being followed up with Intel & Analytics. 19/07 – Action closed. Noting that further disaggregation is underway (i.e. for disability) and Intel & Analytics is currently

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		<ul style="list-style-type: none"> — Infection vs. incidental — ICU admissions — Vaccine spacing — Co-morbidities (disaggregate against all variables listed) <p>Type of co-morbidity</p>		finalising data for publication.
125	Mortality and hospitalisation risk data	Follow up on Waikato Study with Intel and Analytics team and for this to be presented at next CVTAG meeting.	Chair	<p>21/06 – Action raised. Updated memo to be issued late July/early August.</p> <p>19/07 – Action closed</p>
128	Update on the Approach to Future Vaccination	Circulate Pfizer data from the presentation given by Pfizer.	STA	<p>19/07 – Action raised</p> <p>05/08 – Link to Pfizer presentation slides circulated to CVTAG by email</p> <p>05/08 – Action closed</p>

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

MINUTES: COVID-19 Vaccine Technical Advisory Group

Date:	Tuesday 16 August 2022
Time:	11:00am to 12:00pm
Location:	§ 9(2)(k)
Chair:	Ian Town
Members:	David Murdoch, Elizabeth Wilson, James Ussher, Nikki Moreland, Nikki Turner, Owen Sinclair, Peter McIntyre, Sean Hanna, Sue Crengle, Tony Walls
Ministry of Health Attendees:	Andi Shirtcliffe, Dan Bernal, Edwin Reynolds, § 9(2)(a) Hannah Hoang, Harriette Carr, § 9(2)(a), Marion Leighton, Olivia Pearless, § 9(2)(a) § 9(2)(a)
Guests:	§ 9(2)(a)
Apologies:	Allison Bennett, Antoinette Righarts, Danny de Lore, Helen Petousis-Harris, Ian Frazer

1.0	<p>Welcome and Accept 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 (19 July 2022) were accepted.</p>
2.0	<p>Vaccine Rollout</p> <p>An update was provided on the vaccine rollout. Approximately 2.71 million booster doses have been administered and 425,000 people have received a second booster dose. Approximately 147,000 second paediatric doses have also been administered.</p> <p>Feedback from CV TAG included:</p> <ul style="list-style-type: none"> There is a general slowing in the uptake of both influenza and COVID-19 vaccines as winter comes to an end. Emphasis was placed on the need to adequately disseminate the first booster as well as the second, as some priority populations are behind the national average.
3.0	<p>RfA for 2023 vaccines</p> <ul style="list-style-type: none"> A summary of COVID-19 vaccines that could be available for 2023 (RfA) was provided, including available evidence and analysis of these platforms. The advantages and disadvantages of acquisition of a Pfizer bivalent (containing omicron BA.1 and Wuhan variant) and original Wuhan Pfizer vaccine were briefly highlighted. It was noted that safety data available for Novavax is limited compared to Pfizer, making comparisons between the two platforms difficult. The current data available does not indicate that Novavax has a lower rate of myocarditis/pericarditis over Pfizer, however it is important to note that data remains preliminary. There may also be bias in the data from Australia, as people who

have already presented with myocarditis from Pfizer may be more routinely recommended Novavax for their next dose.

Feedback from CV TAG included:

- Members noted there is little gain for a bivalent BA.1 vaccine as the cases in New Zealand are predominantly (~85%) BA.5. It would be more suitable for a BA.4/BA.5 bivalent vaccine if that is to become available.
- One member raised the option of BA.4/BA.5 bivalent vaccines (once available) to be used to target high-risk groups.
- One member noted concerns of increasing reactogenicity of Novavax per dose.
- There was discussion of the role that heterologous boosting may play in the future, in particular the potential advantage of Novavax as a heterologous booster, following a primary course of Pfizer. However, it was noted that currently data are scarce for supporting this.
- Further uptake of future vaccines remains a concern. A combined COVID-19 and influenza vaccine may have a large impact on the uptake of both flu and COVID-19 vaccination rates, as these rates are becoming a growing concern as “COVID-19 fatigue” sets in.
- Additional consideration for the document:
 - there needs to be consideration on whether it is worth waiting for BA.4 or BA.5 vaccines, bearing in mind global supply and order of country priority
 - it should be considered whether these variant specific vaccines would be for all groups or just those at higher risk
 - real world clinical data is still needed but recommendations can be made on what is currently known from the limited studies available
- Further details on the Waikato study were requested as this is being extended to include additional hospitals. The breakthrough infection data could provide valuable insight on vaccine efficacy considering the circulating variants and the hybrid immunity landscape of New Zealand.

Action: Chair to follow up with data for the Waikato study when this becomes available and report back to CV TAG

4.0 Novavax in 12–17-year-olds

An overview of the evidence for first doses of Novavax in 12–17-year-olds was presented.

Data are currently scarce, however, data available shows there is similar immunological responses and trial-based efficacy of 12–17-year-olds compared to 18-25-year-olds vaccinated with Novavax. There is no comparison with Pfizer. Safety data including data on myocarditis/pericarditis are still limited but appear similar to Pfizer.

Feedback from CV TAG included:

- A member noted that this is not a high-risk group, however, having an additional option available over Pfizer is valuable.
- Concern was noted surrounding the results of the limited myocarditis data available to date. Noting that while this is of concern, Novavax should still be made available for this age group for those that choose to have it, albeit not “recommended”. Pfizer remains the preferred vaccine for COVID-19.
- It was noted that considering the current data, there is a selection bias as individuals who present with myocarditis from a Pfizer vaccination, are routinely recommended Novavax as their next dose in Australia.
- More long-term and local data on myocarditis is needed to examine the outcomes and long-term effect it has on people.
- For those seeking Novavax as a booster in this age group can obtain it via prescription with informed consent.

5.0 Boosters in 5 – 11 and 12 - 15's

- There was a brief verbal discussion on boosters in children aged 5 - 11 and 12 - 15. No new significant evidence has arisen in this area, CV TAG agreed that boosters in this age group are not necessary at this time.
- A CV TAG member noted that NZ data on morbidity and mortality in 5 – 11 and 12- to 15-year-olds would better inform decisions for this age group. This will also provide a better understanding on what effect vaccination has in 5 – 11- and 12–15-year-olds with high-risk conditions and how many if any are being hospitalised and at what rate.

Action: Request for COVID-19 hospitalisation and deaths by age group (5-11,12-15).

Action: Request to follow up with The New Zealand Paediatric Surveillance Unit (NZPSU) on severe hospitalisations in these age groups

6.0 Vaccination in Under 5's

A submission for the use of the paediatric Pfizer vaccine in children aged 6 months to 4 years is expected to Medsafe this month. A summary of the RfA covered the latest national and international data on mortality and hospitalisation in this age groups as well as peak body advice.

Use of both Moderna and Pfizer vaccines for this age group were covered in the RfA, however, the use of Moderna is not in consideration at this stage.

Feedback from CV TAG included:

- Members noted that this is more associated with a policy decision and reaffirmed that vaccinations in under-fives is not clinically recommended at this time, particularly given the low risk of adverse outcomes from COVID-19 infection for this age group and likely high proportion of prior exposure given the recent outbreaks in New Zealand.
- It was raised whether this vaccine should be made available for children most at –risk (i.e., severely immunocompromised). It was noted that this may need to be considered at a later stage.
- Members noted that there is some public concern from parents of under-fives. This indicates a need for publicly available data to show that this age group is relatively unaffected by severe outcomes from COVID-19 and not subject to an increase in mortality compared to older age groups.
- As there are observed delivery challenges in at-risk groups, an influenza vaccine uptake comparison in this age group could be useful in determining the effectiveness of under-five's COVID-19 vaccine rollout.
- The lack of information and data on transmission in under-fives were noted, along with what impact vaccination will have on this.
- It was noted that a further break down of the hospital data from “under 9's” is needed, however, there is limited data due to severe illness being uncommon in this age group.

Action: STA to draft a memo based off the RfA, incorporating CV TAG feedback.

7.0 Change in Post-vaccine Observation Time and the Detection of Anaphylaxis

Data and the impacts of the reduction in post-vaccination observation time from 20 minutes to 15 was presented. This focussed on the rates of anaphylaxis along a time scale over 12 months.

- All cases were reviewed by the medical assessors at CARM and the study was conducted using the Brighton criteria.
- In a six-month period (with a 20 minute observation) 2.7 million vaccinations were given, 31 people showed signs of anaphylaxis (1 in 90,000). 71% of which occurred during the 20 minute observation period.
- In the next six-month period (with a 15 minute observation) there were more vaccinations given and more cases of anaphylactic response, but at a lower proportion of all vaccinations, resulting in a rate of 1 in 100,000 however only 47% of cases occurred in the 15 minutes observation period. No deaths were reported.

- The median time for anaphylaxis presentation was 16 minutes. Most of these were reported via the CIR, implying the event typically occurs at the vaccination clinic/site.

Feedback from CV TAG included:

- Members noted that there may be value in having a breakdown of the data showing the gradient of severity based on time of onset, broken down by gender and age.
- Emphasis was placed on careful monitoring for children and those most at-risk for onset of anaphylaxis.

8.0 Second Booster Eligibility in 30–49-year-olds

The finalised Second Booster Eligibility in 30–49-year-olds memo was circulated with CV TAG members and attendees for their information.

9.0 Next Steps/Decisions Pending

10.0 Any Other Business

- It was noted that the National Immunisation Programme (NIP) is closing off the AstraZeneca vaccine rollout.

11.0 Agenda Items for Next Meeting

12.0 New Actions Raised during meeting

#	Agenda item	Actions	Action Owner	Updates
129	RFA for 2023 vaccines	Chair to follow up with Waikato Study when available and bring back to CV TAG	STA	16/08 – Action raised.
130	Boosters in 5 – 11 and 12 - 15's	Request for COVID-19 hospitalisation and deaths by age group (5-11,12-15).	STA	16/08 – Action raised.
131	Boosters in 5 – 11 and 12 - 15's	Request to follow up with NZPSU on severe hospitalisations	STA	16/08 – Action raised.
132	Vaccination in Under 5's	STA to draft a memo based off the RfA, incorporating CV TAG feedback.	STA	16/08 – Action raised.

Meeting closed at 12:08pm

Next meeting: 13 September 2022

Open Actions:

#	Agenda item	Actions	Action Owner	Updates
129	RfA for 2023 vaccines	Chair to follow up with Waikato Study when available and bring back to CV TAG	STA	16/08 – Action raised.
130	Boosters in 5 – 11 and 12 - 15's	Request for COVID-19 hospitalisation and deaths by age group (5-11,12-15).	STA	16/08 – Action raised.
131	Boosters in 5 – 11 and 12 - 15's	Request to follow up with NZPSU on severe hospitalisations	STA	16/08 – Action raised.
132	Vaccination in Under 5's	Memo to be drafted based off RfA incorporating CV TAG feedback.	STA	16/08 – Action raised.

Closed Actions Since Last Meeting:

#	Agenda item	Actions	Action Owner	Updates
121	Vaccine Rollout	STA to follow up with Intel on Analytics to obtain data breakdown comparing influenza to COVID-19 and the impact both have on hospitalisations	STA	21/06 – Action raised. Influenza uptake is being followed up with NIP, and influenza outcomes (cases, hospitalisations, deaths) being followed up with ESR. 16/08 – Action Closed.
126	Clarification of Booster recommendations for pregnant people	Collate data on flu vaccination uptake in over 65, Asian, and disabled people group.	STA/ Chair	19/07 – Action raised 16/08 – Action Closed.
127	Mortality and Hospitalisation Risk Data	A breakdown of the mortality and hospitalisation risk data was requested, broken down by disability, and age, with a comparison to influenza by age and ethnicity.	STA	19/07 – Action raised 16/08 – Action Closed.

MINUTES: COVID-19 Vaccine Technical Advisory Group

Date: Tuesday 13 September 2022

Time: 11:00am to 12:00pm

Location: s 9(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, Sue Crengle, Tony Walls

Ministry of Health Attendees: Antoinette Righarts, Dan Bernal, Edwin Reynolds, Hannah Hoang, s 9(2)(a), Olivia Pearless, s 9(2)(a), Richard Jaine, s 9(2)(a)

Guests: s 9(2)(a)

Apologies: Alison Cossar, Allison Bennett, Andi Shirtcliffe, s 9(2)(a), Harriette Carr, Ian Frazer, Marion Leighton, s 9(2)(a), Sean Hanna

1.0	<p>Welcome and accept previous minutes</p> <p>Dr Ian Town welcomed all members, 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 (16 August 2022) were accepted.</p>
2.0	<p>Vaccine rollout</p> <p>An update was provided on the vaccine rollout. The Chair shared that the other Five Eyes countries are experiencing similar challenges to increase first booster uptake in targeted groups.</p>
3.0	<p>Mortality review findings</p> <p>Mortality data were presented by a member of the Intel & Analytics team, with the following key findings:</p> <ul style="list-style-type: none"> • Age-adjusted estimates indicate higher mortality risk for Māori and Pacific peoples • Co-morbidity adjusted estimates reduce relative risk for Māori and Pacific peoples suggesting that co-morbidities play an important role for those two groups. <p>Feedback from CV TAG included:</p> <ul style="list-style-type: none"> • Real-world data from Five Eyes countries also underlines the importance of a third dose and its impact on reducing hospitalisations • The importance of ethnicity as an independent variable for hospitalisation • Comorbidity as a key variable associated with COVID-19 hospitalisation, especially for those under the age of 60.

	<p>Action: Stratified analysis of mortality broken down into those who had co-morbidities compared to those without.</p>
4.0	<p>Influenza hospitalisation data</p> <p>Hospitalisation data of severe acute respiratory illness associated with influenza and COVID-19 was presented.</p> <p>Feedback from CV TAG included:</p> <ul style="list-style-type: none"> • Accumulated data might not present peaks of hospitalisations caused by influenza • Need to consider peaks of ED presentations, along with hospitalisations <p>Action: Additional influenza data was requested for children under the age of 1 year and children aged 1-5 years, broken down by ethnicity, by month and in comparison to COVID-19 and ED presentations</p>
5.0	<p>Update on second boosters</p> <p>The Chair advised that there has been no change to the age threshold for Māori to access second boosters. Current discussions in other countries about bivalent vaccines will likely be reviewed in NZ over summer in preparation for autumn 2023.</p> <p>Feedback from CV TAG included:</p> <ul style="list-style-type: none"> • The need to consider COVID-19/flu combination vaccines as part of service delivery
6.0	<p>Update on COVID-19 Strategic Vaccine Taskforce</p> <p>The Taskforce will pause for the moment and members will be kept informed about the strategy focus.</p> <p>The activities of CV-TAG are expected to continue in the current form until the end of the year, before transitioning to the TAG for the National Immunisation Programme (NIP). This TAG will be focused on providing operational and technical recommendations on immunisation.</p> <p>Airfinity will be presenting on future vaccine platforms and technologies, with CVTAG members invited for the next meeting</p>
7.0	<p>NZPSU Data on severity of COVID-19 among children</p> <p>Data from the New Zealand Paediatric Surveillance Unit (NZPSU) on admissions of children aged 0-15 years to intensive care units (ICU) between 1 January and 30 June 2022 were presented.</p> <p>Severe COVID-19 led to 29 ICU and PIMS-TS / MIS-C (Paediatric inflammatory Multisystem Syndrome temporally associated with SARS-CoV-2) (Multisystem Inflammatory Syndrome in Children) admissions and two deaths (COVID-19 secondary diagnosis).</p> <p>Feedback from CV TAG included:</p> <ul style="list-style-type: none"> • Consideration into the role of obesity as a factor for admissions to ICU.
8.0	<p>Update on Medsafe myocarditis Study</p> <p>A Medsafe staff member gave a status update of the study which includes people aged 12+ years who experienced a case of myocarditis or pericarditis after receiving any dose of COVID-19 vaccine. Cases were identified through the Centre for Adverse Reactions Monitoring (CARM) and will be followed up for a minimum of three months after onset of illness.</p> <p>The recruitment phase has finished and results from the consumer survey (n=300, response rate of 68%) are expected by end of October; the health care professionals survey (n=143, response rate of 49%) is expected follow afterwards.</p> <p>An additional sub-analysis based on CDC criteria will be performed to make results internationally comparable.</p> <p>Prescriber alert for Nuvaxovid issued by Medsafe</p>

9.0	<p>List of research projects that received Ministry funding</p> <p>The link (as below) to the list of Ministry funded research projects was circulated with CV TAG members and attendees for their information.</p> <p>https://www.health.govt.nz/our-work/research-and-innovation/covid-19-and-national-immunisation-programme-research-projects</p>																							
10.0	<p>Novavax 12-17 years primary course memo</p> <p>The finalised Novavax 12-17 years Primary Course Memo was circulated with CV TAG members and attendees for their information.</p> <p>Feedback from CV TAG included:</p> <ul style="list-style-type: none"> The wording in the recommendations of the memo indicates a 3-week interval, which can give an incorrect implication around preferred interval (which should be 8 weeks, 3 weeks being the minimum) <p>Action: STA to clarify with NIP around messaging of Novavax dosing interval and emphasis of 8 weeks being the preferred interval between doses</p>																							
11.0	<p>Next Steps/Decisions Pending</p>																							
12.0	<p>Any Other Business</p> <p>None raised.</p>																							
13.0	<p>Agenda Items for Next Meeting</p> <p>None raised.</p>																							
14.0	<p>New Actions Raised During Meeting</p> <table border="1" data-bbox="225 1137 1458 1912"> <thead> <tr> <th data-bbox="225 1137 309 1245">#</th> <th data-bbox="309 1137 611 1245">Agenda item</th> <th data-bbox="611 1137 1010 1245">Actions</th> <th data-bbox="1010 1137 1139 1245">Action Owner</th> <th data-bbox="1139 1137 1458 1245">Updates</th> </tr> </thead> <tbody> <tr> <td data-bbox="225 1245 309 1536">130</td> <td data-bbox="309 1245 611 1536">Influenza Hospitalisation data</td> <td data-bbox="611 1245 1010 1536">Additional influenza data was requested for children under the age of 1 year and children aged 1-5 years, broken down by ethnicity, by month and in comparison to COVID-19 and ED presentations</td> <td data-bbox="1010 1245 1139 1536">STA</td> <td data-bbox="1139 1245 1458 1536">13/09 – Action raised.</td> </tr> <tr> <td data-bbox="225 1536 309 1697">133</td> <td data-bbox="309 1536 611 1697">Update on Strategic Vaccine Taskforce</td> <td data-bbox="611 1536 1010 1697">Airfinity to report on future vaccine platforms for the next meeting</td> <td data-bbox="1010 1536 1139 1697">STA</td> <td data-bbox="1139 1536 1458 1697">13/09 – Action raised.</td> </tr> <tr> <td data-bbox="225 1697 309 1912">134</td> <td data-bbox="309 1697 611 1912">Novavax 12-17 years Primary Course Memo</td> <td data-bbox="611 1697 1010 1912">STA to clarify with NIP messaging of Novavax dosing interval and emphasis of 8 weeks being the preferred interval between doses</td> <td data-bbox="1010 1697 1139 1912">STA</td> <td data-bbox="1139 1697 1458 1912">13/09 – Action raised.</td> </tr> </tbody> </table>				#	Agenda item	Actions	Action Owner	Updates	130	Influenza Hospitalisation data	Additional influenza data was requested for children under the age of 1 year and children aged 1-5 years, broken down by ethnicity, by month and in comparison to COVID-19 and ED presentations	STA	13/09 – Action raised.	133	Update on Strategic Vaccine Taskforce	Airfinity to report on future vaccine platforms for the next meeting	STA	13/09 – Action raised.	134	Novavax 12-17 years Primary Course Memo	STA to clarify with NIP messaging of Novavax dosing interval and emphasis of 8 weeks being the preferred interval between doses	STA	13/09 – Action raised.
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<p>Meeting closed at 11:53am</p> <p>Next meeting: 11 October 2022</p>																								

Open Actions:

#	Agenda item	Actions	Action Owner	Updates
132	Vaccination in Under 5's	Memo to be drafted biased off RfA incorporating CV TAG feedback.	STA	16/08 – Action raised. On CVTAG agenda 11/10.

Closed Actions Since Last Meeting:

#	Agenda item	Actions	Action Owner	Updates
129	RfA for 2023 vaccines	Chair to follow up with Waikato Study when available and bring back to CV TAG	STA	16/08 – Action raised. 13/09 – Action closed.
130	Boosters in 5 – 11 and 12 - 15's	Request for COVID-19 hospitalisation and deaths by age group (5-11,12-15). Additional influenza data was requested for children under the age of 1 year and children aged 1-5 years, broken down by ethnicity, by month and in comparison to COVID-19 and ED presentations	STA	16/08 – Action raised. 13/09 – Action closed.
131	Boosters in 5 – 11 and 12 – 15's	Request to follow up with NZPSU on severe hospitalisations	STA	13/09 – Action closed.
133	Update on Strategic Vaccine Taskforce	Airfinity to report on future vaccine platforms for the next meeting	STA	13/09 – Action closed.
134	Novavax 12 – 17 years Primary Course Memo	STA to clarify with NIP messaging of Novavax dosing interval and emphasis of 8 weeks being the preferred interval between doses	STA	13/09 – Action closed. Raised with NIP. HAG to refine recommendations and bring to CVTAG

MINUTES: COVID-19 Vaccine Technical Advisory Group

Date: Tuesday 11 October 2022

Time: 11:00am to 12:00pm

Location: s 9(2)(k)

Chair: Ian Town

Members: Elizabeth Wilson, Helen Petousis-Harris, Nikki Turner, Owen Sinclair

Ministry of Health Attendees: Andi Shirtcliffe, Brooke Hollingshead, Edwin Reynolds, Hannah Hoang, Ian Town, Nicholas Jones, Olivia Pearless, s 9(2)(a)

Guests:

Apologies: Allison Bennett, Alison Cossar, Antoinette Righarts, Danny de Lore, David Murdoch, s 9(2)(a), James Ussher, Ian Frazer, Harriette Carr, Marion Leighton, Nikki Moreland, Peter McIntyre, Tony Walls, Sean Hanna, Sue Crengle

1.0	<p>Welcome and Accept Previous Minutes</p> <p>Dr Ian Town welcomed all members, 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 (13 September 2022) were accepted.</p> <p>The Chair noted that not enough members were in attendance to reach a quorum.</p>
2.0	<p>Vaccine Rollout</p> <p>An update was provided on the vaccine rollout.</p> <p>Vaccine Strategy</p> <p>The Chair provided an overview of actions undertaken by the Ministry looking at the short, medium, and long-term strategy for COVID-19 vaccination. This included:</p> <ul style="list-style-type: none"> • a recent meeting with Canadian counterparts on their future COVID-19 strategy • Medsafe awaiting Pfizer's application for the bivalent (Wild Type and BA.4/5) vaccine • the decision not to procure BA.1 vaccines • consideration of lowering age threshold of second booster eligibility to those aged 30 years and above. <p>Feedback from CV TAG Included:</p>

	<ul style="list-style-type: none"> examining impact of BQ.1.1 and BA.2.75 in predominantly BA.2 and BA.4/5 exposed populations is required.
3.0	<p>Extending 2nd Booster Eligibility to Māori and Pacific Peoples Aged 40 to 49 Years - Memo</p> <p>A background to the memo on 2nd booster expansion to Māori and Pacific peoples aged 40 to 49 was provided. The Director-General has requested a deeper dive into the risks and benefits of the previous recommendation to extend age eligibility to this cohort. This included impact of COVID-19 for this cohort, without the confounding issue of co-morbidities, and an in-depth mortality analysis. Unfortunately, COVID-19 hospitalisation data were not available due a review of methodology used for collating these data</p> <p>Feedback from CV TAG Included:</p> <ul style="list-style-type: none"> the recommendation to extend eligibility of 2nd boosters to Māori and Pacific peoples aged 40-49 remains unchanged Māori caucus at CV TAG strongly support extending eligibility to this cohort. Proceeding with recommendation to extend eligibility would be in alignment with co-design for Māori extension of eligibility is also aligned with equity and whānau-based approaches and would provide the opportunity to bring whānau in older age groups for immunisation increasing second booster uptake may result in a spill over effect of increased uptake of first boosters the extension will allow for administration without prescription, and therefore access to those with comorbidities in this age group will improve when evidence is limited, there is a need to provide adequate weighting to the equity perspectives to prevent inadvertently compounding bias. <p>Action:</p> <ul style="list-style-type: none"> examination of impact of more immune evasive variants, for example, BQ.1.1 and BA.2.75 on predominantly BA.2 and BA.4/5 exposed populations amendments to the memo, including revision of points 27 and 30 to avoid a grouped approach for Māori and Pacific Peoples on immunisation (particularly childhood immunisation) and to correct statement on serious adverse events for young males.
4.0	<p>Decision to Use the Pfizer mRNA COVID-19 Vaccine for Children Aged 6 Months to 4 Years</p> <p>Feedback from CV TAG Included:</p> <ul style="list-style-type: none"> recommendations and individual risk factors are well covered in the memo Moderna, as compared to Pfizer could be an alternative for young children, requiring only two doses of the paediatric vaccine, compared to three doses of Pfizer <p>Action:</p> <ul style="list-style-type: none"> explore Moderna as a potential option for procurement proceed with advice to DG on vaccines for children aged 6 months to 4 years.
6.0	<p>Next Steps/Decisions Pending</p> <p>No further actions outlined</p>
7.0	<p>Any Other Business</p> <p>None raised</p>

8.0	Agenda Items for Next Meeting			
	<ul style="list-style-type: none"> extending 2nd booster doses for all aged 30+ [potential request] 			
9.0	New Actions Raised During Meeting			
	#	Agenda item	Actions	Action Owner
	132	Vaccination in Under 5's	<ul style="list-style-type: none"> Explore Moderna as a potential option for procurement Memo to be finalised and sent to DG 	STA
	135	2nd Boosters for Māori and Pacific Peoples 40-49 - Memo	Amendments to the memo	STA
	136	2nd Boosters for Māori and Pacific Peoples 40-49 - Memo	Examination of impact of more immune evasive variants, for example, BQ.1.1 and BA.2.75 on predominantly BA.2 and BA.4/5 exposed populations	STA
<p>Meeting closed at 11.48am</p> <p>Next meeting: Tuesday 8 November</p>				

Open Actions:

#	Agenda item	Actions	Action Owner	Updates
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130	Influenza Hospitalisation Data	Additional influenza data was requested for children under the age of 1 year and children aged 1-5 years, broken down by ethnicity, by month and in comparison to COVID-19 and ED presentations	STA	13/09 – Action raised. Will be brought to next CV TAG session on 8/11.
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Closed Actions Since Last Meeting:

#	Agenda item	Actions	Action Owner	Updates
133	Update on Strategic Vaccine Taskforce	Airfinity to report on future vaccine platforms for the next meeting	STA	Meeting by Airfinity held with wider CV TAG membership. Next meeting will be further tailored to NZ context.
134	Novavax 12-17 years Primary Course Memo	STA to clarify with NIP messaging of Novavax dosing interval and emphasis of 8 weeks being the preferred interval between doses	STA	Message has been conveyed. Handbook Advisory Group will now be issuing and updating programmatic recommendations.

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