

23 March 2022

Mary Hobbit

By email: [fyi-request-18657-6db181c7@requests.fyi.org.nz](mailto:fyi-request-18657-6db181c7@requests.fyi.org.nz)  
Ref: H202203043

Tēnā koe Mary

### **Response to your request for official information**

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 24 February 2022 for information regarding the COVID-19 Vaccine Technical Advisory Group (CV-TAG). You asked for:

*'The minutes from their latest meeting  
When their next meeting is schedule'*

The latest CV-TAG meeting was held on 8 March 2022. However, the meeting minutes for that meeting are yet to be finalised. As such the Ministry is providing you a copy of the latest available CV-TAG meeting minutes, which was from the meeting held on the 15 February 2022. Please find this attached to this letter.

Please note some information has been withheld under the following sections of the Act:

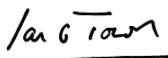
- 9(2)(k) to prevent the disclosure or use of official information for improper gain or advantage; and

I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

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](mailto:info@ombudsman.parliament.nz) or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry of Health website at: [www.health.govt.nz/about-ministry/information-releases](http://www.health.govt.nz/about-ministry/information-releases).

Nāku noa, nā



Dr Ian Town  
**Chief Science Advisor**  
**Chair, COVID-19 Vaccine-Technical Advisory Group**

# MINUTES: COVID-19 Vaccine Technical Advisory Group

**Date:** Tuesday 15 February 2022

**Time:** 11:00am to 12:00pm

**Location:** 9(2)(g)(ii)

**Chair:** Ian Town

**Members:** Danny de Lore, David Murdoch, Elizabeth Wilson, Helen Petousis-Harris, James Ussher, Nikki Moreland, Owen Sinclair, Peter McIntyre, Sean Hanna, Tony Walls

**Ministry of Health Attendees:** Andi Shirtcliffe, Brooke Hollingshead, Chriselle Braganza, Daniel Bernal, Edwin Reynolds, Frances Graham, Juliet Rumball-Smith, Mariana Traslosheros Reyes, Niki Stefanogiannis, Pippa Scott, Sean Driver

**Guests:** Rāwā Mahu Karetai Wood-Bodley, Marion Leighton, Alison Cossar, Amy Alexander, Maria Cotter, Kate Taptiklis, Declan Sua

**Apologies:** Ian Frazer, Nikki Turner, Sue Crengle, Caroline McElnay, Fiona Callaghan, Imogen Roth, John Tait, Patricia Joseph

<b>1.0</b>	<p><b>Welcome and Previous Minutes</b></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 (08 February 2022) were accepted.</p>
<b>2.0</b>	<p><b>Vaccine Rollout</b></p> <p>An update was provided on the vaccine rollout.</p> <ul style="list-style-type: none"> <li>• First and second doses are high, around 4 million. Most DHBs have reached the target set by MOH, except Northland.</li> <li>• It was noted that paediatric doses were not as high as anticipated, and this was discussed further in point 3.0.</li> <li>• Approximately 2 million booster doses have been administered.</li> </ul>
<b>3.0</b>	<p><b>Equity and the Vaccine Rollout</b></p> <ul style="list-style-type: none"> <li>• Representatives from the disability and equity teams at the Ministry of Health summarised some of the challenges in the vaccine rollout and specifically for 5-11-year-olds, and their approaches to address these issues.</li> <li>• In the vaccine rollout, it has been observed that people living with disabilities have a preference for going with family or friends to general COVID-19 vaccination centres or events, rather than attending specialised rollout events, but tailored events are still effective.</li> <li>• The significantly lower uptake among tamariki Māori was very concerning to CV TAG, particularly given the assurances given.</li> </ul>

	<ul style="list-style-type: none"> <li>• Approximately 26% of tamariki Māori are vaccinated, which is markedly lower than the national 5–11-year-old coverage of 45%. Pacific 5-11-years-old have a coverage of around 36%. The rates varied between regions.</li> <li>• Concern was also raised about uptake being lower among Māori 18-49-year-olds. This might be a consequence of poor access to healthcare in this group because of higher rates of living in transient housing, higher rates of poverty, and lack of transport.</li> <li>• While there are community-led programmes targeting each of these groups, there is still work underway to engage these communities through mainstream services. The ability for mainstream services and the health system as they stand to reach Māori without significant changes was queried.</li> <li>• The equity team identified a gap in availability of vaccination outside of work hours. It is likely that routinely using schools as vaccination sites and having more clinics/pharmacies open after hours would increase uptake among tamariki Māori.</li> <li>• Funding has also been approved to assist with any workforce capacity issues due to Omicron and an increase in demand on boosters. Schools have indicated they will be better placed to engage in the paediatric roll out in about 2 weeks.</li> </ul>
<p><b>4.0</b></p>	<p><b>Booster Doses in 12-17 year-olds</b></p> <p>Draft recommendations on whether 12-17-year-olds should receive booster doses were discussed.</p> <ul style="list-style-type: none"> <li>• Draft recommendations were shared for CV TAG to consider, which proposed boosters only be administered to those with underlying health conditions, and for those who live with a vulnerable or immunocompromised household member. These would be offered at 3 months after the primary course with a broader decision made for this age group at a later date.</li> <li>• It was argued that Māori and Pacific young people need to be included for boosters due to epidemiology in NZ and the greater risk of severe disease and hospitalisation in this group.</li> <li>• Differences between the two age subgroups (16-17yo and 12-15yo) were discussed. It was noted that there is a small amount of trial data about boosters in 16–17-year-olds, but none for younger ages.</li> <li>• It was noted that the UK, US and Australia have recommended that all 16-17-year-olds be offered boosters. This option could be considered in NZ, with only high-risk 12-15-year-olds offered boosters.</li> <li>• It was noted that there are many 16 and 17 year olds who are out of school or in the workforce and who may be at high risk of exposure.</li> <li>• There are limited data about boosters for this age group. Medsafe are expecting an application soon for boosters in this age group for Pfizer. AstraZeneca is not currently authorised for use in this age group.</li> <li>• The concern around mandates for this group was noted.</li> <li>• The purpose of offering boosters in this age group was queried, as severe disease is already unlikely. Boosting this age group to reduce transmission would need data to back this up.</li> <li>• Reference to the sequencing framework will be removed as this is now outdated.</li> <li>• Recommendations will be redrafted and shared with CV TAG for approval in the coming days.</li> </ul>
<p><b>5.0</b></p>	<p><b>Dosing interval for 5-11-year-olds</b></p> <ul style="list-style-type: none"> <li>• International and local safety data were shared with CV TAG. Revised recommendations were shared with CV TAG, which proposed that second doses proceed, and that these be given at 8</li> </ul>

	<p>weeks after the first dose. Māori and Pacific children, children with high-risk pre-existing conditions, and children living with vulnerable people should be prioritised.</p> <ul style="list-style-type: none"> <li>The recommendations were approved.</li> </ul>												
6.0	<p><b>Minimum Vaccination Requirements to enter NZ and Definition of Fully Vaccinated</b></p> <ul style="list-style-type: none"> <li>Policy requested advice from CV TAG on whether the definition of full vaccination or minimum vaccination requirements needs to be updated to include boosters.</li> <li>There was seen to be little evidence to support a requirement for boosters beyond what is currently in the Vaccine Order. Boosters provide substantial personal protection (and potential protection of health care system), but provide less of a benefit for transmission.</li> <li>Infection following 2 doses and hybrid immunity was seen to provide equivalent protection as a booster, however it would be difficult to operationalise this as requiring proof would have a significant impact on lab capacity.</li> <li>Mixed dose schedules and boosters are still being investigated.</li> <li>These questions will be progressed offline between STA and Policy.</li> </ul>												
7.0	<p><b>Future Vaccine Portfolio</b></p> <p>Item not discussed due time constraints.</p>												
8.0	<p><b>Next Steps/Decisions Pending</b></p>												
9.0	<p><b>Any Other Business</b></p>												
10.0	<p><b>Agenda Items for Next Meeting</b></p>												
11.0	<p><b>New Action Items Raised During Meeting</b></p> <table border="1"> <thead> <tr> <th>#</th> <th>Agenda item</th> <th>Actions</th> <th>Action Owner</th> </tr> </thead> <tbody> <tr> <td>107</td> <td>ME/CFS trial proposal</td> <td>Memo to be drafted</td> <td>STA</td> </tr> <tr> <td>108</td> <td>Heterologous Booster</td> <td>RfA to be Drafted</td> <td>STA</td> </tr> </tbody> </table>	#	Agenda item	Actions	Action Owner	107	ME/CFS trial proposal	Memo to be drafted	STA	108	Heterologous Booster	RfA to be Drafted	STA
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107	ME/CFS trial proposal	Memo to be drafted	STA										
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<p>Meeting closed at 12:03pm</p> <p>Next meeting: 22 February 2022</p>													

**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	01/02 – Action raised 15/12 – Final memo to be circulated next agenda
102	Boosters in 12-17 year olds	Revise memo recommendations for next CV TAG	STA	08/02 – Action raised 15/12 – Final memo to be circulated next agenda
107	ME/CFS trial proposal	Memo to be drafted	STA	15/12 – Act on raised
108	Heterologous Booster	RfA to be Drafted	STA	15/12 – Action raised

### Closed Actions Since Last Meeting:

#	Agenda item	Actions	Action Owner	Updates
99	Novavax decision to use in primary courses	Finalise recommendations on use of the Novavax vaccine	STA	1/02 – Action raised 10/02 – Action closed
101	Novavax Decision to Use Primary Course	Finalise and circulate memo	STA	08/02 – Action raised 10/02 – Action closed
103	AstraZeneca booster dose at 3 months	Memo to be finalised and distributed	STA	08/02 – Action raised 10/02 – Action closed
104	Vaccine rollout	Ministry's equity team to be invited to the next meeting	Secretariat	08/02 – Action raised 10/02 – Action closed
105	Priority Groups for Shortened Interval Among 5-11-year-olds	Request safety data	STA	08/02 – Action raised 14/01 – Action closed
106	Priority Groups for Shortened Interval Among 5-11-year-olds	Revise recommendations for next CV TAG	STA	08/02 – Action raised 14/02 – Action closed