



133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

23 May 2023

Ai

By email: fyi-request-22640-6dcd181b@requests.fyi.org.nz

Ref: H2023024475

Tēnā koe Ai

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 1 May 2023 for information regarding COVID-19 booster shots and domestic vaccine passes. You requested:

"I'd like to understand the history of why boosters were never added to my vaccine passes within New Zealand - if you google it, there are news stories from January and February 2022 when domestic passes were in use, saying it was a likely possibility. Could I please request request a document on that I came across in the Ministerial briefings page Called: Requiring COVID-19 vaccine booster doses to maintain vaccination status in the New Zealand context (Ref 20220254)."

Please find the document requested attached to this letter as Appendix 1. Some information has been withheld under the following sections of the Act:

- Section 9(2)(a) to protect the privacy of natural persons; and
- Section 9(2)(b)(ii) where its release would likely unreasonably prejudice the commercial position of the person who supplied the information.

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.

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.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā



Jane Chambers
Acting Deputy Director-General
Public Health Agency | Te Pou Hauora Tūmatanui

Briefing

Requiring COVID-19 vaccine booster doses to maintain vaccination status in the New Zealand context

Date due to MO: 17 February 2022 **Action required by:** 18 February 2022

Security level: IN CONFIDENCE **Health Report number:** 20220254

To: Vaccine Ministers

Contact for telephone discussion

Name	Position	Telephone
Maree Roberts	Deputy Director-General, System Strategy and Policy	§ 9(2)(a)
Wendy Illingworth	General Manager, Public Health System Policy, System Strategy and Policy	§ 9(2)(a)

Minister's office to complete:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Requiring COVID-19 vaccine booster doses to maintain vaccination status in the New Zealand context

Security level: IN CONFIDENCE **Date:** 17 February 2022

To: Vaccine Ministers

Purpose of report

1. Following a request from Vaccine Ministers for further information, this paper provides advice on the implications of requiring a COVID-19 vaccine booster dose to maintain an up-to-date vaccination status. It does not seek a broad decision but sets out the practical and inter-related implications of any decision for Ministers to consider.

Summary

2. In November 2021 Cabinet agreed to commence the rollout of the booster programme, for people 18 years of age and over (CAB-21-MIN-0475 refers). Cabinet requested further information be provided to Vaccine Ministers on the implications of the COVID-19 booster programme for:
 - a. the definition of 'fully vaccinated' (maintaining vaccination status)
 - b. vaccine passes, and
 - c. the COVID-19 Response (Vaccinations) Order 2022 (Vaccination Order).
3. When Vaccine Ministers met in late January 2022, discussion was held regarding when it would be reasonable and practical to include COVID-19 vaccine booster doses (boosters) in the "definition of fully vaccinated". This paper provides the further information that was sought at that time and sets out the implications of any future decision for Ministers to consider.
4. This paper discusses the broad public health aims of requiring boosters as well as the practical implications that would flow from any future decision. These include implications for vaccine passes, international arrivals, Vaccination Orders, international travel certificates and vaccine supply.
5. It includes up to date advice from the COVID-19 Vaccination Technical Advisory Group (CV TAG) on whether there is scientific evidence to support a decision to require boosters in further vaccination requirements. CV TAG has expressed the view any extension of the requirement for a booster dose beyond those already covered by Vaccination Orders would require a change to the intent of requirements (away from reduction of transmission) in order to be justified.
6. It also sets out options for My Vaccine Pass implementation, should boosters be required, and considers options for international arrivals and people on alternate vaccine pathways.
7. The Department of Prime Minister and Cabinet (DPMC) is currently undertaking a review of the use of My Vaccine Passes (MVP) the details of which the Minister for COVID-19 Response

will report back to Cabinet on in early March 2022. The outcome of the review will support any decision to include boosters in further vaccination requirements, and the Ministry will provide advice immediately following the report back on the review, to help support that decision.

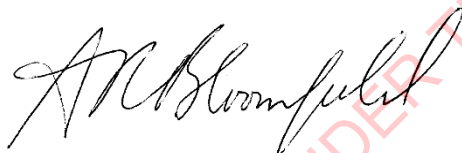
Recommendations

We recommend you:

- a) **Note** that in November 2021 Cabinet agreed to commence the rollout of the COVID-19 booster programme and requested further information be provided to Vaccine Ministers on the implications of the programme on the definition of “fully vaccinated”, vaccine passes and Vaccination Orders. Following this in late January 2022, Vaccine Ministers requested further information to support considerations of including boosters in vaccination requirements.
- b) **Agree** to a recommendation from the Ministry of Health (the Ministry) that we shift away from a set definition of ‘fully vaccinated’ against COVID-19, to focus on ‘maintaining an up-to-date vaccination status’.
- c) **Note** CV TAG has expressed the opinion that extension of the requirement for a booster dose beyond those already covered by Vaccination Orders would require a change to the intent of requirements (away from reduction of transmission) in order to be justified.
- d) **Note** that should Vaccine Ministers decide in future to require boosters to maintain vaccination status, the Ministry recommends current vaccine passes continue to be valid until their current expiry date, but with new passes made available as people become due their booster dose (or available as soon as the system changes are in place for those who already have received their booster – proposed to be in place by 1 April 2022).
- e) **Note** the Ministry’s Data and Digital team has begun the work necessary to prepare the My Vaccine Pass system to recognise boosters and produce renewed passes, acknowledging this may not be required.
- f) **Note** CV TAG has expressed a strong view that no vaccine requirements (formal or informal) should be applied for those under 18 years of age.
- g) **Note** the addition of a booster requirement to maintain a valid My Vaccine Pass, will not impact affected workers under the Vaccination Order as these workers are already required to receive a booster.

Yes No

- h) **Note** that now Omicron is established as the dominant strain circulating in New Zealand, the rationale for more stringent requirements for international arrivals has weakened, and any changes to vaccination requirements for arrivals to New Zealand must consider the domestic context, be evidence based, proportionate and justifiable.
- i) **Note** the COVID-19 Vaccination and Immunisation Programme (CVIP) continually updates the forecasts and modelling on vaccine supply and will continue to keep Vaccine Ministers updated.
- j) **Note** the Ministry will continue to consider the most appropriate way to manage people on alternative vaccination pathways, and work to have options developed for Vaccine Ministers to consider, should any decision be made to include boosters in vaccination requirements.
- k) **Note** the Ministry will provide further advice to support decision making, to Vaccine Ministers in early March 2022, once the Department of Prime Minister and Cabinet reviews of the use of My Vaccine Pass and the COVID-19 Protection Framework are complete.
- l) **Note** the information provided here is relevant and up to date at this time, but as the situation could change rapidly, different or additional considerations may need to be taken into account by the time the DPMC review is complete.
- m) **Note** officials are available to meet to discuss the contents of this paper.



Dr Ashley Bloomfield
Director-General of Health
Ministry of Health
Date: 18 February 2022



Hon Grant Robertson
27/02/2022

Requiring COVID-19 vaccine boosters to maintain vaccination status in the New Zealand context

Background

8. The Omicron variant of COVID-19 is now spreading in New Zealand communities and has been established as the dominant variant circulating. We are currently in the second stage of our Omicron response strategy, where cases are continuing to be confined as much as possible, but numbers are increasing rapidly. High uptake of COVID-19 vaccine booster doses will help to reduce the number of people with symptomatic illness, those who require hospitalisation, and the burden on the health system.
9. The Government has utilised a number of tools to manage the spread of COVID-19 over the course of the pandemic. Tight border settings, domestic restrictions and public health measures have served us well. More recently high uptake of vaccinations has been critical to maintain our low hospitalisation and death rates, relative to other countries. With the borders beginning to re-open this month, and with the Omicron variant established in the community, we must continue to adapt our response to the changing circumstances.
10. As at 14 February 2022, 94 percent of the eligible population have completed a primary course of a COVID-19 vaccine schedule, and approximately 61 percent of the (currently) eligible population have received a booster dose.
11. International studies show that vaccine induced immunity against symptomatic illness (from the Pfizer and Moderna vaccines), wanes from three to four months after completion of a primary course, and particularly by six months. Booster doses of Pfizer (and Moderna) vaccines have been shown to lift vaccine induced immunity again to provide levels of protection that significantly reduce hospitalisations and death, including from the Omicron variant.
12. This paper provides advice on the implications of including a booster in further vaccination requirements and provides options for implementation should Vaccine Ministers decide to require boosters to maintain up-to-date vaccination status.

Comment

Replacing the term “fully vaccinated” with “maintaining up-to-date vaccination status”

13. Internationally recognition is growing that referring to being “fully vaccinated” against COVID-19 is no longer helpful in an environment where an ongoing COVID-19 vaccination programme may be required. For example, Australia will replace the term ‘fully vaccinated’ with ‘up to date’ in respect of COVID-19 vaccination status for domestic use. The date of entry into force has not yet been determined but “by the end of March” has been recommended by ATAGI.
14. For the purpose of the New Zealand context, the Ministry recommends a shift away from a set definition of “fully vaccinated” against COVID-19, to a focus on “maintaining up-to-date vaccination status”.
15. This shift will help future decisions on updates to vaccination requirements to remain flexible and help to communicate that vaccination against COVID-19 is not an end point, but a

potentially ongoing vaccination programme. Additionally, “vaccination status” is more inclusive of people who are exempt from COVID-19 vaccinations, or who require different dose or vaccine schedules.

16. We seek agreement from Ministers that we shift away from a set definition of “fully vaccinated” against COVID-19, to focus on “maintaining up-to-date vaccination status”.

With arrival of the Omicron variant, boosters are intended to maintain population protection and minimise its spread

17. In line with the aims of the Government’s COVID-19 Protection Framework (CPF), the intent of the booster programme is to keep the spread of COVID-19 and hospitalisations as low as possible, protect people from the virus, minimise significant health impacts, and support infection prevention and control. Vaccination, including boosters, is a key tool in the CPF.
18. The arrival of the Omicron variant has required us to respond rapidly, and to do everything we can to increase booster uptake to help maintain population protection and to protect our most vulnerable, particularly as we have moved away from the elimination strategy to one where we aim to minimise the impacts of COVID-19 in our communities.
19. Cabinet’s recent decision to reduce the dose interval for a booster, to three months from completion of a primary vaccine course, demonstrates the need for the vaccination programme to be agile and responsive, and introducing a requirement for booster doses would support the intent of that decision.
20. However, we need to consider whether introducing further booster requirements (beyond those already in place for affected workers under the Vaccination Order) is strictly necessary to achieve the overall public health aims as outlined above.
21. As the Omicron variant spreads throughout the community and more and more people are exposed, infection induced immunity becomes an additional factor to consider.

CV TAG has expressed the view that introducing a booster requirement to maintain an up-to-date vaccination status would be difficult to justify

22. The Ministry has received advice from CV TAG this week as follows.
23. CV TAG’s view is that vaccine mandates, vaccine passes, and different isolation/testing requirements for arrivals to New Zealand have been previously justified through the protection of others mainly via a reduction in transmission.
24. The Omicron variant is highly transmissible, and vaccination (primary course or booster) appears to provide less protection against infection with Omicron than against previous variants.¹ This is important because protection against infection is one way a vaccine can reduce transmission. There are no data currently available about whether the vaccine prevents or reduces onward transmission of Omicron once a vaccinated person is infected, which is the other way a vaccine could reduce transmission.
25. However, data to date shows that protection against symptomatic and severe disease caused by Omicron is restored (to levels similar to or higher than a primary course) after a booster.

¹ COVID-19 Omicron Update – 03 February 2022.

This will result in increased personal protection for vaccinees against illness and could potentially reduce strain on the healthcare system at the peak of an Omicron wave if a substantial number of people are boosted.

26. Additionally, it is anticipated that in the coming weeks, many people will be infected with Omicron and this is likely to produce an immunological boost in these people.
27. Because of these issues, CV TAG has expressed the opinion that introducing boosters to maintain up-to-date vaccination status would be difficult to justify on the basis of a reduction of transmission. They consider any extension of the requirement for a booster beyond those already covered by Vaccination Orders would require a change to the intent of requirements (away from reduction of transmission) in order to be justified.

There are a number of interconnected implications of any decision to require booster doses to maintain up-to-date vaccination status

28. Decisions on whether to introduce, and when to introduce a booster requirement to maintain vaccination status, is not straight forward and has a number of interconnected implications:
 - a. Managing the validity of vaccine passes – including for those under 18 years of age (noting the passes' central role in the COVID-19 Protection Framework).
 - b. Interactions with requirements for international arrivals and the timing of the Reconnecting New Zealand (border opening) stages (and meeting international vaccination certificate requirements)
 - c. Ensuring any new requirements are no more burdensome than the worker mandates under the Vaccination Orders, and
 - d. Securing vaccine supply – ensuring we have adequate supply of the right vaccines to meet demand.
29. Each of these implications are discussed below.

Implications for COVID-19 Vaccine Passes

30. The Department of Prime Minister and Cabinet (DPMC) is undertaking a review of the use of My Vaccine Passes (MVP) the details of which the Minister for COVID-19 Response will report back to Cabinet on in early March 2022. This review will cover the immediate operational challenges of the use of the pass system, focussing on key themes and issues related to the operation of MVP to date and whether there are changes that could be made, either to the passes themselves or the policy surrounding their application, to address these concerns.
31. DPMC is also undertaking a broader review of the CPF. As part of this review, the future use of MVPs will be considered. Drawing on information from the above-mentioned preliminary review, and latest public health advice, DPMC will assess whether restricting freedoms based on vaccination status continues to be a justified and proportionate element of our COVID-19 response.
32. Vaccine passes have served a public health purpose up until now to help prevent the spread of COVID-19 and to support the COVID-19 Vaccine and Immunisation Programme (CVIP) to achieve population protection.

33. With a now highly vaccinated population, consideration needs to be given to whether vaccine passes are still serving their intended purpose. The DPMC reviews, informed by ongoing advice from the office of the Director of Public Health, will help support these considerations.
34. The current passes expire starting from mid-May, and all of them by 1 June 2022. The pandemic has taught us the situation on the ground can change rapidly and our response must remain agile. For that reason, we recognise that by mid-May the situation we are facing may be quite different. We may be facing a new variant, or we may be seeing the end of the Omicron 'wave', with the need for vaccine passes falling away.
35. Equally, with Omicron currently spreading rapidly in the community we anticipate there may be a need to re-new the passes, and therefore work is required now to prepare for renewal.

System changes will be needed should boosters be included which will require a 'newer version' of vaccine passes

36. The MVP system can be updated to recognise booster doses and auto-generate a new pass to be downloaded, auto emailed, or retrieved through assisted channels (call centres or vaccination sites).
37. A minimum viable product with changes for a 'new version' of a My Vaccine Pass could be put in place within two weeks of a decision being made to proceed (note preparations have already begun as noted below). This would include minimal visual changes to the pass to support visual verification and changing the 'system rules' which will shift the pass expiry to align with any new rules related to boosters.
38. Learnings from the launch of My Vaccine Pass allow us to see the greatest challenge will be getting the population through the renewal process without overloading the system and causing frustration.
39. There are two options for implementation of the 'new version' of the vaccine passes.
 - a. **Option one [recommended]:** new version of passes will be issued or accessible based on the new rules and will be delivered to phase out or replace current passes once they reach their current expiry dates – either mid-May or 1 June 2022).
 - b. **Option two:** require passes to be expired earlier than their current expiry dates, with the new version of passes to be requested/reissued with new expiry function based on the 'new rules' outlined above.
40. The Ministry advise the public would require 3-4 weeks to replace their vaccine passes once available. This would give people time to get their booster dose, and then request and download the 'new version' of the pass. This would also allow for support services to be in place for those who require assistance to access a new pass.
41. This would also allow time for a public communications campaign to explain the updated system and requirements, and time for businesses to update their systems, especially those who have integrated the vaccine pass verifying scanner into their own operating systems.
42. A total of 5-6 weeks is estimated to enable all changes and embed the new passes, which will require a reprioritising of resources.
43. When My Vaccine Pass was released people had just 17 days to get their pass before the traffic light system began, which created significant challenges for the Ministry and a certain level of anxiety among the public. Therefore, should a decision be made to introduce a

booster requirement to maintain a valid vaccine pass, the Ministry would not recommend Option two above, which would result in a sudden cancellation of passes and subsequent scramble to request and download the new version.

44. Should a decision be made to require booster doses, the Ministry would recommend Option one above – to renew vaccine passes to align with any vaccination requirements (including booster doses), with new passes only **required** once current passes reach their expiry dates.
45. However, issuing new passes would begin before the expiry of the existing ones as people receive their boosters and become eligible, which will allow for a longer lead in time for people to get the passes before their current passes expire. People who have already received their booster would be able to access their new pass as soon as the system changes are in place.
46. New passes could be issued with a further 6-month expiry from the date of the user's booster dose (or completion of primary course if they are recently vaccinated) and would have a different visual look to the current passes to ensure people don't continue to use their old one.

Additional considerations will need to be given to transition, compliance, exemptions other issues relevant to vaccine passes

47. Regardless of which option for implementation is taken the transition stage between the old passes expiring (as people reach their current expiry dates) and the new passes being issued will have to be managed carefully to avoid confusion over which passes are valid and who can access services.
48. Those with clinical vaccination exemptions will also need to be able to access a new pass (which may be dependent on them receiving an up-dated exemption approval from the Director General of Health via the panel approval process), and so the system rules will be built to work for anyone, no matter where they are in their vaccination journey.
49. Consideration may also need to be given to improving compliance monitoring and the verification of vaccine passes (such as mandatory scanning with verifier or spot checks against photo ID) as the Ministry is concerned that continuing to require vaccine passes without improving compliance reduces the value of their use.
50. Should a decision to renew passes be made, the passes would need to be rolled out from 1 April 2022, therefore (without pre-empting any decision), the Ministry has started work on building the required system changes now, acknowledging that pending a decision from Vaccine Ministers, this work may not be required.

Vaccine passes for 12-17 year olds

51. Booster doses have only been approved by Medsafe for people aged 18 years and over. Currently, s 9(2)(b)(ii) [REDACTED]
52. CV TAG have previously advised that booster doses should not be required for this age group and this week have expressed that they have a strong view that no vaccine mandates (formal or informal) should be applied for those under 18 years of age.

53. Should booster doses become a requirement to maintain vaccination status, the requirements for 12 to 17-year-olds would need to be different from those for 18 years and over (i.e requirements for 12-17 would remain as they are).
54. Differentiation of pass types will add complexity to the current service and would take additional time to develop and implement.
55. Booster requirements internationally vary, but at this stage most countries are not requiring booster doses for 12-17 year olds. A handful of countries such as Australia have approved booster doses for 16 – 17-year-olds, and the United States and Israel have approved the use of boosters in 12-18 year olds.

Additional issues with vaccine pass renewal - and potential solutions

56. As outlined above, the situation for 12-17 year olds with regard to vaccine passes is not straight forward. Consideration needs to be given to whether the public health rationale for requiring vaccine passes is still relevant for 12-17 year olds.
57. Should the decision be made to require boosters and renew vaccine passes, one potential solution for the 12-17 age group would be to maintain passes for them with a rolling expiry in case the vaccination requirements for this age group change in the future.
58. A further concern is how to manage the expiry of passes for the cohort of people who will already have reached six months since their booster when the current passes expire on 1 June 2022. Many border and health care workers received booster doses in November 2021, and many others, including many over 65-year-olds will reach six months since their booster by the end of June 2022.
59. This means a large cohort of people could have a very limited expiry on any new passes. There is still very limited evidence and data on providing a second booster dose, and few countries are doing so. Therefore, rolling out second doses of boosters is not currently planned.
60. One solution for this problem would be to provide an automatic 90-day extension to those passes that would auto-generate and take them through to September 2022. This would provide time to gather further evidence and data to support any future booster decisions, or alternatively by September (with the peak of Omicron infections having passed), the need for vaccine passes may have fallen away.

Implications for Vaccination Orders

61. On 20 December 2021 Cabinet agreed to an amendment to the COVID-19 Response (Vaccinations) Order 2022 to require affected workers under the Order to receive a COVID-19 vaccine booster dose by 6 months from completion of their primary vaccine course.
62. The addition of a booster requirement to maintain a valid My Vaccine Pass, will not impact affected workers under the Order as these workers are already required to receive a booster dose. Some employees have used their My Vaccine Pass to provide evidence of vaccination to employers, but they can also use other methods such as showing employers their My Covid Record, providing a letter from their General Practitioner, or some employers are utilising the COVID-19 Immunisation Register to verify employee vaccination status.

63. It is important that should the booster requirement be extended to the wider public, that the requirements are no more burdensome than those for affected workers as set out in the Order.

Implications for international arrivals

64. On 20 January 2022 DPMC provided the Minister for COVID-19 Response with advice on implementing a booster requirement for international arrivals in light of the sharp increase in cases being detected at Managed Isolation and Quarantine (MIQ) via the air border, and to further mitigate the risk of Omicron entering the community. [DPMC-2021/22-1201 refers].
65. The advice noted that any strengthening of vaccination requirements for arrivals would need to be justifiable and proportionate. It would need to weigh up the likely public health benefits against the ability of travellers being able to meet the requirements and operational challenges of verifying the booster requirement.

Globally boosters are not widely available, and exemptions will need to be in place if boosters were to be required for international arrivals

66. As booster programmes are not yet widely available globally, there would also need to be an exemptions system in place which would have disproportionate impacts on travellers from some countries. Information compiled by the Ministry of Foreign Affairs and Trade (MFAT) suggests there are only 77 jurisdictions where it could be reasonably considered that there is access to a primary course of vaccination and where booster programmes have started to be rolled out. A booster requirement would also impact arrivals from some Pacific countries, most of which are still focused on rolling out primary courses to their populations.
67. Limited access to booster programmes would prove even more challenging for any New Zealanders needing to travel to New Zealand at short notice, and for those travelling from countries where the systems and procedures for recording of booster doses on existing certificates are not established.

The rationale for more stringent requirements for international arrivals has weakened as community cases of Omicron escalate

68. There is currently no data on the effectiveness of boosters for the vast majority of vaccines on the approved list for arrival to New Zealand. If a booster was to be required, it would need to be defined for each of the approved vaccines (currently 33) in the context of the Omicron variant, including the timing and number of doses, consideration of heterologous (mixed) schedules, and the impact of previous infection.
69. Instead, officials recommended that consideration be given to introducing a requirement for a maximum interval between a final primary course or booster and arrival in New Zealand.
70. The Minister for COVID-19 Response considered the briefing on 29 January 2022, but did not sign any recommendations, instead noting "...it will be hard to justify boosters for CVC access but not for people visiting New Zealand. If equity of access is the issue, could we require boosters within a window of arrival?"
71. Over the past three weeks the domestic situation has changed considerably, and Omicron is now established as the dominant strain circulating in New Zealand communities. This means the rationale for more stringent requirements for international arrivals has weakened as

community cases escalate. It is important that any changes to vaccination requirements for arrivals to New Zealand consider the domestic context, are evidence based, are proportionate and are justifiable.

72. In terms of managing different vaccination schedules and booster requirements for international arrivals, CV TAG have advised that evidence of three doses of a World Health Organisation (WHO) listed vaccine should be adequate to meet the 'boosted' standard in the New Zealand context.
73. The requirements for international arrivals are being kept under review and further advice will be provided to Ministers in due course.

Implications for COVID-19 vaccine supply

74. Booster uptake is now well established and is running at 61 percent of eligible people (as at 14 February 2022).
75. The COVID-19 Vaccination and Immunisation Programme (CVIP) continually updates the forecasts and modelling, and currently estimates a potential supply gap from March 2022 of up to 115,000 doses as well as continued supply pressure in the first half of 2022.
76. On 1 February 2022, Vaccine Ministers agreed to work with Pfizer to bring forward delivery of 1.25 million doses into the first quarter, and an additional 0.25 million doses in the second quarter (meaning 1 million doses will be delivered in the second quarter). Following further advice on the amendment agreement, the Director General of Health will be invited to sign the agreement.
77. There will be a two-week period when availability of Pfizer across New Zealand is under 300,000 doses (average 162,000 doses). This may pose an operational risk of slowing the administration of the programme. However, the programme is able to mitigate this by managing central distribution of stock, monitoring doses per vial utilisation, and through the timing of our donations to countries in the Pacific region.
78. Further advice will continue to be provided to Vaccine Ministers to manage New Zealand's potential COVID-19 immunisation needs in 2022.

Implications for people on alternative vaccination pathways

79. The 'typical' vaccination pathway of a two or three dose primary course with subsequent booster, utilising the Pfizer vaccine, may become challenging to complete for an increasing number of the population who need more flexibility.
80. This need for flexibility primarily reflects their clinical characteristics, such as experience of COVID-19 infection between vaccinations, serious adverse event, or pre-existing clinical condition. In these situations, specialist clinicians may reasonably recommend reduced doses, alternative vaccines, extended dosing intervals, or that future COVID-19 vaccines are contra-indicated altogether.
81. The need to accommodate alternative pathways will also become more pressing as increasing numbers of people vaccinated overseas come into the country. In addition, we want to ensure we support New Zealanders to contribute to our vaccine clinical trials occurring here.
82. Currently a proportion of these scenarios are managed through a Temporary Medical Exemption panel. This may not be the appropriate mechanism to manage the scale and

complexity of these alternative pathways, and the variety of scenarios that may be presented. Other options would be to support an individual's clinician to make an assessment around vaccination requirements (with or without oversight from the Ministry), or to expand the current Ministry of Health medical exemption framework and infrastructure.

83. The Ministry will continue to consider the most appropriate way to manage alternative vaccination pathways and work to have options fully developed for Vaccine Ministers to consider should any decision be made to include boosters in vaccination requirements.

Looking ahead and managing vaccination requirements beyond the next six months

84. As the pandemic wears on the social licence to maintain public health and vaccination requirements will likely wane. The DPMC reviews will help to provide insights on public acceptance of continued use of the MVP system to manage people's vaccination status versus effectiveness to maintain population protection.
85. Consideration needs to be given to the social license risk to the policy intent of the vaccination programme, and the resource risk to the ongoing management of the programme.
86. Additionally, continual amendments to regulations such as the Vaccinations Order may not be sustainable and a modified method of updating requirements as we respond to any further COVID-19 variants and each new stage of the pandemic may be required.
87. There is evidence to suggest that the next variant of concern may come from a country with high immunocompromised rates and low vaccine coverage. As we race to maintain high vaccination coverage domestically, we also need to consider global vaccine inequity and that it has a direct impact on New Zealand's own interests to end the pandemic.
88. Advice is being prepared for Vaccine Ministers on any potential setting changes that may be required under Phase 3 of the Omicron response strategy.

Human Rights

89. This paper does not seek any decisions but provides an update on the further advice being sought and further considerations being undertaken. Any consideration of requiring booster doses domestically to maintain vaccination status will have human rights implications similar to those considered under the current Vaccination Orders.
90. Whether or not a booster requirement is placed on non-citizens before they are able to come to New Zealand, no human rights issues arise. Non-citizens do not have a right to enter New Zealand, and they do not have rights under the New Zealand Bill of Rights Act 1990 (BORA) until they get to New Zealand.
91. If a booster requirement was put in place, non-citizens could not be forced to be vaccinated if they managed to board a plane to New Zealand, as they would have the right to refuse medical treatment, affirmed by section 11 of BORA. However, it would likely be a justified limit on that right to deport anyone who attempted to enter New Zealand without meeting such a requirement, given the importance of avoiding the creation of outbreaks in New Zealand that would have the potential to overwhelm the healthcare system.

Equity

92. Eligibility and access to boosters will be a key consideration of any discussion regarding including booster doses in the requirements to maintain vaccination status.
93. Current experience from the CVIP shows that additional levers are required for Māori and Pacific peoples to achieve the same vaccination targets as non-Māori, non-Pacific people.
94. CVIP has highlighted that the factors below are key to contributing to equitable vaccine uptake by Māori and Pacific people:
 - a. access to vaccinations,
 - b. access to trusted information sources to mitigate misinformation, and
 - c. Māori health and Pacific health providers are well resourced and supported by their District Health Boards (DHBs) to deliver to their communities
 - d. Non-Māori and non-Pacific health providers working to achieve equitable outcomes in their community and supporting a whānau ora approach.
95. We know that historically Māori and Pacific have been disproportionately affected by vaccine preventable diseases and that in general, Māori and Pacific peoples have low vaccination rates.
96. Including boosters in the requirements to maintain COVID-19 vaccination status may have a positive effect by protecting Māori and Pacific people, who are in roles affected by the Vaccination Order.
97. This change may indirectly protect people at high-risk of contracting COVID-19 such as tamariki and rangatahi who are not or yet to be vaccinated; particularly given the young demographic of Māori and Pacific people.
98. There may also be employment implications for Māori and Pacific peoples if not boosted as termination of their job will lead to loss of income, and in some cases this would be the sole income for the household.

Te Tiriti o Waitangi implications

99. In considering booster dose requirements, we need to be clear about how we would be protecting Māori to honour our Te Tiriti o Waitangi (Te Tiriti) obligations. We can use the Te Tiriti principals to guide this work.
 - a. Tino rangatiratanga
 - b. working in **partnership** with iwi and Māori health stakeholders particularly as they would have insights into issues and improvements to vaccine uptake for Māori.
 - c. It is likely that an amendment to include boosters to the fully vaccinated definition will support health system resilience, minimise community outbreaks and any associated 'Red Light' setting restrictions. This is critical to minimising and addressing existing inequities and is consistent with Te Tiriti principle of **active protection**.
 - d. **Equity** by ensuring that no changes would impose on the existing levers made to achieve equitable vaccine uptake for Māori.

100. As COVID-19 has more disproportionate effects on Māori, it is important that there is targeted support for Māori in the domestic booster vaccination campaign, particularly in light of Omicron and the higher risk of transmission.

Next steps

101. The Ministry is working on further advice to support decisions on whether to require COVID-19 boosters to maintain up-to-date vaccination status.
102. The Ministry will continue to prepare for a renewal of vaccine passes, (understanding they may not be required) pending any decision to require boosters to maintain up-to-date vaccination status.
103. The Ministry will also continue to develop options to manage alternative vaccination pathways, and work alongside DPMC to provide options for international arrivals.
104. We will provide further advice to Vaccine Ministers in early March 2022, once the DPMC reviews referred to above are complete.

ENDS.

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