

Covid-19 Vaccine Strategy
Science and Technical Advisory Group

Minutes – Wednesday 21 October 2020
(Confidential)

Date & time	10:00 to 11:00AM, Wednesday 21 October	
Attendees	Ian Town (Chair) David Murdoch (Deputy Chair) Ian Frazer Graeme Jarvis Peter McIntyre Nikki Moreland Helen Petousis-Harris John Taylor	Justine Daw Emily Robinson Simon Rae Jonathan Lane Chriselle Braganza Frances Heslop
Apologies	Matire Harwood Sue Crengle Nikki Turner	

Item for discussion	Led by
Administration	
1. Apologies Matire Harwood, Sue Crengle, Nikki Turner	Ian Town
2. STAG Conflicts of Interest The updated COI register was noted, with any COIs not listed to be declared. STAG member biographies have now been uploaded to MBIE's COVID-19 Vaccine Strategy webpage. All STAG members have now signed Deeds of Confidentiality.	Ian Town
3. Review of minutes from last STAG meeting The minutes from the meeting on 7 October 2020 were approved.	Ian Town
4. Matters arising Justine Daw provided an update on matters arising from the previous meeting: <ul style="list-style-type: none"> - Taskforce Project Leads are meeting this week to review the current list of vaccine candidates, as ranked against the APA Assessment Framework. This will also add any expected COVAX candidates as well as other candidates not yet included (e.g. the Gamaleya vaccine). - We expect potential COVAX candidates to be presented to New Zealand from 2 November onwards, and will schedule diary holds shortly thereafter for the Science Review Panel. Project lead Glenys Karran will provide a progress update to the STAG on the COVAX Facility in mid-November. 	Justine Daw

<ul style="list-style-type: none"> - A populated Science Summary mock-up is on the agenda (Item 7) - Project Lead Karl Ferguson will provide the STAG with a further update in early November on the Communications and Engagement project. 	
<p>5. Review of rolling monthly planner</p> <p>There are now eight target vaccine candidates under consideration through the APA process. Justine Daw noted that the candidate numbers do not necessarily reflect the order in which they will be presented to the Science Review Panel.</p> <p>Action: The table summarising APA candidate progress through the Science Review Panel process will be included on future STAG agendas.</p>	Ilan Town

Updates	
<p>6. Update on Vaccine Portfolio</p> <p>Simon Rae (Project Lead, Policy and Strategy) joined the STAG meeting to provide an update on the vaccine portfolio strategy. An emerging view of the portfolio of APA and COVAX candidates (names withheld) was presented. Comments from the STAG included:</p> <ul style="list-style-type: none"> • The Taskforce’s broad thinking was that we now have enough APAs with a good range of candidates and delivery windows, but that there is work to be done to ensure we have the right coverage for various sub-groups and vulnerable populations. • Delivery timeframes will present challenges – there will be a lot of variability in the timing of vaccine availability. • There is work to be done in the Engagement/Communications pillar around vaccine readiness, and monitoring the mood of different demographics in terms of acceptability. Some perceptions (i.e. immune response v the illness itself) around vaccines can be difficult to shift. • Planning to support immunisation roll-out is in train, including in terms of equipment (needles, fridges, freezers etc.) • Most vaccines that New Zealand ends up using will likely already have been used on a larger-scale internationally. The Taskforce will need to think about how we can use information in our immunisation planning and roll-out. • Whether the Taskforce was looking at, or plan to look at, qualitative research (particularly on reactogenicity) among certain groups. It was acknowledged as an important aspect, although we have yet to consider this in-depth. 	Simon Rae
<p>7. Populated ‘Science Summary’ template</p> <p>A populated Science Summary template was presented for the Pfizer candidate for feedback. Justine Daw noted that the templates for each purchased candidate will be updated approximately monthly, as new information comes to light, and reviewed by Pippa Scott before being date-stamped and circulated to the STAG.</p> <p>Discussion included:</p>	Justine Daw

<ul style="list-style-type: none"> • As well as capturing up-to-date information (including hyper-links to inclusion data), the summaries will highlight particular issues/aspects for each candidate that will need close attention as trials and immunisation planning progress. • The value in having this sort of summary information presented in this format, regularly updated and clearly date-stamped to show a current view of each candidate that we have purchased (i.e. when a vaccine was approved/authorised for use). • The STAG highlighted that the safety data remains critical (particularly when considering implications for population diversity), and that the patient numbers and duration of the safety data should be recorded, as well as what standardised safety standards trials were adhering to (if any). • Immunogenicity results should be separated from safety and efficacy data. • Information on manufacturing scalability was important. 	
Discussion	
<p>8. Vaccine monitoring and trials in New Zealand</p> <ul style="list-style-type: none"> - <i>A COVID-19 Vaccine Safety Surveillance Strategy for New Zealand: Framework Proposal for discussion and associated papers</i> - <i>MRFF / PICO proposal</i> - <i>WHO Circular Letter - COVID-19: Call for Countries to Participate in the Global WHO SOLIDARITY Protocol for COVID-19 Vaccines trials</i> <p>The STAG discussed the papers above, including the Framework Proposal for Vaccine Safety Surveillance in New Zealand.</p> <p>Discussion included:</p> <ul style="list-style-type: none"> • The need for NZ to effectively monitor rare adverse events, as well as long term effects, on a systematic basis (ie. beyond information collected on hospitalisation currently). • That the Australia post-licensure study would be good to do, but was not essential. • That tools such as KiwiVax (drawing on the Australian SmartVax model) could well be adapted to meet national needs [noting this was being trialled in Nikki Turner’s practice]. • That Medsafe was also planning on reviewing the app for hospitalisation data, and this was another pathway to ensuring an effective national system. • That app-based tools could serve as an important part of public outreach and engagement activities in support of the Taskforce objectives, particularly in terms of building public confidence. <p>Action: The Chair to follow up with Medsafe (Chris James) to follow up on the cell-phone app proposal as discuss with CARM.</p> <p>The Chair to also discuss offline with Dr Petousis-Harris on how best to advance thinking on vaccine monitoring and trials in New Zealand.</p>	<p>Ian Town/ Helen Petousis- Harris</p>

<p>9. Questions for STAG comment</p> <p>Q: What are the advantages and disadvantages of an inactivated vaccine platform? What are the key aspects to note when considering the potential fit of this platform within a vaccine portfolio?</p> <p>A: A key point to consider is the logistics of inactivated vaccines, and the difficulties in access/scale-up for manufacturing capability (e.g. the PC3 requirements). Comments from the sector are welcomed (to follow).</p>	<p>Justine Daw</p>
<p>10. Meeting close</p>	<p>Ian Town</p>

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