Covid-19 Vaccine Strategy
Science and Technical Advisory Group

Minutes – Wednesday 23 September

Date & time	10:00 to 11:00AM, Wednesday 23 September	
Attendees	Ian Town (Chair) David Murdoch (Deputy Chair) Ian Frazer Graeme Jarvis Peter McIntyre Nikki Moreland Helen Petousis-Harris John Taylor James Ussher	Justine Daw Karl Ferguson Stephanie Symynuk Jonathan Lane Zachary Clarke Emily Robinson
Apologies	Nikki Turner Matire Harwood	

Item for discussion		Led by
Administration		
1.	**Apologies** Nikki Turner and Matire Harwood	Ian Town
2.	**STAG Conflicts of Interest** The updated COI register was noted, with any COIs not listed to be declared.	Ian Town
3.	**Scientific and Clinical Review ('Science Review') Panel membership c.f. STAG membership** Current lists reviewed, added Dr John Taylor's biography to membership list	Ian Town
Updates		
4.	**Communications programme** Karl Ferguson (Vaccine Taskforce Communications & Engagement Pillar lead) presented on development of the communications and engagement strategy, which will be going to Vaccine Taskforce next week. Main issues on which STAG input is requested include: ▪ How we ensure the safety and science story is told accurately (i.e. to engage the public and provide confidence in the vaccine(s) when the time comes for the immunisation roll-out) ▪ How we tackle the rise of misinformation Discussion Included: ▪ STAG members were positive about taking a proactive engagement approach, as well as this being focused on a wide spectrum of public communication.	Karl Ferguson

	▪ There was agreement that science voices were an important part of engaging with the public on the Vaccine programme. ▪ As with all countries, New Zealand is seeking early access to safe and effective vaccines. Globally, this means that countries are making purchasing decisions ahead of a complete set of information. ▪ It was important to remember that purchasing decisions do not imply decisions have been taken to take delivery of and/or use the vaccine. ▪ Expectation management will also be key. The STAG asked if the overarching Vaccine strategy outcomes and priorities (i.e. universal vaccine coverage or an initial focus on vaccines for health sector professionals, essential workers, and vulnerable people etc.) been clearly articulated yet to inform engagement and communications? **Q**: Is the Communications team linked with Science Media Centre? **A**: Yes, this is a critical channel for information and making sure that information we prepare is suitable for those updates.	
5.	**Work programme** The following documents were noted for the STAG's awareness and comment. • Science Review process to support APA (purchasing) decision-making - Updated process, with high level questions to guide overall consensus discussions and final documentation • Proposed technical questions for Science Briefings - Setting out specific issues to consider in advance of and during science briefings	Justine Daw
Discussion		
6.	**Clinical Trials** Update from Ian Town The STAG was interested in the proposed work to capture summary information on candidates of interest as trial results / data comes to light (*refer Item 8*) Dr Fran Priddy, involved in global vaccine development right through to Phase 3 and 4 trials, is now in NZ and working with VAANZ. It was agreed that the Chair would meet with her to discuss clinical trial planning (e.g. should clinical trials be offered to NZ, and also the relevance of being involved in particular trials).	Ian Town
7.	**The Sputnik 5 Vaccine** Update from Ian Town • The Honorary Consul in New Zealand had been corresponding regularly about the potential for NZ to purchase the Sputnik vaccine(s). MFAT have signalled that NZ is targeting a small set of candidates to begin with in order to enable us to purchase safe and effective vaccines that are able to be approved by MedSafe at the earliest opportunity. • Discussions have also indicated that there previously wasn't enough public information to assess on this candidate. Now that more data is available, we propose to formally run the vaccine through the standard APA Assessment Framework.	Ian Town

STAG discussion:

- The vaccine looks potentially plausible, but there's zero safety data to assess to date and this is a concern.
- One of the other issues to consider is the apparent lack of regulatory frameworks/processes for the Russian candidate that would enable time-efficient MedSafe assessment and approval processes. E.g. as manufacturing is only in Russia and they appear to have no track record to date of manufacturing and supply for Western use, the Institute would have to demonstrate that they're in compliance with global regulatory standards. Regulatory pathways are therefore unable to be abbreviated for this candidate, meaning that the candidate would be highly unlikely to be able to be an early arrival to NZ.

Action: STAG to be consulted on the framework assessment in due course.

8. Proposed STAG Forward Work Programme

Justine Daw

Justine Daw confirmed that a rolling monthly planner has been set up, and will be updated and circulated regularly. An overview of expected STAG/Science Review Panel activity before the end of 2020 was also provided:

- Input to decision-making on vaccine purchase, including
  - Ongoing supplier 'Science Briefing' process (incl. portfolio balance assessments)
  - Inputs to multilateral purchasing decisions (COVAX)
- Peer review of 'science summaries'
  - Regular updates of overviews of priority target vaccine candidates
  - Commissioned 'Issues summaries', if resources allow, and as relevant

Any comments on the proposed science products would be welcomed. Aim is to have up-to-date snapshots of what we know and the 'known unknowns'. We will have someone coming in part-time to lead work on these documents, and would also ask the science advisor to review these before presentation to the STAG.

Also to note:

- Two potential additional vaccine candidates (#6 and #7) are likely to land in the priority target set in the next few weeks.
- As per the recent announcement on COVAX, the Taskforce will be making the same choices for COVAX candidates as we do for the APA candidates, and so the science inputs will also be sought. Timeline information is not yet well known for this activity.

  Where there are emerging or new candidates, we may be asked by MFAT to look at these (generic information from WHO through GAVI – similar to science briefings) to reach a prompt decision on whether to opt in, or to close off the option. 'Opting in' doesn't mean NZ will purchase the candidate, but it enables us to do so later on if this is the decision. We would expect the COVAX "bundle" to be known from mid-October through to Christmas.

  Comment

  - It remains important to hold wider Pacific interests in mind. COVAX has an element of proportionality for population. Candidates need to be evaluated for suitability in the Pacific, particularly Realm countries, as well as in NZ.

- A number of the developers we're already dealing with are in discussion with COVAX – we can expect some cross over.	
9. Questions for STAG comment **Q:** Are STAG members interested in receiving the type of backgrounder information developed mentioned at Item 8? **A:** Yes. **Action:** Relevant information will be circulated to the STAG when available. **Q:** Are human foetus cell-lines likely to be important to vaccine purchasing choices for NZ? If yes, why? If not, why not? **A:** No. Something to be aware of, but use in NZ is established. We have experience in managing this issue (the Vatican has OKed use) **Q:** Is there any indication that human-adenovirus-vectored candidates run a risk of lower immunogenicity (particularly those with 2 doses)? **A:** Yes, this may be why some are pushing 1 dose formulation? There's a review paper on this – to be forwarded to Chair [Complete] **Q:** Are novel (not yet approved) adjuvants likely to slow down candidate approvals and/or roll-out in NZ? **A:** Not really, but possibly if the research for the adjuvant was not well-established. Adjuvants tend to be approved as part of a vaccine (e.g. ASO4) and boosting immune responses may help a vaccine to clear infection as well as prevent disease. **Q:** Does the STAG have any early views on the candidates likely to enter earliest into *widespread* Phase 4 trials? **A:** Likely a protein based vaccine (e.g. UQ vaccine). **Q:** Is it too early to understand the likely nature of 'early candidate' immunity type and duration? If not, can the STAG provide any emergent/informal views as yet? **A:** The review article provides some indicative answers.	Justine Daw
10. Wrap Up	Ian Town