MINISTRY OF HEALTH
MANATŪ HAUORA

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 15 June 2021
Time:	4.30 pm – 6:25 pm
Location:	1N.3
Chair:	Dr Ashley Bloomfield
Members Attending:	Michael Dreyer, Jo Gibbs, Sue Gordon, Shayne Hunter, Maree Roberts, Deborah Woodley
Other Attendees:	Dr Joe Bourne, Ian Costello, Chris James, Dr Tim Hanlon, Astrid Koornneef, Rachel Lorimer, Megan McCoy, Colin MacDonald, Fiona Michel, Jason Moses, David Nalder, Mat Parr, Cassie Pickett, Dr Juliet Rumball-Smith, Andi Shirtcliffe, Dr Ian Town, John Walsh
Apologies:	Andrew Bailey, Dr Dale Bramley, Stephen Crombie, Dr Caroline McElnay, Chris Fleming, Wendy Illingworth, John Whaanga
Secretariat:	Carol Hinton

#	Agenda Item
1.	**Introduction and minutes** The Minutes from the previous meeting on 8 June 2021 were approved.
2.	**Operational update – progress last week (Jo Gibbs)** *Paper 2 considered: COVID-19 Immunisation Programme Update – 13 June* ***Workplace vaccination*** • The second Cabinet paper on readiness for roll-out had been considered by Cabinet on 8 June. Cabinet asked that the timing of the workplace-based vaccination events (currently scheduled for September and October) be brought forward. • The events are scheduled for South Auckland (Fonterra and Mainfreight). Noted that they are large national events, held in addition to DHB-led regional workplace events. • Due to the preparation required for a mass vaccination event, late August would be an appropriate target date for the rescheduled workplace-based events.

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2	• ***Cont.*** ***Announcements re roll-out*** • Noted that considerable work now follows the Cabinet decisions re roll-out. The Prime Minister and Director-General will announce, from Auckland, the age band approach to wider roll-out, starting with those aged 60 years and over in late July and then those aged 55 years and over. The Prime Minister will announce in 5 year age bands, at two week intervals (approximately). • Cadence for the CVIP programme is to consider numbers within Steering Group, discussion/decision by Vaccine Ministers on Friday, send invites on the Monday, and the Prime Minister will make relevant announcement on the Wednesday. • Concurrent with this, DHBs will run regional activity that has a strong equity focus – e.g. whanau based vaccination. The complexity of public messaging of the two approaches was noted. • It was discussed that vaccine stock will need to be carefully managed over the next few weeks. Several DHBs are running at over 100% of plan. There is not a full picture of bookings because not all are in the booking system. The Ministry is therefore reviewing stock on a daily basis and signing off on allocation for each day. However some stock is retained in the case of outbreak. • Moving forwards there will be a need to balance the overlap of Group 3 vaccinations with those being rolled out in Group 4. ***Primary Care*** • Comms messaging to the primary sector providers is being facilitated through the College. Also working with peak bodies, including GPNZ, Practice Managers and Administrators Association and DHB comms functions. A six week comms plan in place. • Have worked with DHBs to ensure their websites have clear instructions on 'what to do' for people who are in Group 3. • Developing a Primary Care pack with a lot of information on the vaccine, web links, FAQs etc. ***Action 2: Provide Director-General with copy of the Primary Care Pack re Group 3 vaccination.*** ***Deferral of the mass vaccination event*** • Noted that the first mass vaccination event in Auckland was delayed because of the vaccine supply situation. These dates are now likely to be 30 July and 10 September. This means that there will be six weeks in between the first event and the second event (i.e. between the first and second dose). • This was discussed by the group, noting that although the approach for New Zealand has been a minimum of three weeks between doses, there is some evidence that a longer timeframe can be beneficial, and a number of countries are operating to longer intervals. • Noted that those wishing to receive their second dose earlier have the option of having this at another location rather than waiting for the mass event. • Noted that the timeframe for the second dose comes under pressure for wider reasons, including people who want to receive this within a much shorter timeframe because of e.g. the need to travel some distance to vaccination. **Decisions of the Steering Group:** • **Endorsed** the six week interval between the first mass vaccination event (likely end July) and the second mass vaccination event (likely mid-September).

3.	**Standing item on science and technical advice through CV-TAG (Dr Ian Town/Chris James)** • No meeting of CV-TAG since the last Steering Group meeting. • Medsafe has met to consider the Janssen application, however, its decision announcement date is not yet confirmed as Crown Law is reviewing legal aspects. A DTU (decision to use) paper will then be prepared. • Also awaiting Medsafe announcement of decision re Pfizer vaccine for 12-15 year olds which is expected in the week commencing 21 June. A paper will then be prepared for Cabinet. • Chris James is keeping in close contact with Crown Law on both these issues. ***Action 3: Chris James will continue to engage with Crown Law Office re Janssen decision. Aim to update at Vaccine Ministers' meeting on 18 June.***
4.	**Developing ethnicity targets (Luke Fieldes, Jason Moses)** • The Ministry has developed advice to communicate the expected proportion of Group 3 vaccinations by ethnicity for each DHB. This is based on population statistics, uplifted to allow for increased prevalence of existing health conditions and disabilities. • Draft results were presented to the Steering Group. • Once finalised, these results will be communicated to DHBs and is likely to include a range for each DHB to allow for residual uncertainties. One specific uncertainty noted by the Steering Group was the fact that statistics were based on census data which has a known inconsistency with ethnicity reported within the NHI database.
5.	**Embedding equity (Jason Moses)** • Funding (following recent CVIP funding decisions that support community engagement) is now being distributed. First tranche funding was direct to Māori providers, second tranche funding through DHBs and 'champion' organisations. • Working with DHBs on their production plans. These will have production targets, including for Māori and Pasifika vaccination. Performance against plan will be monitored. • DHB accountability documents have equity and Te Tiriti o Waitangi components. • Regional account managers from the Ministry are supporting individual DHBs as they scale up. • Targeted community-based comms aim to help to increase vaccination uptake by Māori. • Funding also exists for similar comms to Pasifika and disability communities – comms are still in development. • Expect to see more movement towards the equity objective from Group 3 onwards, due to the way sequencing was organised. **General discussion** • Some concerns raised that in some cases, funding sent to DHBs has yet to be onpassed. The Ministry will have regional account managers follow up in areas where this is an issue. • Noted that whilst DHBs have their population numbers (on which equity targets will be based), the equity targets themselves are not yet finalised in many cases. However, once the first dose is administered then the second dose population size is known. This makes quantifying the first dose numbers the matter for closest attention. • Considerable discussion about the need to be able to respond more widely to a situation where DHB plans are achieved but the overall contribution to achievement of equity is not realised. Agreed this issue needed further consideration. ***Action 4: Consider what contingency action is required if monitoring shows that equity is not being achieved after wider roll-out is under way.***

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6.	**Proposed assurance framework** (David Nalder) *Paper 3 considered: CVIP Assurance Framework – 14 June 2021* • Paper 3 sets out how the CVIP programme will define its future assurance needs, who will provide the assurance and when. • Paper takes a 'three lines of defence' approach – risks are identified and controls are in place; self-checking; and internal audit. Aim to have self-checking done by the DHBs and where possible to use existing mechanisms, but to also leave a 'healthy tension' between existing and external assurance activity. • This work feeds into activity under the DHB letters of readiness. Likely to use existing TAS service standards where appropriate. Group discussion • Paper was well-received by the Steering Group, who noted that the move to have more assurance led by the Ministry was consistent with the level of 'maturity' of the project . that the Ministry might directly review an aspect of activity or it may come from/be done by an external party (e.g. for logistics). • Development of activities under the Framework can be done in conjunction with roll-out and was likely to take place across the rest of the year. Having all activities under the Framework in place was not seen as a precondition to scale roll-out. **Decisions of the Steering Group:** • **Endorsed** the suggested approach to defining the assurance needs of the CVIP programme, as set out in Paper 3; • **Endorsed** the change in focus of the Real Time Assurance team to a coaching/ support role; • **Noted** that subsequent work will occur to develop a detailed Assurance Plan based on the principles and approaches described in Paper 3.
7.	**National Booking System (Astrid Koornneef)** • Table showing status of DHB deployment plans/readiness to migrate to NBS was tabled and considered. Auckland DHBs provided a combined plan. • Nationally we are on track to be 'live' by mid July. • Five DHBs due to onboard the National Booking System (NBS) in the current week. Extra support provided to all DHBs for onboarding. • Other DHBs are still migrating data (is existing bookings moving into the new system) and this can have quite significant resource implications. • Waikato remains a focus following its recent situation. • Whakarongorau is scaling up its resources. It generally experiences increased demand after the 1 pm stand-up each day and can need support. • There is a small amount of call management surge capacity in place. Group discussion • Many primary care providers already operate multiple systems, including booking systems (e.g. PMS) that function well There is no plan to mandate the NBS for primary care. Aligning the NBS with PMS systems may be something that can be achieved over time.

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8.	**Comms and Engagement (John Walsh)**
	Papers 6 and 6a considered: Comms and Engagement support for COVID-19 vaccine rollout
	John Walsh advised that his secondment from the Ministry for Primary Industries concludes on 18 June. He introduced Rachel Lorimer, who takes over as General Manager, Communications and Engagement.
	Key updates:
	• Met with the Prime Minister's office earlier on 15 June regarding messaging for Group 4 (general population) roll-out. The Office is broadly happy with this, however, prefers to announce in 5-year age cohorts, two at a time and at intervals of about a fortnight.
	• Comms material is being rewritten to support this. Feedback is expected from the PM's office on 16 June.
	• The Prime Minister will advise timing of the first invitation announcements at stand-up on 17 June:
	  ○ From 28 July - those aged over 60 years
	  ○ From 11 August – those aged over 55 years.
	• Dr Bloomfield will talk through the operational detail supporting invitation roll-out.
	• A detailed 'walk through' of the booking system for media will be held 18 June.
	
	SG discussed and endorsed the approach being taken to make clear the complexity.
	
	Dr Bloomfield thanked John for his outstanding contribution to the programme, and welcomed Rachel. Members supported this.

9.	**Workforce (Fiona Michel)** • Noting wider sector issues, there will not be any media re the creation of the new COVID-19 vaccinator role. We will keep the Minister's office informed as we progress implementation. ***Action 5: Dr Bloomfield to discuss with the Minister of Health the proposed implementation of the new COVID-19 vaccinator role.***
10.	**Programme risk update (David Nalder)** *Paper 4 considered: CVIP Programme risk reporting for Steering Group – 14 June* • No update this week to allow focus on agenda item 8 – CVIP Programme Assurance Framework. • Risks continue to be monitored and discussed at PLG meetings on a weekly basis.
11.	**Progressing a Vaccination Certificate (Maree Roberts; Maria Cotter – for item, Shayne Hunter)** *Paper 7 considered: Options for a Ministry of Health-issued vaccination certificate – 15 June 2021* • Maree Roberts and Maria Cotter advised that options for a vaccination certificate were being investigated so that New Zealand can respond to the increasing demand for such certificates for New Zealanders wishing to travel overseas. • Global standards are still being developed. The European standard is likely to have most traction. • An interim solution is proposed – a Ministry of Health-issued and digitally enabled certificate that includes a digital signature. 11. Cont.

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	Group discussion • Members agreed with the need to implement a workable solution promptly, while making progress towards the 'elegant' solution (a scannable certificate). • Members discussed a possible interface with the COVID Tracer App for the future option, but noted a number of issues that would need to be addressed, including the use of information for a purpose other than the one for which it was collected. • Dr Bloomfield commended the progress made on this issue. **Decisions of the Steering Group:** • **Endorsed** the set of ten criteria (informed by WHO interim guidance and other relevant international guidelines) on pages 4 and 5 of the paper, to inform the design and delivery of vaccination certificates. • **Agreed** to progress work towards a Ministry of Health-issued and digitally enabled COVID-19 vaccination certificate, that can be used and accessed in multiple ways and includes a digital signature. • **Noted** the following recommendations: 1. That there is increasing pressure for New Zealand to issue COVID-19 vaccination certificates that meet international baselines to support people vaccinated in New Zealand when travelling overseas; 2. That the current process for requesting confirmation of vaccination from the Ministry of Health (under the Privacy Act) is slow and burdensome but is the best interim solution available; 3. That some automation of this process is possible by August 2021 but the process for requesting and providing the letters would remain the same; 4. That additional operational resources will be required to meet demand for confirmation of vaccination letters; 6. That existing processes to check an individual's identity at the vaccination event and are assessed as sufficient for vaccination certification purposes; and 8. That the CVIP Programme continues to consider use cases for vaccination certificates at the border.
12.	**NZ Medical Assistance Team deployment to the Cook Islands (Megan McCoy)** • NZMAT is providing support to Polynesian countries' vaccine roll-out, including vaccinator training and providing backfill workforce. This is due to finish at end June. • The Cook Islands has asked for an extension until early August. • The Steering Group noted the potential impact on Ministry staff and resourcing, and noted the Ministry's ongoing need to provide assurance to Ministers re CVIP implementation and more widely. ***Action X: Megan McCoy and Deborah Woodley to consider the impact on Ministry resources of the request from the Cook Islands (offline action).***
	Meeting close – 6.25 p.m.

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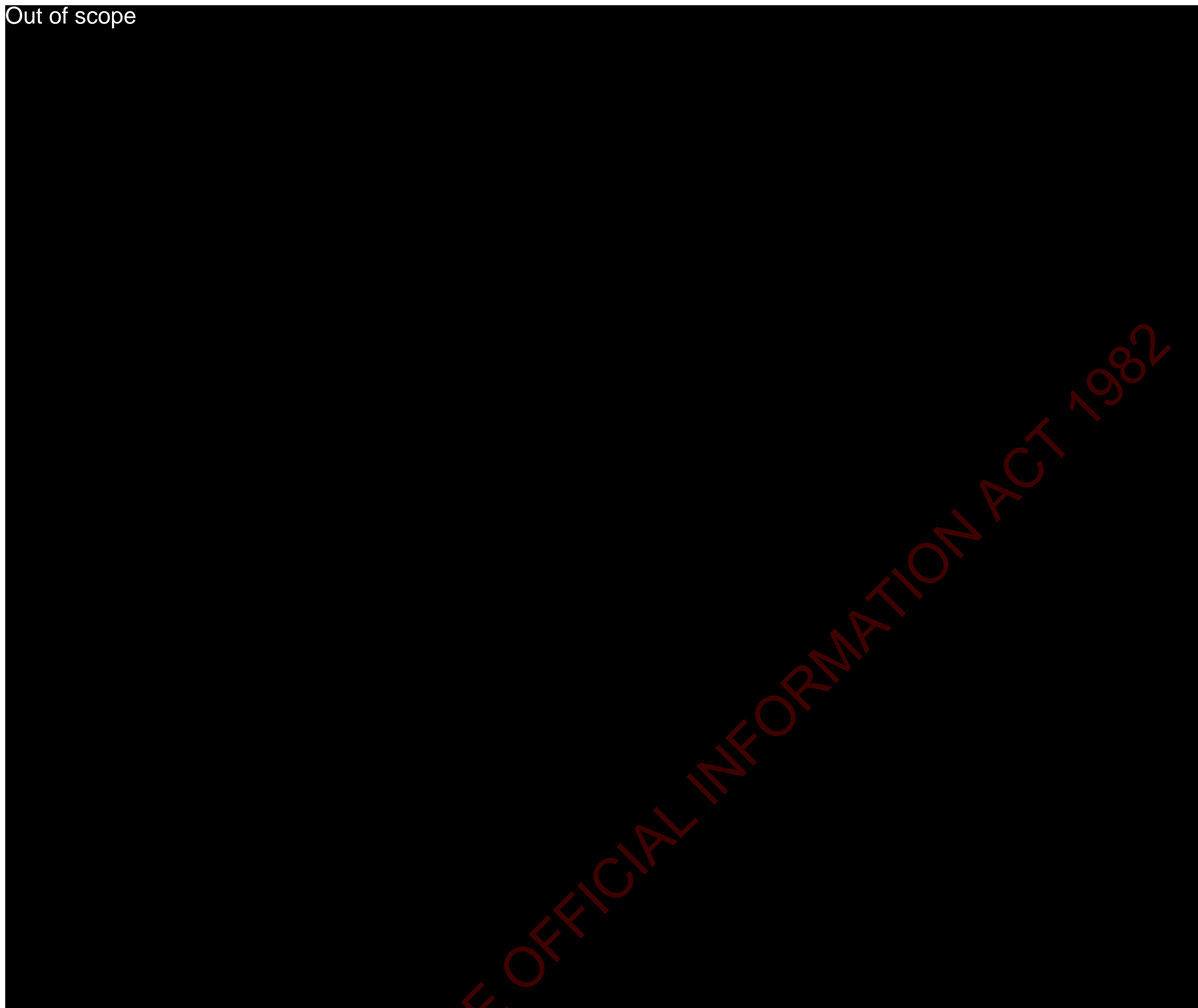

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Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 22 June 2021
Time:	4.30 pm – 6:25 pm
Location:	1N.3
Chair:	Dr Ashley Bloomfield
Members Attending:	Dr Dale Bramley (WDHB), Michael Dreyer, Chris Fleming (SDHB), Jo Gibbs, Sue Gordon, Rachel Haggerty (CCDHB/HVDHB), Dr Caroline McElnay, Maree Roberts,
Other Attendees:	Andrew Bailey, Dan Bernal, Ian Costello, Stephen Crombie, Dr Tim Hanlon, Shayne Hunter, Astrid Koornneef, Rachel Lorimer, Colin MacDonald, Rachel Mackay, Fiona Michel, Jason Moses, David Nalder, Christine Nolan (item), Mat Parr, Dr Juliet Rumball-Smith, Dr Ian Town, John Whaanga (part time)
Apologies:	Wendy Illingworth, Deborah Woodley
Secretariat:	Carol Hinton

#	Agenda Item
1.	**Introduction and minutes** • Sue Gordon acted as Chair until Dr Bloomfield was free from a ministerial commitment. • The minutes from the previous meeting on 15 June 2021 were approved subject to noting that Dr Dale Bramley and Chris Fleming were apologies from this meeting. • Jo Gibbs advised that Paper 12 – Use of Vaccine in an Outbreak – was deferred and asked that it be rescheduled for the next meeting. ***Action 1: Paper 12 – Use of Vaccine in an Outbreak – to be added to the agenda for the Steering Group meeting on 29 June.*** **Matters arising** • Following from action 1 from the minutes of 8 June, action sheets for all groups serviced by the secretariat (Steering Group, Governance Group, Vaccine Ministers, and Immunisation Advisory Group) have been streamlined and will be provided to the Steering Group each week so that it has visibility across all.

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2.	**Operational update – progress last week (Jo Gibbs)** *Paper 3 considered: COVID-19 Immunisation Programme Update – 20 June* • The one millionth dose has now been administered. The Minister will make an announcement on 23 June. • We are carefully managing DHB demand against current supply and have confirmed with all DHBs their vaccine supply for the next fortnight. This has to balance the fact that supply arrives on a Tuesday morning. • Stocktakes are done twice weekly. This allows unanticipated stock in the system to be allocated. • Some DHBs have experienced greater demand for primary care bookings than had been anticipated – balancing needed here and also a lot of support from a Comms perspective. • Working with Whakarongorau to look at predictors of demand for bookings and call response times. This will enable more timely engagement of private additional capacity to be brought in to provide support. **Group discussion** • DHBs reinforced their focus and desire to deliver to the programme. DHB staff want to do the right thing. However DHBs noted the ongoing challenges of delivering to their agreed plans when multiple new sites are continually added to their programmes e.g. mass vaccination sites, school delivery, primary care and now the possibility of workplace. This is not so much a supply concern as it is a concern that increasing the layers of complexity through multiple new settings adds to potential points of failure and negative commentary.
3.	**Science and technical – Medsafe regulatory approval of 12-15 year olds (Group discussion)** **Group discussion** Noted the release, late afternoon 21 June, of Medsafe's provisional approval for the Pfizer vaccine to be given to those aged 12-15 years, and the subsequent announcement by the Prime Minister. • Some CVIP stakeholders have been in contact with the Ministry regarding the announcement. • Now that Medsafe has given its provisional approval, CV-TAG will consider the matter and provide technical advice. The Ministry will then consider this, and develop policy advice for Ministers and Cabinet. • Policy advice will need to consider matters including New Zealand's supply schedule, current scheduling/age prioritisation and associated public expectations, the low clinical risk status of children and relative inexperience internationally of their use of the vaccine, indications from Medsafe that myocarditis for younger people may be a concern in the New Zealand setting, and the overall objectives of the campaign that focus on safety and effectiveness. • Equity impacts which policy advice should consider include that extension to 12-15 year olds will support a whanau/family based approach to vaccination • *Note the links of this discussion to item 4a below.* ***Action: Prepare Cabinet paper providing advice on the roll-out of the Pfizer vaccine to 12-15 years.***
4.	**Programme progress against milestones - Service Design** *Paper 4 considered: CVIP POAP – 21 June - Noted.* Individual milestone discussion covered in 4a – 4d.

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4a.	**Programme progress against milestones - Service Design** **Implementation for 12-15 year olds** *Paper 5 considered – Implementation for 12-15 year olds* • It was emphasised that this paper is intended as a high level paper with an approach to roll-out should a decision to use be made by Cabinet • There are about 265,000 children in New Zealand in the 12-15 year age bracket. A number of these would become eligible through Groups 1-3 if a Cabinet decision was made to extend the vaccine to this group. • Proposal is to extend to a limited number through prioritisation (Group 1) and to promote ease of access for whanau/family. • Presenter noted that the discussion would feed into the Decision to Use Cabinet paper. **Group discussion** • There are supply constraints that need to be considered as this adds volume to a tightly constrained time period. To bring children aged 12-15 years into the roll-out now would mean deferral of other bookings. • Following the discussion at item 2, adding multiple new vaccination sites is complex and adds to DHB resource demand. It was discussed that offering in school sites at this point is not a priority and does not align with current supply. • SROs are broadly supportive of the proposals for limited extension at this point.
4b.	**Programme progress against milestones - Service Design** **Workplace Vaccination (Rachel Mackay)** *Papers 6 and 6a considered: – Planning Blueprint: Temporary Workplace Sites* • Workplace vaccination is proposed through a mixed model – some DHB-led, and others 'in situ' for specific employers. Vaccine Ministers will consider the paper 25 June. • Minister likely to launch workplace vaccination in the week commencing 5 July. First test sites (early August) are in South Auckland - Mainfreight and Fonterra. A third, large national employer has also been suggested for consideration. • Use of the national booking system will be mandatory for employers wishing to offer worker vaccination at their worksites. **Group discussion** • DHBs noted that there were some advantages to workplace vaccination events, but that expectations would need to be managed so that the delivery model was not too large. They reinforced their point made earlier (see item 2) that the continual addition of new delivery sites over and above their agreed programmes adds complexity and introduces new potential points of failure. • It was important to ensure that accountability for clinical governance in these settings was clear. **Decisions of the Steering Group:** In respect of papers 6 and 6a – Planning Blueprint: Temporary Workplace Sites, the Steering Group: a) **Noted** the updates in paper 6; and b) **Agreed** to the Workplace Planning Blueprint for Temporary Workplace sites in paper 6a – 17 June 2021.
4c.	**Programme progress against milestones – Equity (Jason Moses)** *Paper 7 – Māori COVID-19 Vaccine Programme Update* • Have met with all DHBs to assess and discuss their equity plans.

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- Issues impacting on vaccine uptake by Māori include reliable supply to Hauora providers and funding adequacy, particularly for rural delivery which has additional set-up costs.
- Hauora providers face challenges scaling-up for Groups 3 and 4 and need flexibility in their current contracts (from DHBs and social agencies) to enable them to postpone some deliverables.
- Would like to see strong focus on equity even if there are wider supply challenges.
- DHBs have been provided with their equity metrics and are incorporating into the plans. A paper will be brought to the next meeting of the Steering Group.

Group discussion

- The 'Five-point Plan' was positively received.
- It was noted that DHBs have additional monies available for targeting to providers. Discussion clarified that this money is intended to support Māori and Hauora health providers rather than general practices.
- The Steering Group asked to be kept advised as this work progresses.
- Noted that more widely, a significant piece of work was under way on how primary care services will be onboarded into the vaccination programme.

Action 2: Draft a letter from the Director-General to the CEOs of DHBs, Te Puni Kōkere and social sector agencies to request they potentially adopt a flexible approach with service contracts to allow scaling up for vaccination delivery.
Action 3: Add the paper "DHB Production Plans for Equity" to the agenda for the Steering Group meeting on 29 June.

Decisions of the Steering Group:

In respect of paper 7 – Māori COVID-19 Vaccine Programme Update, the Steering Group:

a) **Approved** the sending of a letter from the Director-General asking DHBs, Te Puni Kōkere and social agencies to take a flexible approach to contacts with Hauora providers during the surge COVID-19 vaccination period;
b) **Approved** the establishment of a contingency fund that can be used to support unforeseen costs, and provide targeted support to increase urban and rural uptake;
c) **Noted** that residual funding from the $39 million already approved by the Steering Group for Māori vaccination will be used to establish the contingency fund and that additional funding may be required; and
d) **Noted** that by the end of July, direct delivery of the COVID-19 vaccine will be available for large Hauora provider sites.

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4d.	**Programme progress against milestones – Operations (Astrid Koornneef/ Christine Nolan)** *Papers 8 and 8a considered: – COVID-19 Vaccine waste and usage – memo and waste policy statement* • Objective is to increase vaccine use and control the risk of vaccine waste. Advice based on WHO guidance. • Centralised logistics system enables us to track, monitor, forecast and order. New function in the CIR allows sites to report vaccine waste accurately – effective early July 2021. • Daily monitoring. Current usage around 98%. Would look more closely if this dropped below 95%. **Group discussion** • No reason to think wastage will increase purely because of scale roll-out, however, we will monitor the situation at mass vaccination sites. **Decisions of the Steering Group:** In respect of papers 8 and 8a regarding vaccine waste and usage the Steering Group: a) **Noted** the contents of the memo; and b) **Endorsed** the CVIP COVID-19 Vaccine Use and Waste Policy Statement, version 0.5.
4e.	**National Booking System (Astrid Koornneef)** • The paper 'National Booking System (NBS) – Steering Group Update – 22 June 2021' was tabled. • As noted in Item 2 update, CVIP has met with Whakarongorau re how it supports the use of the booking system. Significant improvement noted in call handling time (now 8 minutes down from 14 minutes). However from international experience we know that web booking is effective and very good for customer engagement. • Doing a 'mop up' in July of records that don't transfer over. These remaining records may be a little slower, but it was emphasised they are not overlooked. • Will actively identify and assist primary care to move to the new system where they so wish, noting primary care may already operate a number of other systems and may need to also consider how the new system might best align. **Group discussion** • Noted that in the system currently the NHI of the person is not requested in order to make the booking. Because of this nothing stops an individual who is booking on behalf of another to book in someone who is outside the eligible age bands.
4f.	**Communications and Engagement (Rachel Lorimer)** *Papers considered* *9 – Communications and engagement support for COVID-19 vaccine rollout* *10 – Market Research and Insights – May 2021* *10a – Horizon Research COVID-19 Vaccine report – 2 May 2021* • Most current comms messaging will conclude end July, aligned with roll-out. Working now to identify comms approach from that point. • Will be working with DHBs on Group 3 messaging for the next few weeks. Noted the need for national and regional message. Supply constraints will need to be a component. • DHBs are sent messaging, media releases, talking points ahead of release. • Market research has been updated and shows high numbers of people (77%) who intended to be vaccinated.

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	• A lot of work had been done in Aged Residential Care and all current residents will have had the opportunity to have their first vaccination by end June. • Announcements re 12-15 years had necessitated focus. **Group discussion** • Expectation management will be very important. It was discussed that while everyone in Group 3 will have a notification about vaccination by end June and an invitation by end July, this 'two tier' approach will not necessarily be viewed favourably by all. • Importance of CVIP and DHBs working closely together was reinforced.
4g.	**Workforce (Fiona Michel)** • Now have over 8,000 trained vaccinators • The Minister will release a communication about the new COVID-19 Vaccinator role on 23 June. This will potentially include some TV coverage. Noted that creation of this role was a significant achievement. A kit *(tabled at the meeting)* has been prepared to give DHBs and their providers information on how they can recruit and use this new workforce.
5	**Programme risk and assurance update (David Nalder)** • Most of risk activity focus is on readiness, being the basis on which we will be confident that both the Ministry and DHBs/other critical providers are ready for scale. • Feedback on the draft Assurance Framework is being considered and provider Terms of Reference are being drafted.
6	**Any other business** Nil.

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Location:	1N.3
Chairs:	Dr Ashley Bloomfield, Sue Gordon (first half)
Members Attending:	Michael Dreyer, Chris Fleming (SDHB), Jo Gibbs, Rachel Haggerty (CCDHB/HVDHB), Maree Roberts, Deborah Woodley
Other Attendees:	Ali Ajmal (item), Andrew Bailey, Dr Joe Bourne, Ian Costello, Stephen Crombie, Dr Tim Hanlon, Shayne Hunter, Astrid Koornneef, Rachel Lorimer, Colin MacDonald, Rachel Mackay, Fiona Michel, Jason Moses, David Nalder, Mat Parr, Dr Juliet Rumball-Smith, Dr Ian Town, Wendy Illingworth
Meeting Format:	To ensure compliance with the Alert Level 2 in place in Wellington on 29 June, most attendees at this meeting attended online. Those present in the meeting room maintained appropriate social distancing.
Apologies:	Dr Dale Bramley (WDHB), Dr Caroline McElnay, John Whaanga.

#	Agenda Item
1.	**Introduction and minutes** • Sue Gordon acted as Chair until Dr Bloomfield was free from a ministerial commitment. • The minutes from the previous meeting on 22 June 2021 were approved. • There were no matters arising. • Noted this was a longer meeting timeframe to allow appropriate focus on Readiness for Roll-out. **Action trackers** • Noted that for transparency of activity, the Steering Group now receives action trackers for meetings of the Governance Group and Vaccine Ministers. • Noted that Cabinet consideration of the 'decision to use' the Pfizer vaccine in respect of 12-15 year olds has been deferred with a new consideration date yet to be set. This may delay development of associated comms material [*action on hold*]. • Readiness and contingency planning confirmed as being on the agenda for the next Governance Group [*action 210604-06 – completed*]. • The letter to CEOs of District Health Boards and social agencies that contract with Māori and Pacific health providers to seek some delivery flexibility to help providers deliver to the COVID-19 vaccination programme has been discussed with Minister Henare and is going through internal sign-out processes [*action 210622-02 – under way*]. • A technology solution is in development to implement changes relating to the anaphylaxis checklist at vaccination sites [*action 210511-01 – under way*].

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2.	**Standing item on Science and Technical (Dr Ian Town)**
2a.	• A verbal update was given on the science and clinical emerging evidence. • s 9(2)(a) is leading a project estimating background rates of adverse events in New Zealand, including myocarditis, and is expected to report findings within the next ten days or so. • STA will convene a sub-group of CV-TAG members to draft advice summarising information on myocarditis/pericarditis after vaccination with mRNA vaccines, which will be presented to the CV-TAG on 6 July. • The advice will include a summary of any ethnic data available with regard to myocarditis following vaccination, what is known regarding vaccine hesitancy in men and young adults aged over 30 years, how this may be impacted by a potential safety signal, and potential alternative vaccine schedules to address any safety concerns.
2b.	**Vaccination in the Frail Elderly** • CV TAG reviewed the science advice, ethics document and draft recommendations on administering the COVID-19 vaccine in the frail elderly. • CV TAG recommended adding additional wording providing context for this issue, given that evaluating the benefits and risks of therapies in the frail elderly is a common occurrence in this population, and not specific to the COVID-19 vaccine, and that these individual decisions are made with the patient, their whanau and caregivers. • Once finalised, the recommendations will be socialised with the relevant professional bodies and distributed accordingly.
2c.	**Effect of BMI** *Paper 3 considered: The effect of body mass index on COVID-19 vaccination - 28 June 2021* • Noted that COVID-19 vaccines must be successfully administered and a sufficient immunogenic response must be generated. Noting that the Pfizer vaccine is only approved for intramuscular injection, it is currently unclear if sufficient antibodies can be generated if the mRNA vaccine is administered in subcutaneous tissue. • Over 32 per cent of adults are obese (i.e. have BMIs of over 30). This has implications for the optimal needle length for the vaccine. • The paper requests approval for $99,800 to fund a research project led by University of Auckland to investigate the effect of BMI on mRNA COVID-19 vaccination. **Group discussion** • Currently vaccinators use visual assessment to decide on the needle length appropriate for the person being vaccinated. In most cases, it is thought there is no record of BMI for vaccinators to refer to. • It was noted that the funding sought was within the delegated authority of the CVIP National Director. Consideration and approval would therefore be actioned directly by Jo Gibbs without the need for Steering Group decision. • Members considered the paper and no members indicated dissent with the content or proposals. ***Action 1: Transfer the paper "The effect of body mass index on COVID-19 vaccination - 28 June 2021" to the CVIP National Director for decision.*** ***Action 2: Provide the Steering Group meeting on 13 July with technical advisory updates on the following:*** • ***Decision to Use the Pfizer vaccine in respect of those aged 12-15 years,*** • ***The risk of myocarditis for those aged under 30 years.***
3.	**Readiness (David Nalder)**

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Document 2

	Paper 4 considered – CVIP Programme – Readiness to operate at scale – 29 June 2021
	• The Steering Group gave robust and lengthy consideration to the CVIP Programme's readiness for roll-out of COVID-19 vaccination at scale across Aotearoa New Zealand.
	• DHBs have been heavily involved in preparing for roll-out, with all submitting production plans and readiness assessments for their respective regions. These have been signed out by the CEOs and SROs.
	• Noted the four key criteria to determine readiness were identified as:
	  o Equity
	  o Safety
	  o Experience
	  o Efficiency.
	• It was noted that these criteria had been applied to all workstreams, covering the vaccination lifecycle:
	  o Contract management
	  o Cohort and delivery planning
	  o Workforce planning and preparation
	  o Vaccination portfolio management
	  o Consumer invitation and booking
	  o Distribution and demand management
	  o Vaccination event
	  o Post event.
	• All workstream leads have signed off their workstream contributions to this document.
	• No areas of readiness are assessed at 'red'. However, there are two areas where some concern remains. The first is the rolling four-week notification of supply of the Pfizer vaccine. Based on past Pfizer delivery experience and the delivery experience of jurisdictions such as Australia, this is considered acceptable risk. s 9(2)(h)
	• The National Director advised that there were no 'red flags' to roll-out and recommended that the Steering Group agree with the recommendation to 'go live' from end July 2021.
	Group discussion
	• Steering Group considered the assessments of the status of each workstream against the criteria, paying close attention to those aspects showing either yellow or orange.
	• The external assurers noted they had a very high level of comfort with the depth of the readiness assessment and the process the Steering Group applied to assure confidence in vaccination roll-out to scale. They congratulated the team on achievement of this milestone.
	• The Director-General acknowledged the considerable work that had gone into providing this detailed assessment of readiness.
	Decisions of the Steering Group
	In relation to paper 4, CVIP Programme – Readiness to operate at scale – 29 June 2021, the Steering Group:
	a) **Noted** the criteria established to determine the programme's readiness to scale for Group 4 – equity, safety, experience and efficiency;
	b) **Noted** the current state of readiness as determined by the Programme Leadership Group; and
	c) **Approved** the recommendation for the CVIP programme to 'go live' for Group 4 from the end of July 2021.

4.	**Contingency Planning (Geoff Gwynn)**

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4a.	**Contingency scenario planning**

4a. Contingency scenario planning

Paper 5 considered: CVIP Contingency Planning – 28 June 2021

- Six risk scenarios that would affect delivery of the national plan:
  - Community outbreak,
  - Disruption to vaccine supply,
  - Disruption to COVID-19 vaccination workforce,
  - Unavailability of IT systems,
  - Clinical safety issue,
  - Significant privacy or security breach.
- Contingency plans have been developed for all six scenarios. Signed out by relevant general manager.
- Meeting on 1 July with national incident response controller and other DHB controllers to check CVIP contingency approaches are integrated into wider DHB plans.
- The focus of contingency planning has shifted to emergency situations rather than risk management situations, noting the extent to which implementation is now under way.

Group discussion

- The crisis (rather than risk management) focus of the contingency planning was endorsed. However, there is a need to ensure planning does not lead to false sense of security. Suggested that scenarios 2 – 6 be stress tested. For example, is a paper-based response to an IT failure realistic? Also noted that one response to supply failure involves use of a vaccine not yet approved for use in New Zealand.
- Need to consider the triggers/thresholds and decision-makers in respect of initiating contingency planning activity. Also noted that there may be different levels of response e.g. local, regional and national.
- The desirability of external peer review of the proposed future approach was discussed. It was considered that the Office of the Auditor-General should be approached at an appropriate future point and this would be reflected in the Steering Group's decisions.

Decisions of the Steering Group

In relation to paper 5, CVIP Contingency Planning – 28 June 2021, the Steering Group:

a) **Noted** that the PLG has identified six probable risk scenarios that would affect the delivery of the expected national plan,
b) **Noted** that the PLG has agreed to a phased development of contingency plans for the identified scenarios,
c) **Noted** that the CVIP Contingency Plans for the six scenarios have been completed,
d) **Noted** that all DHBs have Business Continuity Plans in place as part of the readiness criteria to go to scale,
e) **Noted** that a workshop would be held on 1 July to further integrate the national (COVID-19 Response Team), CVIP and DHB plans to the identified scenarios,
f) **Noted** that a contingency planning desktop exercise would be conducted in mid-July,
g) **Agreed** that the programme contingency plans shall be externally peer reviewed (e.g. National Emergency Management Agency) as part of the overall Assurance Plan, and
h) **Agreed** that the proposed approach to contingency planning for the future roll-out of COVID-19 vaccination in Aotearoa New Zealand will be discussed with the Office of the Auditor-General at a time guided by the National Director Operations.

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4b.	**Contingency planning - Use of Vaccine in an Outbreak (Wendy Illingworth)**

Paper 6 considered: Update on using Comirnaty (Pfizer) vaccine in an Outbreak – 24 June 2021

- The approach that was originally identified to manage vaccination in a community outbreak ('ring vaccination' of particular population cohorts) has been reviewed.
- Advice from CV-TAG suggests that targeted vaccination can be used in a community outbreak to increase vaccine uptake and strengthen wider confidence.
- There are significant resource implications for effective implementation of targeted vaccination to support outbreak response. There is no expectation that DHBs will develop their own surge vaccination responses.
- Consideration is being given to how vaccinators can be deployed on a more 'national' approach e.g. through using NZ Defence Force, national occupational health providers, or using a surge database of trained vaccinators.

Group discussion

- DHBs in the Wellington region were able to respond to the recent Alert Level 2 in the region by using current resources who volunteered for additional duties. Minimal service deferral was required. However, the duration of the 'height of surge' has a significant impact on resources. It was noted that a raised alert level for three weeks or more would likely have meant other changes to current delivery would have been required.
- Raised alert levels may also raise concerns for some groups, who can be encouraged to seek vaccination or who may actively seek vaccination. This would impact on a local workforce. DHBs could be asked to consider if it has local workforces which could be rapidly redeployed if required.
- There are opportunities for DHBs to work together and support each other when regions are operating under raised alert levels.
- The ability of the workforce to respond will also depend on the phase of vaccination roll-out at the time.

Decisions of the Steering Group

In relation to paper 6, *Update on using Comirnaty (Pfizer) vaccine in an Outbreak – 24 June 2021,* the Steering Group:

a) **Noted** that the COVID-19 Vaccine Technical Advisory Group has provided updated recommendations that endorsed:
   - A targeted vaccination approach (rather than ring vaccination); and
   - The development of a protocol to guide its use as part of the contingency plan for an outbreak scenario;

b) **Noted** that targeted or increased vaccinations could have an immediate positive impact on uptake and community confidence in the vaccination programme, and in an extended outbreak reduce the risk of harm and transmission alongside other public health measures;

c) **Noted** that public health and science advice is that both COVID-19 vaccination and contact tracing/testing are a high priority in the affected region during an outbreak;

d) **Noted** that public health and science advice does not support prioritising one activity above another (in terms of COVID-129 vaccination and contact tracing/testing) in the affected region;

e) **Noted** that many DHBs would require additional support to maintain or increase vaccinations in an outbreak alongside resourcing testing and contact tracing requirements, and further work would be necessary to identify additional capacity in the system;

f) **Agreed** that further work would be undertaken on a 'surge' plan to be able to deliver the targeted vaccine approach.

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5.	**Outcome measures/leading indicators (Luke Fieldes, Petrus van der Westhuizen** • Agreed this paper needed solid consideration and, because of the full agenda, it should be considered at the next meeting of the Steering Group. ***Action 3: Transfer this item to the agenda for the meeting on 6 July 2021.***
6.	**Consumer Channels (Michael Dreyer)** *Paper 8 tabled: Vaccine Certification and Consumer Channel Update – 22 June 2021* • Many countries are considering how to provide citizens with proof of vaccination. • Work being done internationally to address this including through development of international standards. • While New Zealand demand for proof of vaccination is currently low because of the border restrictions, work has begun to develop the New Zealand solution. Certificates will need to be in a format acceptable to multiple overseas jurisdictions. It is likely that this country's approach will continue to evolve as standards and other approaches emerge. • Overall goal is a web-based system (likely through the booking system and other web-based systems such as Manage My Health) to link a person's proof of vaccination with their vaccination and testing record.
7.	**Pacific vaccine roll-out update (Jason Moses, Ali Ajmal – for item)** *Paper 9 considered: Update on Pacific COVID-19 vaccine rollout – 28 June 2021* • CVIP is working with the Ministry's Pacific Health team to embed Pacific responsiveness into roll-out planning. • To date, Pacific vaccination rates for DHBs with large/growing Pacific populations are generally in line with non-Māori and non-Pacific rates elsewhere. • There is a gap emerging in some of the Auckland DHBs. The Ministry will be working with DHBs to see where response adjustments need to be made. • Some Pacific providers have experienced some frustrations with delays vaccine delivery caused by DHB operational issues. • Considerable focus is being placed on Pacific vaccinator workforce development. **Decisions of the Steering Group** In relation to paper 9, *Update on Pacific COVID-19 vaccine rollout – 28 June 2021,* the Steering Group: a) **Noted** that vaccination rates among Pacific people are lagging compared to non-Māori and non-Pacific people in some DHBs (Auckland, Counties Manukau, Bay of Plenty, Southern DHBs); b) **Noted** the importance of adopting an active outreach approach that uses primary care and community networks to take vaccinations to where Pacific families live; and c) **Noted** the limiting effect of the under-represented Pacific workforce on vaccine scale up, and the need to expedite additional training for Pacific vaccinators.

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8.	**Risk update (David Nalder)** *Paper 10 considered: CVIP Programme Risk Summary for Steering Group – 29 June* • Risks continue to trend down, giving a greater level of confidence as implementation progresses. Where risks do arise, their mitigations are already in place. • (Note - high level overview only was requested given the in-depth discussion on readiness.)
9.	**Any other business and meeting close** • Noted that this was Sue Gordon's last meeting prior to her secondment to the role of Transformation Director at Capital Coast DHB. Sue's significant contribution to the CVIP programme was acknowledged.
10.	**Next Meeting** Tuesday 6 July 2021, 4.30 p.m. – 6.00 p.m.

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MINISTRY OF HEALTH
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Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 6 July 2021
Time:	4.30 pm – 6:15 pm
Location:	1 N.3
Chair:	Dr Ashley Bloomfield
Members Attending:	Dr Dale Bramley (WDHB), Michael Dreyer, Dr Caroline McElnay, Shona Meyrick, Maree Roberts, Deborah Woodley
Other Attendees:	Andrew Bailey, Allison Bennett, Ian Costello, Michael Dreyer, Luke Fieldes, Dr Tim Hanlon, Chris James, Astrid Koornneef, Rachel Lorimer, Colin MacDonald, Rachel Mackay (item), Fiona Michel, Jason Moses, David Nalder, Cherie Shortland-Nuku (for John Whaanga), Mat Parr, Dr Juliet Rumball-Smith, Dr Ian Town
Apologies:	Chris Fleming (SDHB), Jo Gibbs, Shayne Hunter, Wendy Illingworth, Rachel Haggerty (CCDHB/ HVDHB), John Whaanga.

#	Agenda Item
1.	**Introduction and minutes** • The minutes from the previous meeting on 29 June 2021 were approved. • There were no matters arising. **Action tracker consideration** • Vaccine Ministers actions 2, 3, and 4 – to be covered by Rachel Lorimer in the Comms and Engagement update.
2.	**Operational updates (Fiona Michel)**
	Paper 3 considered – COVID-19 Immunisation Programme Update – 4 July 2021 • Fresh vaccine stock arrived a day early. This is being carefully allocated, with 91 deliveries made that day. A very small reserve will be held. New delivery scheduled for the following week. • DHBs were well organised and ordered supplies promptly. • DHB delivery tracking at 106.2% YTD. • A performance issue has been identified with one batch of syringes that is not enabling seven-dose delivery per vial. This doesn't present clinical risk and is not holding up vaccination but is being followed up with the manufacturer. Also looking for alternative supply. **Group discussion** • DHBs noted the view that vaccination was a priority of the health workforce providing COVID-19 related services, and there was likely a need to consider moving staff who preferred not to be vaccinated.

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	• The Ministry noted that flu vaccination rates for DHB staff had not been all that high this year, with coverage ranging from the high 60 percents to the low 90 percents.
3.	**Standing item on Science and Technical – CV-TAG (Dr Ian Town/Chris James)**
	The following verbal updates were provided**:** • *BMI and vaccination project*: this research project to investigate the effect of body mass on COVID-19 vaccination has been signed off by the CVIP National Director. Now partnering with an Auckland-based vaccination centre for recruitment. • *Advice for vaccination in the frail elderly:* High-level recommendations for administering COVID-19 vaccine to this group have been finalised and shared with the relevant peak bodies. • *Decision to Use Janssen*: The Janssen COVID-19 vaccine has now been granted provisional approval by Medsafe. No precautions were added, but a warning regarding potential risk of thrombosis and thrombocytopenia has been included. The decision is likely to be gazetted on 8 July 2021. • CV-TAG's recommendations for the decision to use the Janssen vaccine will be provided to the immunisation programme by 9 July. • *VAANZ (Vaccine Alliance Aotearoa) update*: The immunogenicity study has enrolled around 113 individuals (of the total 300) to date. Approximately 30% are Māori and 40% Pacific Peoples. • *Myocarditis*: The CV-TAG discussed advice provided by the STA and a subgroup of the CV-TAG, on the current evidence on events of myocarditis/pericarditis post-vaccination, and related questions. The sub-TAG (including a paediatric cardiologist will meet on 8 July 2021 to draft recommendations on the risk of myocarditis/pericarditis, with a focus on the <30 year-old age group. Recommendations are to be finalised by 9 July. • *Other COVID-19 vaccines***:** work continues with Astra Zeneca to obtain critical data on the manufacture of its COVID-19 vaccine. The data is expected to arrive over the next week prior to Medsafe consideration of a provisional approval for this vaccine.
4.	**Vaccine Portfolio (Allison Bennett)** *Paper 4 considered: Future needs of the COVID-10 vaccine portfolio – 30 June 2021*
	• We must manage and update our portfolio of COVID-19 vaccines in a way that supports our potential future immunisation needs. • To date we have relied on the use of the Pfizer COVID-19 vaccine within our immunisation programme (as the first vaccine approved for use in Aotearoa New Zealand) and timely delivery schedules. • There continue to be a number of uncertainties surrounding the future need for vaccine. These include the size of the eligible population, uptake, and vaccine characteristics (e.g. duration of immunity). • We are considering other countries' approaches and vaccine experience. We are considering a 'portfolio' approach to help meet our future needs and manage supply risk. • Noted that pharmaceutical companies are initiating conversations with the Ministry to identify New Zealand's COVID-19 vaccine requirements for 2022. • We are currently canvassing other countries approaches to securing vaccine for future population needs. • Large nations such as the EU have already made significant purchases of vaccine for 2022. • Advice and proposals on management of the New Zealand COVID-19 portfolio for 2022 will be prepared for the Minister and Cabinet in coming weeks. **Group discussion**

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	• This work has wider links and forms part of the 'Legacy' work to be achieved by the CVIP programme. It will be important to have early discussions with the Minister.
	• Discussion around how the vaccine may evolve to ensure it remains 'fit for purpose' in terms of emerging variants. This included the possibility of non-mRNA vaccine and of mixing vaccines (noting there is some emerging evidence around the latter).
	• The process for identifying future COVID-19 vaccine needs will need to consider:
	  ○ Evaluation of the Vaccine strategy to date and an assessment as to whether it is fit for purpose in the future;
	  ○ The utilisation of our current vaccine portfolio;
	  ○ Establishment of need and risk;
	  ○ Targeted input from CV-TAG which provides technical advice to the Ministry;
	  ○ Contributing advice received from key stakeholder groups (primarily the Independent Immunisation Advisory Group). Consultation comment with relevant government agencies including MFAT and MBIE.
	• It was noted that the timing of decisions for New Zealand's future portfolio will be critical.
	
	Action 1: Prepare a memo to the Director-General with a map of the process steps and timing for providing advice and guidance on the 'decision to use' for the Pfizer COVID-19 vaccine and the Janssen COVID-19 vaccine, following Medsafe approval. This memo is to include considering the outputs of CV-TAG and advice from the Independent Immunisation Advisory Group) 9 July 2021.
	
	Action 2: Provide the Steering Group on 13 July 2021 with further detail on the Vaccine Portfolio proposed for 2022/23 including the process for developing advice and guidance 13 July 2021.

5.	**Progress against milestones**
5a.	**Service design and Operations (Astrid Koornneef, Michael Dreyer)** The number of delivery sites must be trebled for scale-up. Multiple focii for this workstream: • Booking system: has been delivered and the last two DHBs will be migrated on 7 July. Accessing forward bookings enables us to gain a view of scheduled delivery against production plans. • Invitation register and GP enablement – providing tools for GPs and wider primary care services. First product will be out in the week commencing 12 July. • Development work following the recent legislative requirement for mandatory vaccination of certain border workers. • Equity enablement development work continues – the link between CIR and the NHI ethnicity data provides clarity on that, although we are working on improving the quality of that data by giving New Zealanders access to update their own contact and ethnicity details via the upcoming consumer channel.
5b.	**Equity (Jason Moses)** Current areas of focus are: • Increasing Pacific uptake of the vaccine in Auckland Metro and Hutt Valley and Capital Coast DHBs • Increasing the Pacific vaccination workforce (currently only at about 3%)
5c.	**Communications and Engagement (Rachel Lorimer)** *Paper 7 considered: Communications and engagement support for COVID-19 vaccine roll-out – 5 July 2021* • Joint focus on Group 3 (particularly those who have not received an invite because they had not enrolled) and on preparation for Group 4 (including linking with DHBs). • The Ministry is accessing a state sector resources pool to increase its capacity to support DHBs for scale-up.

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	• Held a well-received webinar with the Royal New Zealand College of GPs. Minister Verrall attended. Plan to hold another with pharmacists. **Workplace vaccination** • This project is in pilot mode and an Expression of Interest document is being prepared. However, the Minister has been engaging with business and is expected to make an announcement shortly. This will be available in the coming week. DHBs that receive enquiries in the meantime should refer any requests to Rachel Mackay at the Ministry. • It was noted that there is a need to balance expectations around the workplace capability to deliver its own vaccination (e.g. through its occupational health services) and not draw down on DHB resources otherwise required for the wider roll-out.
5d.	**Building a Workforce data repository (Fiona Michel)** *Paper 8 considered: Workforce data integration plan – July 2021* • We need to ensure there is an authorised, trained and culturally representative workforce to deliver COVID-19 vaccination in Aotearoa New Zealand. This must be balanced against the ongoing need to support the wider vaccination workforce. • Current data system is very distributed and does not fully align with our data and reporting needs. There are issues with the quality of current workforce data and lack of ability to 'match up' with need across the system. • Need a single point of the truth about vaccinators – who they are, where they are. • Current data repository is outsourced from IMAC. Proposal is to develop a new register and bring it into the Ministry. Have taken legal advice from Crown Law Office in developing the proposal. Will do work to improve reporting via IMAC in the interim. **Group discussion** • Members noted this was a significant piece of "legacy" work, application of which is not confined to COVID-19 workforce. However the purpose of development is to support COVID-19 vaccination roll-out and it must first fulfil those requirements. • Proposal can be funded within current allocations either for CVIP or IMAC. Will not involve new money. • Noting development timelines, utilisation is likely to be more at the back end of the vaccination roll-out curve. **Decisions of the Steering Group** In relation to paper 8, *Workforce Data Integration Plan – 2021,* the Steering Group: **a) Noted** that there must be an authorised, trained and culturally representative workforce to deliver COVID-19 vaccination in Aotearoa New Zealand; and **b) Agreed** to proceed with Option 3 which is to develop a new register to manage and monitor data on the COVID-19 vaccination workforce; **c) Noted** that the new register can be funded within current allocations.
5e.	**Logistics (Ian Costello)** • The Christchurch hub has now completed its Medsafe inspection and will start operating on 22 July 2021.

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5f.	**Post Event Monitoring (Dr Tim Hanlon)** • **AEFI Auto-Triage**: A bug fix is under way for the malfunctioning AEFI auto-triage functionality within the Covid CARM App which is designed to use business rules to sort serious AEFIs for medical assessment from non-serious AEFIs for no further action. This latest bug fix was due for release on 5 July 2021. In the meantime contingency planning for fully manual triage is under way with Medsafe. • **Active monitoring:** The National Director has signed off on implementation of the preferred technology solution for active monitoring (Salesforce) for implementation on a tight timeline of early August. This data, once available, will add considerably to both the pharmacovigilance data set and particularly to community confidence in the safety of the vaccine.
5d.	**Pacific Corridors (Megan McCoy)** *Papers 9 and 9a considered: Dose Donation to Tokelau and supporting assessments – 6 July 2021* • We continue to work on logistics to support dose donation to Polynesia. Maintaining temperature control (-20ºC) during transport remains complex. We are working with NZ Defence Force on this. NZDF experienced in infrastructure transportation but has not undertaken this type of transportation. It is piloting approaches, but it was noted there will be some inherent risk. • Vaccination uptake in the Cook Island is very good – in the high 80%-90% range. Eligibility is 83% of population. • Uptake in Niue is 99%, with second dose vaccination on 10 July. **Decisions of the Steering Group** In relation to paper 9, *Dose Donation to Tokelau – 6 July 2021,* the Steering Group: a) **Noted** that New Zealand is planning to donate up to 2,400 doses of the COVID-19 vaccine to Tokelau to cover this nation's eligible population; b) **Endorsed** that formal approval of donation should be sought from Vaccine Ministers at their meeting on 9 July 2021. ***Action 3: Add "Approval for donation to Tokelau" to agenda for Vaccine Ministers' meeting on 9 July.***

6.	**Outcome measures/leading indicators (Luke Fieldes)**
	Paper 10 considered – CVIP Outcome Measures
	
	• Outcome measures will enable the programme to ask questions about its performance.
	• Five parameters being considered:
	  ○ *Population Acceptance*
	  ○ *Vaccine Stock (Usage, June supply)*
	  ○ *Workforce (throughput)*
	  ○ *Equity (Group 3 progress update)*
	  ○ *Long-term Demand Plan*
	• Have used the recent Horizon research into attitudes towards COVID-19 vaccination to inform development.
	• Will update outcome measures fortnightly.
	
	(Cont. over)
	
	Group discussion

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	• Equity (Group 3) – The 'to date' DHB equity performance gaps have been considered and are generally quite small noting the regional population composition. However, plans have been further discussed with those DHBs that have the biggest expected deviation from population proportions.
7a. **7b.**	**(Patient) recall system (Astrid Koornneef/Mat Parr)** *Paper 11: Defining 'recall' and the inclusion of recall in all the price per dose (PPD) for providers – 5 July 2021* ***Payment rate for Occupational Health Providers (Rachel Mackay)*** *Paper 12: Increase in the price per dose (PPD) for Occupational Health providers – 5 July 2021* • Joint consideration was given to these papers, as suggested by paragraph 1 of paper 12. Noted that the recommendations of paper 12 are interdependent with agreement to the recommendations of paper 11. • It was clarified that Paper 11 related to patient recall, not product recall. • Under ordinary vaccination settings, vaccines that require recall of individuals are administered by GPs. Pharmacies and occupational health providers generally administer single dose vaccines in a walk-up setting. However, this situation will change for COVID-19. • We need to understand how we can support people and follow up those who do not present for one of their COVID-19 vaccinations in these non-GP settings. • The proposed cost increases will be absorbed within current funding approvals. • We need to be clear that the proposed rate changes are specific to administering the COVID-19 vaccine. **Group discussion** • In response to a question asking how the proposals compare with primary healthcare agreements re payments for recall, it was clarified that the situations were not quite the same. This is because GPs have capitation funding arrangements for enrolled populations which pharmacies do not have. **Decisions of the Steering Group** • In relation to paper 11, which proposes that occupational health providers and those in pharmacies providing COVID-19 vaccination will receive an increased rate to account for the additional administration associated with recall; the Steering Group: a) **Noted** the process and definition of recall services as 'contact and follow up of those who are eligible to attend a vaccination event" with the appropriate steps outlined; b) **Noted** that General Practice services currently include recall in their price per dose; c) **Endorsed** the proposal that recall services will apply to all price per dose payments (GP, pharmacy, and occupational health); d) **Endorsed** that the new price per dose (including recall) for pharmacy providers administering COVID-19 vaccination will be: i. $36.05 per dose for ordinary hours (up from $34.18); ii. $48.73 per dose for 'out of hours' doses (up from $45.91); e) **Endorsed** that the new price per dose (including recall) for occupational health providers administering COVID-19 vaccination will be: iii. $30.16 per dose for ordinary hours (up from $28.29); iv. $40.96 per dose for 'out of hours' doses (up from $38.14);

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	In relation to paper 12, which proposes an increase in the rate paid to occupational health providers and those in pharmacies providing COVID-19 vaccination, the Steering Group: f) **Noted** that there have been concerns expressed about the price per dose paid to occupational health providers for administering COVID-19 vaccinations; g) **Endorsed** the proposal to align the price per dose **Unit** and **Batch** level costs for occupational health providers with General Practice and pharmacy; and h) **Endorsed** the following proposals to increase rates for occupational health providers administering COVID-19 vaccination (including recall): i. $33.91 per dose for ordinary hours (up from $30.16 per dose) ii. $46.59 per dose for 'out of hours' doses (up from $40.96 per dose); i) **Noted** that the total cost of this rate increase, $1.7 million, is included within the $521 million funding agreed by the Director-General of Health on 30 March 2021 through the decision paper *Funding approach for community COVID-19 vaccination.* j) **Noted** that National Director Operations has financial delegation to approve the specified increases in the per dose rates applying to COVID-19 vaccination for occupational health providers and pharmacy providers.
	Response to report of Office of the Auditor-General (David Nalder) • The OAG released its report on *"Preparations for the nationwide roll-out of the Covid-19 Vaccine"* in May 2021. • The report made six recommendations to help strengthen the response. • OAG has signalled this is the first in series of reviews and that it intends to do a retrospective review across the CVIP programme. • Now seek endorsement from Steering Group to invite OAG to meet with the Ministry of Health to discuss progress made against the report's recommendations. **Decisions of the Steering Group** The Steering Group endorsed that the Office of the Auditor-General should be invited to discuss the progress made by the Ministry against the six recommendations made by the OAG in its report *"Preparations for the nationwide roll-out of the Covid-19 Vaccine"* released in May 2021. ***Action 4: Invite the Office of the Auditor-General to discuss the progress made by the Ministry of Health against the six recommendations made by the OAG in its report "Preparations for the nationwide roll-out of the Covid-19 Vaccine" released in May 2021.***
9.	**Any other business** • Noted that Stephen Crombie had now completed his work for the CVIP Programme. Stephen's significant contribution to the provision of independent real time assurance across the CVIP programme was acknowledged, and the Ministry's readiness to assume responsibility for assurance from this point was noted.
10.	**Next Meeting** Tuesday 13 July 2021, 4.30 p.m. – 6.00 p.m.

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MINISTRY OF HEALTH
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Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 13 July 2021
Time:	4.30 pm – 6:35 pm
Location:	1 N.3
Chair:	Robyn Shearer (until 6.05 pm) Maree Roberts (from 6.05 pm)
Members Attending:	Michael Dreyer, Dr Caroline McElnay, Maree Roberts, John Whaanga, Deborah Woodley
Advisory Group represen-tation	Keriana Brooking, Te Puea Winiata (Co-Chairs, Immunisation Implementation Advisory Group) Mr John Tait (Chair, COVID-19 Vaccine Independent Safety Monitoring Board)
Other Attendees:	Andrew Bailey, Allison Bennett, Dr Joe Bourne, Luke Fieldes (items), Chris Fleming (SDHB), Jo Gibbs, Rachel Haggerty (CCDHB/ HVDHB), Dr Tim Hanlon, Shayne Hunter, Astrid Koornneef, Rachel Lorimer, Colin MacDonald, Fiona Michel, Jason Moses, David Nalder, Mat Parr, Dr Juliet Rumball-Smith, Dr Ian Town
Apologies:	Dr Ashley Bloomfield, Dr Dale Bramley (WDHB), Wendy Illingworth, Shona Meyrick,

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#	Agenda Item
1.	**Introduction and minutes** • The minutes from the previous meeting on 6 July 2021 were approved. • There were no matters arising. The following were welcomed to the meeting: • John Tait, Chair, COVID-19 Vaccine Independent Safety Monitoring Board. • Keriana Brooking – CEO Hawke's Bay DHB; Co-Chair of the Immunisation Implementation Advisory Group. • Te Puea Winiata – CEO Turuki Health Care, Co-Chair of the Immunisation Implementation Advisory Group. **Action tracker consideration** • Vaccine Ministers and Governance Group actions noted. • Actions for the Steering Group were either under way, or on the agenda for Steering Group meetings of 13 July or 20 July.

2. Operational updates (Jo Gibbs)

Paper 3 considered – COVID-19 Immunisation Programme Update – 11 July 2021

- Over 1.35 million vaccines administered as at 10 July.
- Vaccine supply continues to be tight and is being closely monitored. This situation will continue next week but should then ease a little for the remainder of July with a larger supply increment arriving.
- Working with the Programme Management Office on the longer term uptake model where a 'stretch' uptake of 85% is under discussion (see section 8b). Identifying the pathways to achieve this and what additional capacity would be required.

3. COVID-19 Vaccine Independent Safety Monitoring Board (Mr John Tait)

John Tait, Chair of the COVID-19 Vaccine Independent Safety Monitoring Board attended the Steering Group to update on the Board's activities:

- The Board has now had five regular meetings (by Zoom) and one ad hoc meeting. It has a particular focus on adverse events of special interest. It receives regular updates from Medsafe on safety data.
- Potential safety signals under active discussion by the Board include thrombosis with thrombocytopenia syndrome (TTS) for the Janssen vaccine, and myocarditis and stroke for the Pfizer-BioNTech vaccine. Following advice from the Board, Medsafe has issued a monitoring communication for TTS and myocarditis.
- Following the Board's agreement in March 2021, potential anaphylaxis reports are now assessed against the Brighton Collaboration case definition. The rate of anaphylaxis cases (Brighton levels 1-3) reported for New Zealand is 18 cases per million doses. This is slightly higher than the reported rate for the Pfizer vaccine in general (3-11 cases) and is believed to relate to New Zealand's relatively more robust reporting system.
- Medsafe will continue to monitor other potential issues for the Pfizer vaccine through its normal pharmacovigilance activities.
- The Group is working to bring its members together for a 'face to face' meeting in August, as it plans how it best supports roll-out into Group 4.

Decisions of the Steering Group

The Steering Group **noted** the update of the COVID-19 Vaccine Independent Safety Monitoring Board set out in its paper dated 8 July 2021.

4. Standing item on Science and Technical – CV-TAG (Dr Ian Town)

The following verbal updates were provided**:**

- CV-TAG continues to have a focus on events of myocarditis/pericarditis post-vaccination and has completed a literature review on the matter.

Group discussion

- There was a discussion about whether any differences relating to ethnicity had been observed.
- There was a discussion about risk vs. benefit. It was noted that understanding the 'balance' is a changing environment – for example New South Wales had not been giving AstraZeneca to those aged under 50 years but, following the recent outbreak there, advice had changed.
- It is understood that research is being undertaken elsewhere into the benefits of the second dose.

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	• The importance of providing support to those who do have a serious reaction after receiving COVID-19 vaccination was discussed. A paper will be brought to Steering Group on this. ***Action 1: Provide Dr Ian Town with data on the number of people under 30 who have received the COVID-19 vaccine in New Zealand. [Mat Parr]***
5.	**Vaccine Portfolio (Allison Bennett)** *Paper 7 considered: Process for future COVID-10 vaccine purchases – 12 July 2021*

	• Current decisions re our portfolio of COVID-19 vaccines are made under the Vaccine Strategy agreed by Cabinet in May 2020. Generally, this strategy remains relevant, however, the context for purchasing vaccines has changed, e.g.
	  o the increased certainty of vaccine safety and effectiveness means we can update our risks and assumptions;
	  o the potential impact of emerging variants is still uncertain;
	  o the supply dynamic has changed.
	• We have engaged with international colleagues who are assessing the same types of issues to enable them to manage their portfolios effectively.
	• We are developing negotiation principles to drive our future purchasing decisions.
	• s 9(2)(b)(ii)
	Cabinet consideration likely 30 August 2021.
	• Consideration of advice from CV-TAG and from the Independent Immunisation Advisory Group is a part of the development of final advice.
	• Paper will be provided to the Steering Group for consideration on 20 July 2021.
	Action 2: Add a paper on Cabinet's "decision to use" re the Janssen COVID-19 vaccine to the Steering Group meeting's agenda for 20 July 2021.
	Action 3: Add a paper on the process for future COVID-10 vaccine purchases to the Steering Group meeting's agenda for 10 August 2021.

6.	**Update from the Immunisation Implementation Advisory Group (Keriana Brooking and Te Puea Winiata)**
	Updates from the meeting held 25 Pipiri (July) 2021: • Keriana and Te Puea introduced themselves as Co-Chairs of the IIAG. • There has been a 'reset' of the IIAG's Terms of Reference. • Key high-level focus of the IIAG is that they are challenging and supporting the view of Equity across papers and providing advice to support this. • Recently, IIAG has also provided more specific advice around primary care implementation, discussions around the roll-out to schools, and how workplace vaccination could be leveraged to help achieve better equity outcomes. **Some development opportunities identified by the IIAG** • Good to see the current vaccination targets for Māori and Pacific peoples but noted the importance of also understanding 'where are the populations of need'. • The Group feels that actions that communicate with and target the disability sector still require focus. ***Action 4: Papers presented to the Steering Group in future should state whether they have been considered by the IIAG, and if not, why not.*** **Timing of future meetings**

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	• The Ministry noted that it was working with IIAG members to potentially change the day on which IIAG meets as the current timing clashes with the weekly meeting of Vaccine Ministers.
7.	**Early access to Vaccine (Therese Egan)**

7a.	*Paper 6 considered: Options for extending access to early vaccination for people travelling overseas from New Zealand – 12 July 2021*
	• The Early Vaccination Access (EVA) policy was implemented following a Cabinet decision in March 2021. It recognises very limited supplies of vaccine will be available during early roll-out and provide for early vaccination in two circumstances:
	  o Representing New Zealand in matters of national significance;
	  o For compassionate reasons.
	• Ministers have indicated a desire to see some expansion of the criteria, for example to include those undertaking business travel.
	• In developing options, a range of issues need to be considered, including:
	  o Exposure of the traveller in the destination country;
	  o The likely harm that would occur from exposure;
	  o The impact on supply for sequencing and other DHB vaccination activities;
	  o The ability of the national booking system to cope with these bookings.
	
	Group discussion
	• There was significant discussion, particularly in relation to the potential impact on equity, if those undertaken business travel were the only group affected by the extension.
	• Option 1 seeks to obtain a balance between those travelling for business and those travelling for family reasons.
	• A 'high trust' (i.e. self-declaration of reasons for travel) regime may help to provide some balance.
	• DHBs expressed strong concerns that this creates yet another pathway into vaccination that is not contemplated by either sequencing or regional equity approaches. For DHBs this creates another complexity and therefore another potential point of failure.
	• DHBs also expressed concerns about the impact on their overall vaccine supply, noting this was being closely monitored during July.
	
	Decisions of the Steering Group
	In relation to Paper 7 - *Options for extending access to early vaccination for people travelling overseas from New Zealand* – the Steering Group:
	a) **Noted** that early access to vaccination under the options will not impact on a person's requirement to spend time in Managed Isolation on return to New Zealand or on their eligibility for border exemptions;
	b) **Noted** that the Ministry is working to develop a progress for booking early vaccination appointments enabled under the agreed policy;
	c) **Agreed** that based on a preliminary assessment, Option 1 as outlined in paragraphs 17 to 24 of the paper, is the Ministry's preferred option; and
	d) **Indicated** that the paper should be adjusted to reflect the discussions and above decision, and provide it to the Deputy Director-General for authorisation in time to allow consideration by the Vaccine Ministers' meeting on 16 July 2021.
	
	Action 5: add "Options for extending access to early vaccination for people travelling overseas from New Zealand" to the agenda for the meeting of Vaccine Ministers on 16 July 2021.

8.	**Progress against milestones**

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8a.	**Programme Status** *Paper 8 considered: COVID-19 vaccination and Immunisation Programme Schedule Summary Update – 12 July 2021 (Andrew Bailey)* • This is a new report which aims to highlight the status of each workstream, giving a 'two week' view. **Group discussion** • The approach was endorsed by the Steering Group. • A question was asked by the IIAG representatives as to whether there was any space to give signals about broader environmental considerations (non-vaccine related) that might impact on the system's ability to deliver? ***Action 6: Consider whether the two week view can be separated from the overall status.*** ***Action 7: Consider if key non-vaccine environmental impacts which affect the system's ability to deliver COVID-19 vaccination services could be included.***

8b.	**Service design – supporting scale-up (Mat Parr)**
	Paper 9 considered – Q4 Strategy discussion – 12 July 2021
	• Previous modelling to reach 'scale' has been based on 70 per cent uptake.
	• Research in New Zealand by Horizon shows that 80 per cent of people are now willing to be vaccinated.
	• An 85% target is therefore proposed.
	• International experience shows there is an eight-week window of working at peak before delivery starts to reduce. September and October are identified for focus in New Zealand.
	• There are three settings possibilities to 'push' uptake:
	  ○ Through primary care settings;
	  ○ Through mass events;
	  ○ Through schools (i.e. delivery to students, noting that school settings are already being used by some DHBs for sequential vaccination).
	Group discussion
	• It was discussed that the 'push' in primary care should make vaccination more readily available, including for Māori and Pacific peoples particularly in the Auckland region.
	• Assumption is that those not enrolled will be picked up through mass events. However mass events only work for those who are willing to be vaccinated.
	• At a local level, DHBs will need to ensure service delivery models can accommodate those not 'caught' by primary or mass event settings.
	• Due to a younger Māori and Pacific population, the age bands that will improve equity performance are likely to come towards of the sequencing of Group 4 and the whānau-centred approach will be important to mitigate this.
	• DHBs noted the importance of not assuming there is a single model response to achieve equity objectives. Key factors including using Māori and Pacific leaders to determine what works for their communities, and ensuring availability of vaccinator resources to support this. Ensuring diversity in delivering to local communities is of considerable importance.
	Decisions of the Steering Group
	In relation to Paper 9 – Q4 Strategy discussion dated 12 July 2021, the Steering Group:
	a) **Agreed** that efforts to maximise uptake will be made during September and October 2021 to ensure Q4 delivery meets expectations at the end of December 2021; and
	b) **Agreed** that primary care settings and Mass vaccination events are the delivery models best placed to be maximised to drive mass uptake during September and October 2021.

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8c.	**CVIP Funding Update (Cam Elliott, Fiona Smith)** *Paper 10 considered: CVIP Funding Update – 12 July 2021* • The 2020/21 year end result has just been closed off. • Currently assessing next year's requirements. An update will be included in the August 2021 Cabinet paper. • Working with The Treasury re drawing down of contingency funding and will work with Treasury on the CVIP programme forecast. **Decisions of the Steering Group** In relation to Paper 10 – CVIP Funding Update dated 12 July 2021, the Steering Group: a) **Noted** the 2020/21 year end result; b) **Noted** that a process for drawing down additional funding from the tagged contingency for the rest of this year has been endorsed by Treasury; c) **Noted** that high-level work is being done to assess the COVID vaccines that the programme will need to purchase for 2021/22, and that based on these assumptions, the Ministry of Health will work with Treasury to agree whether the August 2021 Cabinet paper will need to establish a tagged contingency to draw down from; and d) **Noted** that, going forward, CVIP budget/actuals and forecasts will be formally reported each month to PLG and then to the Steering Group.
8d.	**Equity (Jason Moses)** *Paper 11 considered: Collection of the ethnicity data as part of the COVID-19 vaccine and immunisation programme (CVIP) – 8 July 2021* • The CVIP programme has 'equity' as a key success factor. • Collection of ethnicity data is a fundamental requirement in helping to determine this. Currently the CVIP programme relies on ethnicity data imported from the NHI (and linked through the CIR). • The desirability of the programme to collect its own data has been discussed on several occasions. • The paper proposes that ethnicity data should be actively collected as part of CVIP implementation. **Group discussion** • The benefits of having more robust ethnicity data were acknowledged. • However as this is personal health information a privacy impact assessment must be developed for consideration. **Decisions of the Steering Group** In relation to Paper 7 - *Options for extending access to early vaccination for people travelling overseas from New Zealand* – the Steering Group: a) **Indicated** that a privacy impact assessment must be developed and the paper adjusted accordingly and resubmitted; and b) **Noted** that the proposed collection of ethnicity information is a separate process and consideration to the project working on the collection of iwi affiliation information.

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8e.	**Invitation Strategy (Astrid Koornneef/Luke Fieldes)** *Paper tabled: CVIP Operational Capacity Planning for Tier 4 sub-groups* • Modelling based on DHB doses administered, against DHB production plans, gives us the ability to estimate remaining total demand for vaccination for Groups 1-3 and whether there is capacity to meet this. • DHBs show a range of available booking capacities in coming weeks. This will be a key discussion point at the forthcoming SRO meeting. **Group discussion** • Question was asked as to whether we know to what extent are Māori are using the booking system? Do we have data on this? • Emphasised that the best experience for Māori will be if hauora providers are 'unleashed' and able to develop their own responses to deliver vaccination. • Concern expressed that Māori access and achievement of equity objectives must be planned and must not be just a last minute 'rush'. ***Action 8: Add "CVIP Operational Planning Capacity for Tier 4 Subgroups" to Steering Group agenda for meeting on 27 July 2021.*** ***Action 9: John Whaanga, Michael Dreyer and Luke Fieldes to follow up issues relating to access by Māori offline.***
8f.	**Primary Care vaccination (Astrid Koornneef)** *Papers 13 and 13a considered – Primary Care Onboarding Guide – 13 July 2021* • Primary care settings are key in helping to achieve the COVID-19 vaccination targets. • DHBs and primary care providers have asked for guidance to stand up a vaccination site. • The onboarding guide aims to assist providers by reducing their administrative burden. It has been developed working with primary care leaders and we are also asking them for ongoing feedback and suggestions for improvement. **Decisions of the Steering Group** In relation to Papers 13 and 13a – *Primary Care Onboarding Guide dated 13 July 2021* – the Steering Group: **a) Noted** the contents of the Primary Care Onboarding Guide.
8g.	**Communications and Engagement (Rachel Lorimer)** *Paper 14 considered: Communications and engagement support for COVID-19 vaccine roll-out – 12 July 2021* The Steering Group **noted** the contents of the paper.
8h.	**Group 4 Invitation Strategy (Astrid Koornneef/Michael Dreyer)** *Paper 12 considered: Group four invitation decisions – 12 July 2001* • The Group 4 invitation encompasses a direct personalised invitation sent to people as they become eligible. The invitation will include advice on how to book online, or through the national call centre. • Ministers will receive advice from the CVIP programme regarding decisions to extend the age bands to be invited. • A whānau-centric approach to bookings has been agreed by Cabinet. Individuals can book whānau members when they are invited within their Group 4 age band. **Group discussion**

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- Noted that this is just one of a number of initiatives aimed at promoting access to vaccination by whanau.

Decisions of the Steering Group

In relation to Paper 12 – *Group Four Invitation Decisions, dated 12 July 2021* – the Steering Group*:*

a) **Agreed** to provide advice to priority populations within their personalised invitation, that should they wish to obtain bookings for their whānau in addition to themselves, they should call the national call centre;
b) **Noted** that PLG has endorsed the inclusion of an individual's NHI number in personalised letter invitations to Group 4 members, but that this will not be included within email or sms invitations; and
c) **Noted** that PLG has endorsed the scaling of the identity service team embedded within the Whanganui call centre to manage the increased workload anticipated by the launch of Group 4.

9. Clinical safety and quality update (Dr Juliet Rumball-Smith)

Paper tabled: Early Second Vaccination Doses

- Pfizer clinical trials and current Medsafe approval for administration of the Pfizer vaccine in New Zealand is that this is a two-dose course, 21 days apart. We have no data about shorter or longer periods between doses.
- Monitoring shows that some DHBs appear to be recording instances of second doses less within the 21 day prescribed timeframe. There is a risk that this may result in suboptimal protection.

Group discussion

- This is not consistent with Ministry policy and needs following up promptly with DHB CEOs. The matter will also be raised at the next SRO workshop.
- The clinical impact of early vaccination is not understood. Messaging needs to be clear that "quicker is not better".
- The Steering Group requested that it receive robust information and advice and options for action as soon as possible.

Action 10: Collate information and provide to Steering Group for further discussion and direction (Dr Juliet Rumball-Smith).

Action 11: Raise the matter with lead DHB CEOs, and at the SRO meeting on 14 July 2021 (Jo Gibbs).

Action 12: Add "early second dose vaccination" to the CVIP Risk Register (David Nalder).

10. Risk Update (David Nalder)

Action 13: As the meeting was out of time, this paper to be brought back to the next meeting of the Steering Group, with consideration placed at the start of the agenda.

11. Next Meeting

Tuesday 20 July 2021, 4.30 p.m. – 6.00 p.m.

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