



## Minutes

### COVID-19 Vaccine and Immunisation Programme Steering Group

<b>Date:</b>	Tuesday, 7 September 2021
<b>Time:</b>	4.30 pm – 6.00 pm
<b>Location:</b>	Teams Meeting
<b>Chair:</b>	Dr Ashley Bloomfield
<b>Members Attending:</b>	Jo Gibbs, Cathy O'Malley (DHB SRO), Wendy Illingworth, Deborah Woodley, Caroline McElnay, Dr Ian Town, Jo Gibbs, John Whaanga, Michael Dreyer, Wendy Illingworth
<b>IIAG Co-Chair</b>	Keriana Brooking
<b>Other Attendees:</b>	Astrid Koornneef, Allison Bennett, Rachel Mackay, Caroline Greaney, Dr Joe Bourne, Colin MacDonald, Chris James (Medsafe), Dr Tim Hanlon, David Nalder (Risk), Matt Jones, Andrew Bailey, Jason Moses, Vince Barry, Helen Francis (Secretariat)
<b>Apologies:</b>	Dr Juliet Rumball-Smith, Chris Fleming (SDHB), Bridget White, Dr Dale Bramley, Shayne Hunter, Grant Pollard

#	Agenda Item
1.	<p><b>Introduction and minutes</b></p> <ul style="list-style-type: none"> <li>The minutes from the previous meeting on 31 August 2021 were approved.</li> </ul> <p><b>Apologies</b></p> <ul style="list-style-type: none"> <li>Dr Juliet Rumball-Smith, Chris Fleming (SDHB), Bridget White, Dr Dale Bramley, Shayne Hunter</li> </ul> <p><b>Matters arising</b></p> <p><b>No additional matters arising.</b></p> <p><b>Out of scope</b></p> <div style="background-color: black; height: 150px; width: 100%;"></div> <p><b>Governance Group</b></p> <ul style="list-style-type: none"> <li><b>Action 210827-03:</b> Add major agenda item for Governance meeting – booster vaccination and third dose vaccination of those who are immune-suppressed. <b>Update:</b> Priority remains vaccinating people with two doses and applying intensive effort for younger &amp; vulnerable people. Next focus on vaccinating under 12-year-olds</li> <li><b>All other Actions continuing as is.</b></li> </ul>

	<p><b>Steering Group</b></p> <ul style="list-style-type: none"> <li>• <b>Action 210831-05:</b> Can be marked completed and closed.</li> <li>• <b>Action 210803-02:</b> Action included on agenda for today's meeting. Can be marked completed and closed.</li> <li>• <b>Action 210810-01:</b> Closed in current form, has been picked up by deliver to scale workstream.</li> <li>• <b>Action 210831-04:</b> On agenda for today's meeting. Can be marked completed and closed.</li> <li>• <b>All other Actions continuing as is.</b></li> </ul>
2.	<p><b>Immunisation Advisory Group update (Keriana Brooking, Te Paea Winiata)</b></p> <p>The co-Chairs reported that the most recent meeting of IAG spent a lot of time with the equity team working through an interactive presentation on data. In addition, the meeting:</p> <ul style="list-style-type: none"> <li>• discussed the vulnerability position of people with disability</li> <li>• discussed thinking about future/booster doses and what the COVID programme will look like going forward</li> <li>• Was briefed on vaccination Passport (confirmation of vaccination status). This is a much broader discussion and there will need to be ongoing discussions</li> <li>• talked about the non-regulated workforce, and the barriers to this workforce being fully activated</li> <li>• Conversations beginning around childhood vaccination. There has been a request from the Ministry for IAG to review DHB increasing uptake plans. The Ministry will return to IAG to speak on high-level themes the Ministry has identified across the plans.</li> <li>• Noted that Auckland Māori providers are working hard and providing additional support like kai while encouraging testing. Some whānau working on wellbeing and sending kids back to school where available.</li> <li>• Hard to get teaching resources and there is some challenging working from home situations. Digital programmes and other ways of working are being encouraged.</li> <li>• Key messages from providers on testing, kai and vaccines. Strong Māori provider networks keeping connected with key agencies.</li> <li>• Māori providers are understanding needs for saliva testing.</li> </ul> <p><b>The Chair highlighted several key points:</b></p> <p>Great to get insights on what is happening on the ground. Good picture emerging in DHBs showing positive early effort from Māori and Pacific providers now showing in the numbers. Focus now is on younger cohorts.</p> <p>The Chair recognised the ongoing support from the IAG (Implementation Immunisation Advisory Group).</p>
3.	<p><b>Operational update – Immunisations Programme Update (Jo Gibbs)</b></p> <ul style="list-style-type: none"> <li>• Supply is current focus. Further update to follow in next agenda item.</li> <li>• Formally stood down the IMT response from a vaccine point of view. Debriefing tomorrow to look at what we did well, and what lessons were learnt.</li> <li>• Post event symptom check. Tech team has paused text messages as potential for people being charged by phone providers. Charges for consumers 9cents up to 60cents. Fix is being deployed on Friday. Comms to public coming once we stand back up and its free to use.</li> <li>• Working closely with DHBs and SROs (Senior Responsible Officers) managing vaccine stock carefully while we get supply sorted.</li> <li>• Milestone of 4,000,000 doses as of today!</li> <li>• 91% over 65s vaccinated!</li> <li>• 75% over 12s booked or had one dose.</li> <li>• Focus on resourcing to ensure no pockets of vulnerability.</li> </ul> <p>Jo recognised Glenn and Ambrose and all the good work going on in the last few days, including late nights and logistics planning.</p>

4.	<p><b>Vaccine supply update – Decision to use Janssen – September Supply (Allison Bennett)</b></p>
	<ul style="list-style-type: none"> <li>• Bi lateral agreement with Spain ready for Chair to sign. Ensures delivery of s 9(2) Pfizer doses from Spain by Friday. Tight timeline.</li> <li>• Confirmation that batch is regulated for NZ use.</li> <li>• Pfizer is considering 9-month shelf life.</li> <li>• Cabinet paper for consideration to use Janssen vaccine for those who cannot use Pfizer. s 9(2) (b)</li> <li>• We will need to build considerations regarding storage and operational implications.</li> <li>• Recognised there are those that may not be able to have the Pfizer vaccine and it would be beneficial to offer alternative so they can still be vaccinated.</li> </ul>
5.	<p><b>Future Assurance activities (David Nadler) - Noting</b></p>
	<ul style="list-style-type: none"> <li>• A recap is underway of six assurance reviews undertaken in the programme and why they're important and where they're at.</li> <li>• Contingency planning review is being self-tested live over a couple of weeks using IMT (Incident Management Team) results to inform lessons going forward.</li> </ul> <p>The Chair thanked the team for identifying and managing a large amount of risk within the programme. Taking the time to setup the programme has paid off in delivery. Great work in identifying risk we can manage and risk we can fix.</p>
6.	<p><b>Health workforce vaccination (Fiona Michel)</b></p>
	<ul style="list-style-type: none"> <li>• Ministerial interest in health sector update.</li> <li>• Auckland DHB health sector workforce: 95% have one dose and 90% two doses vaccinated.</li> <li>• Individual conversations with those not vaccinated discussing risk and their role going forward.</li> <li>• Community workers traveling to clients no different to community nurse's exposure.</li> <li>• Health order for all to be vaccinated will be progressed if required, however it is preferred to work in collaboration first.</li> <li>• A working group has been partially formed including TAS (Technical Advisory Services) and community sectors. Ministers and Unions encouraged to meet so we can work collectively for best outcome.</li> </ul> <p><b>General Discussion</b></p> <p>Is there a preference for natural uptake or desire to move to vaccination order as the focus of the approach will be different?</p> <ul style="list-style-type: none"> <li>• Starting with a requirement to be vaccinated no matter the role and then working from there.</li> <li>• Practical nature would be the sooner the better to make vaccinations mandatory. Easier to mandate broader than specific groups.</li> <li>• Lens is currently on Industrial relations and employment perspective. Consumer rights also to be considered. Understanding when patients visit health services, they expect to be safe.</li> <li>• Health service colleagues expect to be safe at work also. Time taken to move people and identify risks in their roles requires existing colleagues to be stretched. Colleagues affected if standing down and not able to run services. Alternatives to Pfizer vaccine will be part of the discussion.</li> <li>• Policy work sits with Ministry.</li> <li>• Communications will be sent to the sector regarding the direction.</li> <li>• The Ministry notes it is receiving questions on this and providing advice already in this space.</li> </ul> <p><b>Action: Paper regarding policy perspective, initial consultation, and scope to be presented at next steering group. (Wendy Illingworth)</b></p>
7.	<p><b>Vaccinator Authorisation and resourcing (Fiona Michel)</b></p>
	<ul style="list-style-type: none"> <li>• Noted the paper is three weeks old. Authorisation timeline has picked up to 3-4 days turnover.</li> </ul>

	<ul style="list-style-type: none"> <li>• Challenging to get peer review and final authorisations.</li> <li>• Is the Steering Groups position to go ahead and hire people to do this specifically or to run a roster that providers build into their day job? Noting that running a roster takes commitment to keep the roster filled. If someone not available, can be difficult to manage.</li> </ul> <p><b>Steering Group Decisions:</b></p> <ul style="list-style-type: none"> <li>• <b>Agreed:</b> to hire dedicated people.</li> </ul>
8.	<b>Pharmacy technicians preparing COVID-19 vaccinations (Fiona Michel)</b>
	<ul style="list-style-type: none"> <li>• This paper has been overtaken by events, and it is no longer necessary to discuss.</li> </ul>
9.	<b>Update on school-based vaccinations (Rachel Mackay)</b>
	<ul style="list-style-type: none"> <li>• As of today, we have communicated with Ministry of Education and Tertiary Institutions that employees are now eligible for priority to be vaccinated.</li> <li>• If Kura and Schools want to provide vaccination services, then the DHB will invite them and consider equity goals.</li> <li>• Recommended that Book my Vaccine not be compulsory for school-based programme run through school-based health providers, as this gives more flexibility.</li> <li>• The Ministry noted there is a 15min observation period required after the COVID vaccine which may impact school-based programmes.</li> <li>• It is noted there are some difficulties with anti-vaccine sentiment in this environment. The Ministry of Health is meeting with the digital security team to review the security settings.</li> </ul> <p>§ 9(2)(g)(i)</p>
10.	<b>Equity Data (Jason Moses)</b>
	<ul style="list-style-type: none"> <li>• Equity data is being presented to a range of stakeholders, MPP (Ministry of Pacific Peoples), TPK (Te Puni Kokiri), Communities, MSD, SROs, Pacific Health, DHB Chairs and CEs as well.</li> <li>• The Ministry is seeking to understand the data so we can put interventions in place to support this age group to increase uptake.</li> <li>• Committed to weekly presentations of the data unless requested otherwise.</li> <li>• Important to note the numbers are increasing and we want to see this continue.</li> <li>• It is noted this information is used with Iwi and Ministers regarding equity initiatives.</li> <li>• Māori prioritised Kaumatua in the beginning so seeing high numbers there.</li> <li>• Focus on communications for the under 40s age group.</li> <li>• Still some work to be done in areas that aren't green and need to engage with providers to make these a priority.</li> <li>• The Ministry notes the focus is on all ethnicities, however Māori and Pacific people need to be specifically focussed on.</li> </ul> <p>The Chair thanks Jason for all his hard work and his contribution to the Equity space in the programme.</p> <p><b>Steering Group Decisions:</b></p> <p><b>Approved</b> to send presentation to other agencies, DHB Chairs and to publish on MOH website to make it accessible to the public.</p>
11.	<b>Any other business and close</b>
	<p><b>a) Communications and Engagement plan (Rachel Lorimer)</b></p> <ul style="list-style-type: none"> <li>• A lot of work on younger age groups. Working with key partners, TPK and Rangatahi coming through from the communications collective.</li> </ul>

- The programme success framework hasn't landed the consumer experience items. Although this area is our good news stories with people who have had good experiences. Work ongoing to identify what we'll be reporting. Is also an end point discussion for the programme.
- Framework required for closing off programme and handover to future staff.
- It is noted that although the programme culture is focussed on priority reporting regarding incidents and issues, and the way we manage these, there is negative portrayal in the media and might explain why some people are reluctant to report events.
- The Ministry noted we have good processes in place to assist DHBs in bringing issues forward. We are also using our connections to share information about good practice to drive quality focussed support to them. The Ministry recognises it isn't easy for DHBs to report issues.
- There is a toolkit being presented to the quality group on Thursday. This will lay out principals and timelines. Minister Chris Hipkins is keen to make these public.
- There has been direct lobbying from the public, it is recommended these communications are sent to the Office of the National Director for action.

The Ministry seeks to reassure those who report incidents that the Ministry and Ministers will provide support when things are published, and we will be open about them.

**Recommendation:** A virtual tour is recommended with regional DHBs to discuss how our booking platforms can be used to drive improvement and support systems. (Astrid Koorneef)

**Action:** A paper will be submitted for the next Steering Group meeting to show how we're working with others to engage younger age groups. (Rachel Lorimer)

#### b) Data Quality Issues (Michael Dreyer)

- Introduction of vaccine confirmation letters within CIR (COVID Immunisation Registry) producing data quality issues. Solution is being worked on.
- Quality issues include duplicate NHI numbers and completion of clinical records in a timely manner. General business process is proving not to be tight enough. We have a requirement that information be entered within 24 hours of the dose.
- There is a need to increase the programme of work to ensure that business processes are strong and well-co-ordinated. First step is to understand the key problems and scope with DHBs and identify how to improve information.
- There is an impact on digital certification regarding quality of information. Risk this could go into tens of thousands of people impacted when information sent into certificates.
- Will publish this in September and there will be transparency with users when information hasn't been completed properly. The Tech team is focussed on getting this fixed.

**Risk Identified:** Clinical risk identified as good information is required for good clinical outcomes. (Michael Dreyer)

Meeting closed 6pm

12. **Next Meeting**  
Tuesday 14 September 2021. 4:30pm – 6:00pm



## Minutes

### COVID-19 Vaccine and Immunisation Programme Steering Group

<b>Date:</b>	Tuesday, 14 September 2021
<b>Time:</b>	5:00 pm – 6.30 pm
<b>Location:</b>	Teams Meeting
<b>Chair:</b>	Maree Roberts
<b>Members Attending:</b>	Dr Ashley Bloomfield, Jo Gibbs, Cathy O'Malley (DHB SRO), Wendy Illingworth, Deborah Woodley, Dr Ian Town, John Whaanga, Chris Fleming (SDHB) until 6pm.
<b>IIAG Co-Chairs</b>	Keriana Brooking, Te Paea Winiata
<b>Other Attendees:</b>	Astrid Koornneef, Allison Bennett, Rachel Mackay, Caroline Greaney, Dr Joe Bourne, Colin MacDonald, Chris James (Medsafe), Dr Tim Hanlon, David Nalder (Risk), Matt Jones, Andrew Bailey, Jason Moses, Vince Barry, Michael Dreyer, Dr Juliet Rumball-Smith  Helen Francis (Secretariat)
<b>Apologies:</b>	Bridget White, Dr Caroline McElnay, Rachel Lorimer  Chris Fleming left the meeting at 6pm

#	Agenda Item
1.	<p><b>Introduction and minutes</b></p> <ul style="list-style-type: none"> <li>The minutes from the previous meeting on 7 September 2021 were approved.</li> </ul> <p><b>Apologies</b></p> <ul style="list-style-type: none"> <li>Bridget White, Dr Caroline McElnay, Rachel Lorimer, Dr Ashley Bloomfield and Dr Ian Town joined the meeting after it had started due a meeting conflict.</li> </ul> <p><b>Matters arising</b></p> <ul style="list-style-type: none"> <li>Extension of advice for the border, for people arriving with different vaccines.</li> <li>More advice will be available in written form, in a week's time, regarding the effectiveness of additional doses.</li> </ul> <p>Out of scope</p> <p><b>Governance Group</b></p> <ul style="list-style-type: none"> <li><b>Action 210813-12:</b> Provide specific actions that the programme will take to address gaps in the data in the reports against the success framework. <b>Update:</b> Fiona is looking at proxy data on customer experiences. An updated report will be provided at a future meeting.</li> <li><b>Action 210813-03:</b> Consider if operational guidance should be provided to service providers about the use of the vaccinator workforce. <b>Update:</b> The Group discussed concerns about wellbeing and fatigue. Two slides regarding a summary of health to maintain the workforce, will be presented at the next Governance Group meeting. <b>Action moved to Complete.</b></li> </ul>

	<ul style="list-style-type: none"> <li>• <b>No change to other Actions.</b></li> </ul> <p><b>Steering Group</b></p> <ul style="list-style-type: none"> <li>• <b>No change to current Actions.</b></li> </ul>
2.	<p><b>Science and Technology (Dr Ian Town)</b></p> <p>This item was not presented at the meeting as Dr Ian Town had a scheduling conflict and joined the meeting after it had started.</p>
3.	<p><b>Operational update – Immunisations Programme Update (Jo Gibbs)</b></p> <ul style="list-style-type: none"> <li>• Supply is essentially sorted. First of the Denmark deliveries has left Dubai now. On route and cleared through customs. Second delivery from Copenhagen due this week. Pfizer Is on track to continue deliveries as scheduled.</li> <li>• Working with DHBs regarding capacity planning to end of October.</li> <li>• DHBs are planning for 100% vaccination. Will review throughout the year for potential latent capacity.</li> <li>• Ministers are considering a target for vaccination rate. If it goes ahead, we will have to plan for this in our future state, including connecting with the wider vaccination programme and vaccination certificates.</li> <li>• Modelling indicates the need to be clear with the public, if they want to enjoy things and have no restrictions then vaccination numbers need to be high.</li> <li>• Focus is on all vulnerable people being vaccinated as it is recognised not having all of this group vaccinated but having high numbers of the population vaccinated doesn't provide enough protection for this group.</li> <li>• Need to push further to achieve December timeframe. Nothing is off the table when focussing on the 18-40 year olds as this is a hard group to reach.</li> <li>• When we think of other ways to engage people we may need to step outside our systems. There is some behavioural science beyond health to consider.</li> <li>• The wider business sector is looking at introducing mandatory vaccinations for their workforces, not just in the health sector.</li> <li>• Future proofing employment arrangements are a key focus for the Ministry. Ensuring we have a balance regarding economic and employment arrangements is very important. The Ministry has the current border workforce vaccination order template, which includes exemptions which could be used. There are some DHBs where vaccination is already mandated, however this isn't standardised across the country.</li> </ul>
4.	<p><b>Vaccination of Healthcare Workforce (Mani Crawford, Wendy Illingworth, Allison Cossar)</b></p> <ul style="list-style-type: none"> <li>• We are providing advice on extending the health order to include all health workers.</li> <li>• We currently have good uptake within the workforce and there is a strong public health and rationale to use other levers to maximise uptake.</li> <li>• We are continuing to broaden our scope with other health care areas such as aged residential care, GPs, nurses and prioritising these for consultation.</li> <li>• A paper is being written to consider health workforce descriptions, risk to patients and the ability to monitor these areas, including COVID exposed people and anyone in the pathway who should be vaccinated.</li> <li>• The paper needs to be broader to include those that are not clinical practitioners or health professionals, such as cleaners and janitors.</li> <li>• s 9(2)(g)(i) [REDACTED]</li> <li>• s 9(2)(g)(i) [REDACTED]</li> <li>• The Ministry is aware there may be cases where employees aren't vaccinated but they are in roles and areas where they may be the only person running a vulnerable service that is required.</li> <li>• The Ministry recognises the complexity of implementation s 9(2)(g)(i) [REDACTED]</li> <li>• s 9(2)(g)(i) [REDACTED]</li> </ul>

	<ul style="list-style-type: none"> <li>• There are some DHBs who already mandate vaccinations for certain roles. However, this is not mandated across the country. There must also be considerations for those who cannot be vaccinated, and how we will have those conversations at that scale.</li> <li>• There is the formal border vaccination order that has exemptions included that we can use as a template.</li> </ul> <p><b>Action:</b> Wendy will action a change in the paper being considered to specifically mention those that are not clinical practitioners or health practitioners.</p>
5.	<p><b>Reaching Unbooked Population (Rachel Lorimer, Jason Moses, Fiona Michel)</b></p> <p><b>5a) Horizons Market Research Briefing July 2021 (Rachel Lorimer)</b></p> <p><b>Note:</b> Market Research for August was presented as this was this most up to date data available.</p> <ul style="list-style-type: none"> <li>• The programme is moving into a targeted approach, through market research, with communications and engagement.</li> <li>• The team is directing this towards reaching other age groups, using creative approaches, such as vouchers and musicals, to reach young people and partner campaigns.</li> <li>• Through the data we already have, we can see that questions about safety, such as speed of development and existing medical conditions, are where some of the people who have yet to be vaccinated need answers.</li> <li>• Rangatahi have provided useful ideas about how to connect with younger age groups.</li> <li>• The Ministry would like to use our government networks and workforce to create advocates. There are a number of providers and organisations who would like to help. We're creating teams to work with Maori, Pacifica and Disability providers, to get resources to those that need them, and support them with appropriate messaging.</li> <li>• Great to use people and organisations who are professionals in these areas so there is a better experience, and we're able to reach demographics we're focussing on more. There are many organisations who have offered to help.</li> <li>• Next phase is to provide people with the right resources so they can have discussions in their own communities.</li> </ul> <p><b>5b) Equity Data (Jason Moses)</b></p> <ul style="list-style-type: none"> <li>• Maori providers are moving to drive-ins, mobile clinics and school based programmes which include having your whanau vaccinated at the same time.</li> <li>• The Ministry is reviewing data to determine where there are those who have yet to be vaccinated.</li> <li>• Providers would like to use this information to engage locally with those who have not yet engaged with the programme.</li> <li>• The data is providing the Ministry of Social Development information it is using to shape messaging to disability cohorts to uplift education of disability issues.</li> </ul> <p><b>5c) Strategies for Uptake (Fiona Michel)</b></p> <ul style="list-style-type: none"> <li>• Buses on the streets of Auckland will be up and running by Thursday and the team is working well to sort this.</li> <li>• There has been some great analysis on suburbs and where to go.</li> <li>• Under Alert Level 4 there is no vaccinating on the bus. Staff and equipment are transported using the bus and then setup at a site in the suburb for vaccinations to take place.</li> </ul>
6.	<p><b>Comms and Engagement Next Phase (Rachel Lorimer)</b></p> <p>This item was covered in item 5a.</p>
7.	<p><b>August Financials (Fiona Smith)</b></p> <ul style="list-style-type: none"> <li>• s 9(2)(f)(iv)</li> </ul>



	<ul style="list-style-type: none"> <li>• s 9(2)(g)(i) Operational and Delivery support is included. The Text messaging service costs are not included in this paper.</li> <li>• There are some contracts in the immunisation programme such as call centre and some vaccination contracts set until January 2023.</li> <li>• Awaiting further financial information from DHBs as this takes time to come through. s 9(2)(g)(i)</li> <li>• s 9(2)(g)(i)</li> <li>• The Ministry noted a couple of risks including the potential for empty capacity in some of the DHB planning, and cost models do not account for this. Also, because the programme has such a fast momentum it is difficult for DHBs to forecast.</li> </ul> <p><b>Action:</b> Fiona will work with Michel Dreyer to better understand how to cover the expenditure within other areas of the programme.</p> <p><b>Action:</b> Michel Dreyer is putting together a paper regarding the pressures on Tech to understand the risks there, including the new things in Technology, such as, domestic confirmation of vaccination, the border registry, new disability database and other items that have been requested.</p>
8.	<p><b>Any other business and close</b></p>
	<ul style="list-style-type: none"> <li>• Confirmation Medsafe has approved new storage of the Pfizer vaccine of 9 months as long as the vials are retained in -60 degree temperature range. This will apply to the vast majority of vaccines we have coming in.</li> </ul> <p>The Meeting closed at 6:30pm</p>
9.	<p><b>Next Meeting</b> Tuesday 21 September 2021. 4:30pm – 6:00pm</p>

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982



## Minutes

### COVID-19 Vaccine and Immunisation Programme Steering Group

<b>Date:</b>	Tuesday, 21 September 2021
<b>Time:</b>	4:30pm – 6:00pm
<b>Location:</b>	Teams Meeting
<b>Chair:</b>	Dr Ashley Bloomfield (until 5:45pm), Deborah Woodley (from 5:45pm-6:00pm)
<b>Members Attending:</b>	Deborah Woodley, Maree Roberts, Jo Gibbs, Cathy O'Malley (DHB SRO), Wendy Illingworth, Dr Juliet Rumball-Smith, Dr Ian Town, John Whaanga, Chris Fleming (SDHB)
<b>IIAG Co-Chairs</b>	Keriana Brooking, Te Paea Winiata
<b>Other Attendees:</b>	Astrid Koornneef, Allison Bennett, Rachel Mackay, Caroline Greaney, Dr Joe Bourne, Colin MacDonald, Chris James (Medsafe), Dr Tim Hanlon, David Nalder (Risk), Matt Jones, Vince Barry, Michael Dreyer, Bridget White, Dr Caroline McElnay, Rachel Lorimer Christine Nolan (presenting on behalf of Astrid Koornneef) Helen Francis (Secretariat)
<b>Apologies:</b>	Jason Moses. Dr Ashley Bloomfield had to leave the meeting at 5:45pm to attend a meeting with the Prime Minister.

#	Agenda Item
1.	<p><b>Introduction and minutes</b></p> <ul style="list-style-type: none"> <li>The minutes from the previous meeting on 14 September 2021 were approved.</li> </ul> <p><b>Apologies</b></p> <ul style="list-style-type: none"> <li>Jason Moses. Dr Ashley Bloomfield had to leave the meeting at 5:45pm to attend a meeting with the Prime Minister.</li> </ul> <p>Out of scope</p> <div style="background-color: black; height: 150px; width: 100%;"></div> <p><b>Governance Group</b></p>

	<ul style="list-style-type: none"> <li>• <b>No changes to Actions.</b></li> </ul> <p><b>Steering Group</b></p> <ul style="list-style-type: none"> <li>• <b>Action 210914-03:</b> Put together a paper regarding pressures on Tech to understand risk, including new technology, such as domestic confirmation of vaccination, the border registry, new disability database and other items that have been requested. <b>Update:</b> Memo regarding funding request to support additional items is being drafted. <b>(Michael Dreyer)</b></li> <li>• <b>Action 210907-02:</b> Paper to be submitted to the next Steering Group Meeting to show how the programme is working with others to engage younger age groups. <b>Update:</b> This is covered in the Strategies for uptake item on today's agenda. <b>This Action to be moved to complete.</b></li> <li>• <b>Action 210831-01:</b> Update the COVID-19 vaccines side effects and vaccines page to include information on possible symptoms of myocarditis following vaccination and when to seek medical care. <b>Update:</b> This has been done. <b>This Action to be moved to complete.</b></li> <li>• <b>Action 210831-02:</b> Ensure s 9(2)(a) is informed of changes to the side effect page of the website to include myocarditis. This item will be completed today by Rachel Lorimer and the link circulated to ensure it is widely shared. <b>This Action to be moved to complete.</b></li> <li>• <b>No changes to remaining Actions.</b></li> <li>• <b>New action:</b> Send around the link to the COVID-19 Vaccine side effects and vaccines page of the website to show updates on information on possible symptoms of myocarditis. <b>(Rachel Lorimer)</b></li> </ul> <p><b>Matters arising</b></p> <ul style="list-style-type: none"> <li>• DHB capacity planning for next year is uncertain due to not knowing numbers of people that may need further support in being vaccinated.</li> </ul>
2.	<p><b>Immunisation Implementation Advisory Group update</b></p> <ul style="list-style-type: none"> <li>• Keriana Brooking updated the Steering Group regarding the latest IIAG meeting held 17 September 2021.</li> </ul>
3.	<p><b>Standing item on Science and Technical (Ian Town)</b></p>
	<ul style="list-style-type: none"> <li>• There is a study with 2000 children where they have had two lower doses of the vaccine. They will follow up with this group later this year and that will trigger whether there is an extension of the age range. This is potentially for other countries at the moment.</li> <li>• There are now 22 vaccines approved. All need management plan for those people coming into NZ as they may require an additional dose of the Pfizer vaccine.</li> <li>• The UK is planning booster vaccines for older people and those with underlying conditions especially as they are heading into Winter.</li> <li>• The UK is also planning to provide the flu vaccine alongside COVID-19 vaccinations.</li> <li>• Advice will be provided to Ministers regarding the flu vaccine and providing this for all New Zealanders next year. The programmes focus is with the COVID-19 vaccine.</li> <li>• Pfizer will be sending further data on ages 5-11 year old once they have completed their assessments which may take until October.</li> <li>• Data on boosters from Pfizer may take until October also.</li> <li>• Pfizer has confirmed the extended shelf life of existing batches in our stock to 9 months at minus 90 to minus 60 degrees. Teams are working together to confirm labels on the batches reflect this.</li> <li>• s 9(2)(g)(i)</li> <li>• The Ministry and MedSafe are not aware of any trials with the Janssen vaccine regarding second doses and is requesting to be followed up.</li> </ul> <p><b>Action:</b> Further advice requested on the overseas programme and whether it is delivering two doses to everyone and then moving on to 5–11-year-olds. <b>(Dr Ian Town)</b></p>
4.	<p><b>Operational update – Immunisations Programme Update (Jo Gibbs)</b></p>
	<ul style="list-style-type: none"> <li>• The Ministry is focusing on a big push for disabled people to be vaccinated recognising we need to bring further attention to this group of people.</li> <li>• The Ministry has set up a working group to assist in driving strategies for uptake in the disability sector and bringing in extra resources.</li> </ul>

	<ul style="list-style-type: none"> <li>• Work on production plans for final quarters is underway with clarity on the website they are capacity plans not delivery plans.</li> <li>• The Ministry is working with DHBs regarding vaccine wastage. There is more work to be done in this space to understand how to manage this.</li> <li>• The programme is reporting very high request rates for updates, now we are working with more agencies.</li> </ul>
5.	<b>Pfizer volumes and delivery schedule for 2022 (Allison Bennett)</b>
	<div style="background-color: black; color: white; text-align: center; padding: 50px;"> <h1>s 9(2)(b)(ii)</h1> </div>
6.	<b>Reaching Unbooked Population (Jason Moses, Fiona Michel)</b>
	<p><b>5a) Equity Data (Jason Moses)</b></p> <ul style="list-style-type: none"> <li>• This item was not presented at the Steering Group meeting today as Jason Moses had a scheduling conflict and was unable to attend.</li> </ul> <p><b>5b) Strategies for Uptake (Fiona Michel)</b></p> <ul style="list-style-type: none"> <li>• There is a draft committed paper for the Ministers to review on Friday, at the Vaccine Ministers meeting, on the direction we're going.</li> <li>• There is a partner paper going to Ministers on Friday at the Vaccine Ministers meeting that will reference rangatahi strategy specifically.</li> <li>• We are sharing useful practices of things that are working and new innovations we have in the demographics and using these in our strategies.</li> <li>• Our focus is challenging as we are seeing lots of ideas and wisdom coupled with lots of activity in the DHBs, and the private sector, as they throw everything at their customers and staff.</li> <li>• Incentives are a hot topic for the strategy team. The team is encouraging local recognition of those attending to be vaccinated, and where businesses want to provide incentives the Ministry is not involved.</li> <li>• A number of workplaces are incentivising staff such as the warehouse group offering to push the message of vaccination centres through their 'red radio', which is their internal radio network that customers hear in their stores.</li> <li>• Incentives in New Zealand look a lot different then in other countries as small incentives, for small groups of people, may work better than larger ones designed for larger groups. There is no commentary of examples of incentives in NZ.</li> <li>• The team is liaising with public health to understand the impact of incentives on uptake and whether they are a good alternative.</li> <li>• Although Māori are at the front end of the strategy, the paper doesn't seem to include specific strategies for disability and equity.</li> </ul>

	<ul style="list-style-type: none"> <li>The Ministry will need to focus on equity population and provide investment and incentives to drive uptake in areas where Māori are living in isolated areas for instance.</li> </ul> <p>The Chair acknowledged the outstanding work Jason Moses has done while working on the programme. The numbers of over 65s in the Māori and Pacific population are directly credited to the huge and complex work Jason and his team have undertaken, especially in the beginning of the programme that he led.</p> <p>The Chair acknowledged the great work Fiona and her team have been doing in this area.</p>
7.	<p><b>Concomitant vaccines policy statement (Astrid Koornneef / Christine Nolan)</b></p> <ul style="list-style-type: none"> <li>The team is working with communications partners.</li> <li>Focusing on co-administration where people could potentially have their COVID vaccine on a Saturday and then the HPV vaccine on a Tuesday.</li> <li>Communication campaigns are being reviewed for effectiveness as this approach is a change in thinking.</li> <li>The Chair notes there may be opportunities for co-administration of other vaccines and would like the Steering Group to consider this.</li> </ul> <p><b>Recommendation:</b> To Approve the policy paper and approve for publication. Dr Ashley Bloomfield and Astrid Koornneef are signing off.</p> <p><b>Steering Group Decision:</b>  <b>Approved.</b> The policy paper and subsequent publication is approved by the Steering Group.</p>
8.	<p><b>Risk Update (David Nalder)</b></p> <ul style="list-style-type: none"> <li>There are 36 issues being managed at the moment.</li> <li>The team is focusing on issues we can work through and complete in a timely manner, others will have a management plan in place.</li> </ul>
9.	<p><b>Report against the success framework (Petrus Van Der Westhuizen)</b></p> <ul style="list-style-type: none"> <li>Slides were presented and the Steering Group updated regarding findings.</li> </ul>
10.	<p><b>Any other business and close</b></p> <ul style="list-style-type: none"> <li>Horizon research highlighted as going in the right direction. Rachel Lorimer is presenting to the Ministers on Friday at the Vaccine Ministers meeting.</li> </ul> <p>The Meeting closed at 6:00pm</p>
11.	<p><b>Next Meeting</b>  Tuesday 28 September 2021. 4:30pm – 6:00pm</p>



## Minutes

### COVID-19 Vaccine and Immunisation Programme Steering Group

<b>Date:</b>	Tuesday, 28 September 2021
<b>Time:</b>	4:30pm – 6:00pm
<b>Location:</b>	Teams Meeting
<b>Chair:</b>	Dr Ashley Bloomfield
<b>Members Attending:</b>	Deborah Woodley, Maree Roberts, Jo Gibbs, Cathy O'Malley (DHB SRO), Wendy Illingworth, Dr Juliet Rumball-Smith, Dr Ian Town, John Whaanga, Chris Fleming (SDHB)
<b>IIAG Co-Chairs</b>	Keriana Brooking, Te Paea Winiata
<b>Other Attendees:</b>	Rachel Mackay, Caroline Greaney, Dr Joe Bourne, Colin MacDonald, Chris James (Medsafe), Dr Tim Hanlon, David Nalder (Risk), Matt Jones, Andrew Bailey, Vince Barry, Michael Dreyer, Bridget White, Dr Caroline McElnay, Rachel Lorimer, Rawa Karetai Wood-Bodley, Jo Williams, Tamati Sheppard-Wipiiti, Fiona Michel  Laurence Holding – presenting on behalf of Allison Bennett, Christine Nolan – presenting on behalf of Astrid Koornneef  Helen Francis (Secretariat)
<b>Apologies:</b>	Astrid Koornneef, Allison Bennett

#	Agenda Item
1.	<p><b>Introduction and minutes</b></p> <ul style="list-style-type: none"> <li>The minutes from the previous meeting on 21 September 2021 were approved.</li> </ul> <p><b>Apologies</b></p> <ul style="list-style-type: none"> <li>Astrid Koornneef, Allison Bennett</li> </ul> <p>Out of scope</p> <p><b>Matters arising</b></p> <p>It is agreed the Steering Group will move to a fortnightly meeting schedule after the next meeting on 5 October.</p>
2.	<b>Standing item on Science and Technical (Dr Ian Town)</b>

	<ul style="list-style-type: none"> <li>Policy paper in progress regarding recognition of vaccines offered overseas.</li> </ul> <p><b>Action:</b> Clinical advice to clinical leaders regarding CVTAG work. Follow-up to confirm the advice is getting through to the right people. <b>(Dr Ian Town)</b></p>
3.	<p><b>Operational update – Immunisation Programme Update (Jo Gibbs)</b></p> <ul style="list-style-type: none"> <li>The team is providing a daily report to show progress towards 90% vaccination rate.</li> <li>The Chair is sending a letter to colleagues to manage implementation of ideas coming in for strategies for uptake.</li> <li>The denominator we are using has remained constant and we are tracking the inclusion of returnees to NZ, and people as they age into the programme. They may be minimal differences and clarity is requested.</li> </ul> <p><b>Action:</b> Matt Jones will follow up with Astrid to confirm the denominator and any differences. Astrid will present at the next meeting. <b>(Matt Jones, Astrid Koornneef)</b></p>
4.	<p><b>Forecasting pressures against CVIP provisional funding envelope for Technology (Michael Dreyer)</b></p> <ul style="list-style-type: none"> <li>The Technology team has delivered more than originally thought. The Technology Team has gone beyond initial budgeting and is supportive of a review of the current delivery model to manage this into 2022.</li> <li>The programme has responded quickly to resourcing requests to get things done. Forward planning will now go beyond budget and scope as it enters into next year.</li> <li>Clarity regarding business requirements, additional requests, and costs, while continuing to deliver is required.</li> <li>Technology team is working with the finance team to shape the budget into the overall programme and to identify and separate costs that are not Technology related.</li> <li>Plan is to have all delivery sitting on the new National Immunisation Solution by March.</li> <li>Two suggestions: the programme stops delivering or add more rigour to decision making</li> </ul> <p><b>Steering Group Decisions</b></p> <p><b>Approved:</b> The Steering Group approves the continuation of delivery from Technology with further rigour added to decision making.</p> <p><b>Steering Group Actions</b></p> <p><b>Action:</b> Paper regarding next steps for COVID-19 vaccinator role to come to Steering Group in the next couple of weeks. <b>(Fiona Michel)</b></p> <p><b>Action:</b> Change and costs analysis, with rapid decision making continued, and support from business processes to complete promptly. <b>(Fiona Smith, Michael Dreyer, Jo Gibbs)</b></p> <p><b>Action:</b> Vaccine Ministers to sight the costs and the risk of overspending associated if we continue with the current delivery model. <b>(Fiona Smith, Michael Dreyer, Jo Gibbs)</b></p>
5.	<p><b>2022 delivery schedules for Novavax and AstraZeneca (Laurence Holding)</b></p>
<p><b>s 9(2)(b)(ii)</b></p>	

# s 9(2)(b)(ii)

6.	<b>Transport for disabled people (Tamati Sheppard-Wipiiti)</b>
	<ul style="list-style-type: none"> <li>• There is significant interest from Ministers regarding this item.</li> <li>• Iwi are using service providers to assist. The Ministry will work to ensure that the Ministry-planned solution does not over-use these providers and will not disrupt existing services.</li> <li>• Whakarongorau could assist here and would link into the existing Auckland solution.</li> <li>• When booking, the Ministry would like to make a needs assessment at that time to ensure transport, and any other required assistance, is available at that time so users can select their best option.</li> <li>• MSD has mechanisms to pay service providers directly and the Ministry could potentially also work with them when funding these services.</li> <li>• The Ministry notes DHBs are doing great work where there are options available and notes we have work to do in other areas.</li> <li>• A budget of up to \$4m is requested to fund this service. The Chair indicated comfort with this level of expenditure. It can be accommodated within existing CVIP budget.</li> <li>• The CVIP team will continue to shape up the options, and keep Ministers informed.</li> </ul>
7.	<b>Reaching the unvaccinated / unbooked population (Fiona Michel, Tamati Sheppard-Wipiiti)</b>
	<p>Continuing to work on all options previously discussed. Library link will be shared this week. Integrating international learnings into local ideas.</p> <p><b>Equity Data (Tamati Sheppard-Wipiiti)</b></p> <ul style="list-style-type: none"> <li>• Weekly focus on quantity data to show correlation in effort each week and uptake results.</li> <li>• Weekly presentation to Steering Group of barometers showing where the programme is at.</li> <li>• Communications campaigns have two main focuses, iwi comms, including rangatahi uptake, and disability comms, to ensure specialised support is available in the community.</li> <li>• DHBs are advising they are calling individuals who have not yet been vaccinated to discuss any barriers and solutions that might be needed.</li> <li>• Ministry is working with providers regarding communications to dispel misinformation comms.</li> <li>• Over 65s being vaccinated in great numbers, working towards continuing this success with other age groups.</li> </ul> <p><b>Action:</b> Data sharing arrangements between DHBs and providers to be followed-up so there are no barriers to receiving community based data, so it is useful for providers in their local communities. (Tamati Sheppard-Wipiiti)</p>
8.	<b>Future state design update (Matt Jones)</b>
	<p>Planning to a consistent set of assumptions, although this is a cautious approach:</p> <ul style="list-style-type: none"> <li>• COVID vaccinations next year, returnees, aging into programme, turning 12 year olds or 5 year olds, depending on whether we are vaccinating under 5s.</li> <li>• Rate of COVID system changes, tech and operations should run smoothly and slower next year.</li> <li>• Delivery models mainly in primary care delivery vehicles.</li> <li>• Funding for community vaccination centres and drive throughs if larger volumes are required.</li> </ul>



	<ul style="list-style-type: none"> <li>• Risk of losing workforce as uncertainty regarding who we will need and where exists.</li> <li>• Eligible vaccinator workforce will have capacity for further deployment.</li> <li>• 51% of all vaccinations given outside of primary care. We will recognise the legacy of the work Māori and Pacific providers have done beyond primary care.</li> <li>• Continuing good relationships developed this year and leveraging into the next year.</li> <li>• Ministerial scrutiny will increase as we've been running the programme for a while so should be experts now.</li> <li>• The Ministry will be working with Māori and Pacific providers regarding lessons learned from the Auckland outbreak, to design the programme so we can deliver to them.</li> <li>• Vaccine boosters and Flu vaccination delivery plans should begin with working collaboratively with equity connections.</li> <li>• Messaging intent is crucial, not delivery intent. The Ministry should be clear on the commissioning intent principles that lead us to delivery models.</li> </ul> <p><b>Action:</b> Please reflect Māori and Pacific providers beyond primary care settings on every page of the plan. (Matt Jones)</p>
9.	`Any other business and close
	<p><b>Communications and Engagement (Rachel Lorimer, Jo Gibbs)</b></p> <ul style="list-style-type: none"> <li>• Prioritising younger age groups and myth busting prevalent myths.</li> </ul> <p>Three priorities this week:</p> <ul style="list-style-type: none"> <li>• Campaigns for rangatahi and rangatahi Māori.</li> <li>• Tackling hesitancy from those with questions and ant-vaccinators.</li> <li>• Urgency to have one dose completed by Christmas.</li> </ul> <p>The Meeting closed at 6:00pm</p>
10.	<p><b>Next Meeting</b> Tuesday 5 October.2021. 4:30pm – 6:00pm</p>



## Minutes

### COVID-19 Vaccine and Immunisation Programme Steering Group

<b>Date:</b>	Tuesday, 5 October 2021
<b>Time:</b>	4:30pm – 5:30pm
<b>Location:</b>	Teams Meeting
<b>Chair:</b>	Maree Roberts
<b>Members Attending:</b>	Jo Gibbs (until 5pm), Cathy O'Malley (DHB SRO), Dr Juliet Rumball-Smith, Dr Ian Town, John Whaanga, Bridget White, Dr Caroline McElnay
<b>IIAG Co-Chairs</b>	Keriana Brooking
<b>Other Attendees:</b>	Rachel Mackay, Caroline Greaney, Colin MacDonald, Dr Tim Hanlon, David Nalder (Risk), Matt Jones, Andrew Bailey, Vince Barry, Michael Dreyer, Rachel Lorimer, Rāwā Karetai Wood-Bodley, Jo Williams, Vince Barry, Fiona Michel, Astrid Koorneef, Allison Bennett, Christine Nolan, Tamati Shepard-Wipiiti (until 5pm) Helen Francis (Secretariat)
<b>Apologies:</b>	Dr Ashley Bloomfield, Wendy Illingworth, Te Paea Winiata, Dr Joe Bourne, Deborah Woodley, Megan McCoy, Chris Fleming (SDHB), Chris James (Medsafe)

#	Agenda Item
1.	<p><b>Introduction and minutes</b></p> <ul style="list-style-type: none"> <li>s 9(2)(b)(ii)</li> <li>The minutes from the previous meeting on 28 September 2021 were approved with the above change.</li> </ul> <p>Out of scope</p> <p><b>Steering Group</b></p> <p><b>Request to combine the following Actions:</b>  <b>Action 210928-04:</b> Vaccine Ministers to sight the costs and risk of overspending associated if we continue with the current technology delivery model.  <b>Action 210914-02:</b> Work with Michael to better understand how to cover expenditure within other areas of the programme.</p>

	<p><b>Combined to Action 211005-01:</b> Costs and risk of overspending associated with the current technology delivery model to be understood, and expenditure cover within other areas of the programme, and future costs, to be presented at a future meeting. <b>(Michael Dreyer)</b></p> <p><b>Request to separate the following Action into two Actions:</b>  <b>Action 210921-03:</b> Further advice requested on the overseas programme and whether it is delivering two doses to everyone and then moving on to 5-11 year olds.</p> <p><b>Separated into:</b>  <b>Action 211005-02:</b> Further advice requested regarding overseas visitors to NZ having had two doses and whether additional doses will be required. <b>(Dr Ian Town)</b>  <b>Action 211005-03:</b> Further advice requested for 5-11 year old age groups doses required. <b>(Dr Juliet Rumball-Smith)</b></p> <p><b>Action 210831-02:</b> Ensure s 9(2)(a) is informed of changes to the side effect page of the website to include Myocarditis. <b>This item is Complete.</b></p> <ul style="list-style-type: none"> <li>No changes to other Actions.</li> </ul> <p><b>Matters arising</b></p> <ul style="list-style-type: none"> <li>No matters arising.</li> </ul>
2.	<p><b>Immunisation Advisory Group update (Keriana Brooking, Te Puea Winiata)</b></p>
	<p>Keriana updated the Steering Group regarding the latest IIAG meeting held Friday 1<sup>st</sup> October 2022. See note as part of meeting papers.</p>
3.	<p><b>Standing item on Science and Technical (Dr Ian Town)</b></p>
	<ul style="list-style-type: none"> <li>Responding to requests from the community regarding further doses.</li> <li>Certificate updates and demonstration of the tech available.</li> <li>Advice provided for arriving workers from Vanuatu.</li> <li>Discussions regarding mandatory vaccination of health workers and significant evidence base.</li> <li>300 Māori and Pacific people participating in immunogenicity project.</li> <li>Study beginning regarding the length of needles in giving vaccinations and meeting the deltoid muscle.</li> <li>Reviewing the clinical advice for the interval between vaccination doses.</li> </ul> <p><b>Action:</b> Mandatory vaccination evidence base to be presented to the Steering Group at the next meeting. <b>(Dr Ian Town)</b></p>
4.	<p><b>Operational update – Immunisation Programme Update (Jo Gibbs)</b></p>
	<ul style="list-style-type: none"> <li>Super Saturday event gaining momentum.</li> <li>Working with the Office of the Privacy Commissioner regarding data sharing and requests from Whānau Ora Commissioning Agency.</li> <li>We regularly have data sharing requests from providers.</li> <li>There is public interest in data sharing with district health boards and understanding employee vaccination rates.</li> <li>Two different types of data requests, population data and employee data.</li> </ul>
5.	<p><b>Third primary dose policy statement (Astrid Koornneef, Christine Nolan)</b></p>
	<ul style="list-style-type: none"> <li>Clinical advice requested from CVTAG which will form the basis for the implementation plan for a third primary dose for those who are immunocompromised.</li> <li>Clinical guidance requested from CVTAG on how to access third primary dose for the immunocompromised.</li> <li>Implementation plan is key to successful access to third doses for immunocompromised people.</li> <li>Focus is on assisting people to understand this is available and to make sure it can be prescribed, and any risks understood.</li> </ul>

	<p><b>Steering Group Decision:</b>  <b>Approved.</b> Third primary dose policy statement and publishing on Ministry of Health website.</p>
6.	<p><b>Sharing CVIP data from CIR with Whānau Ora Commissioning Agency, iwi, and non-health providers (Jim Brown)</b></p>
	<p>This item is for noting. It was noted that at the time of the meeting, CVIP data had been shared with the Whānau Ora Commissioning Agency.</p>
7.	<p><b>Future of the COVID-19 Vaccinator role (Fiona Michel)</b></p>
	<ul style="list-style-type: none"> <li>• This paper was shared for an early discussion rather than a decision.</li> <li>• Considering extending the skillset of this role to make it sustainable for the future.</li> <li>• Significant Māori participation in vaccinator role.</li> <li>• Support from groups, including IIAG to continue the role and expand scope.</li> <li>• Legacy from the programme contributing to the system.</li> <li>• Current review of programme workforce and COVID strategy in progress, could integrate into transformation programme.</li> <li>• Looking to create opportunities rather than guaranteeing the position.</li> <li>• Once we move into raising immunisation across the wider programme will have an existing role.</li> <li>• The role mandate will return to the Steering Group for approval in the future.</li> </ul> <p><b>Steering Group Decision</b>  <b>Approved.</b> Continue investigating the expansion of the vaccinator role to make it sustainable for the future.</p>
8.	<p><b>Reaching the unvaccinated / unbooked population (Fiona Michel, Tamati Sheppard-Wipiiti)</b></p>
	<ul style="list-style-type: none"> <li>• Single biggest issue for Ministers. Considering broad approaches on how we are engaging with vulnerable people, including those in gangs. Strategies in working with vulnerable people may also work for those in gangs.</li> <li>• Have now shared the strategies in the library we've created. Seeing good usage and new ideas coming through. Library is split into demand and delivery solutions for ease of use.</li> <li>• DHB regional activities progressing.</li> <li>• Production plans submitted and we continue to collaborate with DHBs where further support is required.</li> <li>• Current phase of the programme is to ensure DHBs have capacity to vaccinate all of the population.</li> <li>• Engaging directly with regional areas where uptake strategies need further support.</li> <li>• Daily we are assessing data to identify equity highs and lows, and deep diving into suburbs to identify whether people are engaging with the programme.</li> <li>• Mass numbers have come through recently, our focus is on how we can do things differently to provide engagement opportunities.</li> <li>• Considering social marketing and motivational strategies to reach those who aren't vaccinated.</li> <li>• Still looking for ideas on how to get people along to be vaccinated.</li> </ul> <p><b>8a) Equity data (Tamati Sheppard- Wipiiti)</b>  This item was not presented as Tamati Sheppard-Wipiiti had a scheduling conflict with a Ministerial meeting.</p>
9.	<p><b>Risk summary – top 12 risks across the workgroups (David Nadler)</b></p>
	<ul style="list-style-type: none"> <li>• There are 12 risks across the workgroups and these themes represent the focus of the programme.</li> <li>• Ultimate risk to programme is the loss of public confidence and low uptake.</li> <li>• Risk focus is on two main risks outlined on page 3 of the paper provided.</li> <li>• Four areas of uncertainty are being managed and are outlined on page 4 of the paper provided.</li> <li>• Working to define exit criteria and hand over once the programme ends.</li> </ul>

	<ul style="list-style-type: none"> <li>• Risk called out at the last meeting was on the temporary nature of large workforce and certainty of what the programme looks like going forward.</li> <li>• Discussions regarding future state of the programme are progressing.</li> <li>• Internal workshop this week to define how the current programme fits into the National Immunisation Programme.</li> <li>• My Covid certificate app announced today. Expecting huge uptake. RealMe affected by number of new users.</li> <li>• There is a lot of parallel work continuing as we look at containment and prioritisation. Working through other deliverables at the same time as these 12 risks.</li> </ul> <p><b>Recommendation:</b> To engage the sector in the workshops to define how the programme will fit into the National Immunisation Programme.</p> <p><b>Action:</b> Will provide details regarding My COVID certificate app regarding uptake at the next meeting. (David Nalder)</p>
10.	<p><b>Any other business and close</b> There is no other business to consider.</p> <p>The Meeting closed at 5:30pm</p>
11.	<p><b>Next Meeting</b> Tuesday 19 October.2021. 4:30pm – 6:00pm</p>

DRAFT

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982



## Minutes

### COVID-19 Vaccine and Immunisation Programme Steering Group

<b>Date:</b>	Tuesday, 19 October 2021
<b>Time:</b>	4:30pm – 6.00pm
<b>Location:</b>	Teams Meeting
<b>Chair:</b>	Dr Ashley Bloomfield (until 6pm), Jo Gibbs (until 6.15pm)
<b>Members Attending:</b>	Jo Gibbs, Cathy O'Malley (DHB SRO, Dr Ian Town, John Whaanga, Bridget White, Colin MacDonald, Deborah Woodley, Megan McCoy, Chris Fleming (SDHB), Chris James (Medsafe), Wendy Illingworth Optional: Dr Caroline McElnay
<b>IIAG Co-Chairs</b>	Keriana Brooking
<b>Other Attendees:</b>	Andrew Bailey, Rachel Mackay, Caroline Greaney, Matt Jones, Jo Williams, Fiona Michel, Allison Bennett, Christine Nolan, , Dr Joe Bourne, , Rāwā Karetai Wood-Bodley, Jo Williams, Dr Juliet Rumball-Smith Dr Tim Hanlon, David Nalder (Risk), Vince Barry, Michael Dreyer, Rachel Lorimer, Astrid Koomneef, Tamati Shepard-Wipiiti Helen Francis (Secretariat)
<b>Apologies:</b>	Te Paea Winiata, Shayne Hunter

#	Agenda Item
1.	<p><b>Introduction and minutes</b></p> <ul style="list-style-type: none"> <li>The minutes from the previous meeting on 5 October 2021 were approved.</li> </ul> <p>Out of scope</p> <p><b>Governance Group</b>  <b>Action 210827-02:</b> Note the changing narrative required if a vaccine other than Pfizer is secured.  <b>Update:</b> This item is Complete.  <b>Action 210910-03:</b> Return to PLG with resourcing requests. <b>Update:</b> This item is Complete.</p> <ul style="list-style-type: none"> <li>No changes to other Actions.</li> </ul> <p><b>Steering Group</b>  <b>Action 211005-02:</b> Further advice requested from the Steering Group regarding overseas visitors to NZ having had two doses elsewhere and whether additional doses will be required. <b>Update:</b> Principles have been completed. Responses to 22 vaccines that have approved overseas. Sending a note to CV-TAG as it is responsible for this. Item remains in progress.</p>

	<p><b>Action 210921-04:</b> Changes to Minutes from the Steering Group Meeting 21/09/21. <b>Update:</b> This item is Complete.</p> <ul style="list-style-type: none"> <li>No changes to other Actions.</li> </ul> <p><b>Matters arising</b></p> <ul style="list-style-type: none"> <li>No matters arising.</li> </ul>
2.	<p><b>Immunisation Advisory Group update (Keriana Brooking)</b></p>
	<p>Keriana, Tamati and Caroline updated the Steering Group regarding the latest IIAG meeting held Friday 15 October 2021.</p> <p><b>Items of note from the update:</b></p> <ul style="list-style-type: none"> <li>The Ministry position on data sharing is supported by the IIAG.</li> <li>Creating a legacy role for vaccinators particularly in Māori and Pacific providers is a high priority.</li> <li>Understanding how, future state planning for flu, childhood vaccinations and the wider vaccination programme, will work for Māori is a high priority.</li> <li>Addiction and mental health services issues in accessibility to vaccinations are the same as the disability and rainbow community's accessibility issues.</li> </ul> <p><b>Action:</b> Secretariat to organise an agenda spot with the Office of the DG for Dr Ashley Bloomfield to attend a future IIAG meeting to discuss building off CVIP when bringing in other programmes such as childhood immunisations, MMR and flu into a future national immunisation programme. <b>(Angie Lawrie)</b></p>
3.	<p><b>Standing item on Science and Technical (Dr Ian Town)</b></p>
	<p><b>3a)5-11 year olds &amp; 3b) Boosters</b></p> <ul style="list-style-type: none"> <li>Boosters are a work in progress. Written submission due next week.</li> <li>Data dossier to Medsafe from Pfizer will arrive second week of November. Medsafe will assess as a priority.</li> <li>Boosters will be offered to immunocompromised people as an alternative for those that need it.</li> <li>Booster decisions may need to go to expert advisory committee. Providing accurate timeframes regarding who, what, where and when decisions, will give people certainty.</li> <li>Booster process and timelines will be taken to Vaccine Ministers.</li> <li>Information regarding the country's position on boosters is hard to find to answer questions.</li> <li>More information will come from Pfizer regarding the reasons for this and from an FDA expert advisory at the end of October. Medsafe is also involved in sourcing more data.</li> <li>Best protection for those who are immunocompromised is for everyone to have two doses.</li> <li>Current Programme messaging, and the need to continue with this phase of the programme, hasn't changed.</li> <li>Need to prepare so that boosters are ready to implement subject to any conditions outlined by approval conditions.</li> <li>Possibility of prioritising for front line workers.</li> </ul> <p><b>Action:</b> Return to Steering Group with more detail on boosters once approved by MedSafe. <b>(Dr Ian Town)</b></p>
4.	<p><b>Operational update – Immunisation Programme Update (Jo Gibbs, Allison Bennett, Astrid Koornneef)</b></p>
	<p><b>4a) Implementing AstraZeneca</b></p> <ul style="list-style-type: none"> <li>s 6(a)</li> <li>Consideration of how to distribute across the population, within DHBs is underway. Working with IIAG and further planning will come to PLG. Middle of November for delivery.</li> <li>If AstraZeneca alternative will reach another 1% of Māori then encouraging for it to be widely available, although there will be limited distribution.</li> <li>s 9(2)(b)(ii)</li> </ul>

- s 9(2)(b)(ii)
- s 9(2)(b)(ii)

**Action:** Medsafe to confirm age groups that will be offered AstraZeneca vaccine, and inform the Steering Group at a future meeting. (Chris James)

#### **4b) Mandatory vaccination for health workforce**

- Current draft of the order is for the wider reaching health workforce.
- The Ministry is providing a webinar series, letters to DHB chairs and information has been sent to DHB teams.
- Key concerns: Timeframe for implementation and what happens where people are unvaccinated.
- Draft implementation guidance is being developed based on border and exemption reports.
- Technology and Compliance management to be organised.
- Working with the border plan as much as possible to avoid creating bespoke orders.
- Those that are not vaccinated in the required timeframe will be stood down on October 31<sup>st</sup>.
- The health order also includes access to CIR.
- Paper to Ministers on Friday to verify who has access to CIR and who can use it.
- The Ministry acknowledges it will be difficult to manage DHB workforces if they don't have clear ability to access the registry.
- There are two registries' available, the COVID immunisation register, which is the clinical record, and the border worker registry, which is where we run a match against workforce compliance.
- The Ministry is working with Cabinet to allow access to the workforce compliance registry. Will be clear and legal basis for access to individual vaccination status.
- There is an exemption process, in two parts. First is for people who are medically exempt. The second is where an employer has a significant disruption to providing services as a result of the order.
- The Ministry will be clear in their communications to GPs and DHB executives, on the exemption process.
- Any exemptions will be considered and signed off individually by the Minister of Health.
- Significant communications from IMAC requesting information.

#### **5. Proposed recognition for CVIP (Rachel Prebble)**

This item was not presented to the Steering Group.

#### **6. Reaching the unvaccinated / unbooked population (Fiona Michel, Tamati Shephard-Wipiiti)**

##### **6a) Equity data**

- The Ministry would like to present good outcomes, to the public and Ministers, in the areas where providers have been doing well. There are successful stories in the regions.
- Māori mental health numbers are the lowest vaccinated group. We are working with providers to discover gaps in reaching this group and source solutions.
- The Ministry has been reviewing the DHB equity plans and has made recommendations on strengthening leadership in some areas.
- Visits to regions by Minister Henare observed high rates of vaccinations in these areas.
- Feedback from Māori organisations, contained in the amendment of the paper submitted, will be shared with SROs, as it is helpful regarding approach, and may provide guidance on engagement with providers.
- The Ministry is pleased with the turnout on Super Saturday and see it as a day many New Zealanders will remember fondly.
- Māori, Rangitahi, Pacific people themes on the day were successful. Great to see mainstream New Zealand participating and all television channels showing events.

##### **6b) Whaiora whānau vaccination support service & 6c) Additional funding**



	<p><b>Steering Group Decisions:</b></p> <ul style="list-style-type: none"> <li>to establish a Whaiora Whānau Vaccination support service</li> <li>to resource the \$2m Whaiora Whānau Vaccination support service from the COVID-19 budget</li> <li>Further details have been requested by the Steering Group including where the funds will be best utilised.</li> </ul> <p><b>Action:</b> Further details regarding ways the Ministry can support mental health providers in reaching the unvaccinated to be included in the presented paper, and returned to the Steering Group for consideration, at a future meeting. <b>(Tamati Shepard-Wipiiti)</b></p> <p>The Chair highlighted the value and usefulness of the data gathered and thanked the Data Team for their work in providing this.</p> <p>The Chair also acknowledged the fabulous achievement of Super Saturday, and highlighted Tamati Shepard-Wipiiti as playing a fundamental role.</p>
7.	<p><b>Exit criteria (David Nalder)</b></p> <ul style="list-style-type: none"> <li>The Ministry recognises the need for a good process to confirm when the CVIP is complete and clarity regarding any deliverables remaining.</li> <li>Summary of decisions made will be included and used to build on from current workstreams and any outstanding issues.</li> <li>The Ministry is currently focussed on the transitioning of the programme, bringing clarity to ongoing tasks.</li> <li>Any work outstanding will be included in the National Immunisation Programme.</li> </ul>
8.	<p><b>Risk update (David Nalder)</b></p> <ul style="list-style-type: none"> <li>The Ministry will ensure there is focus on equity uptake and related risks as we move into transitioning the programme.</li> <li>The Ministry is streamlining the risk process, separating risks relating to one another. There are two main areas of focus: <ol style="list-style-type: none"> <li>Risk associated with transitioning out of the current programme.</li> <li>CVIP into National Immunisation Programme.</li> </ol> </li> </ul>
9.	<p><b>Any other business and close</b> Chairs of DHBs are interested in the vaccination uptake mapping.</p> <p><b>Action:</b> Jo Gibbs and Luke Fields will attend the DHB Chairs meeting, with Keriana Brooking, to assist in informing them of the mapping available. <b>(Jo Gibbs, Luke Fields)</b></p> <p>The Meeting closed at 6:15pm</p>
10.	<p><b>Next Meeting</b> Tuesday 2<sup>nd</sup> November 2021 4:30pm – 6:00pm</p>



## Minutes

### COVID-19 Vaccine and Immunisation Programme Steering Group

<b>Date:</b>	Tuesday, 2 November 2021
<b>Time:</b>	4:30pm – 6.00pm
<b>Location:</b>	Teams Meeting
<b>Chair:</b>	Dr Ashley Bloomfield (until 5:30pm), Maree Roberts (from 5:30pm)
<b>Members Attending:</b>	Jo Gibbs, Cathy O'Malley (DHB SRO), Dr Ian Town, John Whaanga, Colin MacDonald, Megan McCoy, Chris Fleming (SDHB), Chris James (Medsafe), Wendy Illingworth, Keriana Brooking  Optional: Dr Caroline McElnay
<b>Other Attendees:</b>	Andrew Bailey, Rachel Mackay, Caroline Greaney, Matt Jones, Jo Williams, Fiona Michel, Allison Bennett, Christine Nolan, Dr Joe Bourne, Rāwā Karetai Wood-Bodley, Dr Juliet Rumball-Smith, Dr Tim Hanlon, David Nalder, Vince Barry, Michael Dreyer, Astrid Koornneef, Tamati Shepard-Wipiiti, Olivia Payne (Legal), Renee Graham (Social Welfare Agency), Alistair Mason (Social Welfare Agency), Tahia Eaquab (Social Welfare Agency)  Helen Francis (Secretariat)
<b>Apologies:</b>	Te Paea Winiata, Shayne Hunter, Deborah Woodley, Rachel Lorimer, Ian Costello, Dr Dale Bramley, Bridget White, Grant Pollard, Salli Davidson, Dr Ashley Bloomfield (after 5:30pm)

#	Agenda Item
1.	<p><b>Introduction and minutes</b></p> <ul style="list-style-type: none"> <li>The minutes from the previous meeting on 19 October 2021 were approved.</li> </ul> <p><b>Apologies</b> Dr Ashley Bloomfield was unable to attend the full meeting due to a media briefing with Hon Hipkins at 6:00pm</p> <p><b>Out of scope</b></p> <p><b>Governance Group</b> <b>Action 210812-02:</b> Provide specific actions that the programme will do differently to address gaps in the data in the report against the success framework. <b>Update:</b> This action will be incorporated into other work being carried out regarding customer experiences. <b>This item is Complete.</b></p> <p>There are no actions outstanding.</p> <p><b>Steering Group</b> <b>Action 211019-02:</b> Return to Steering Group with more detail on boosters, once approved by MedSafe. <b>Update:</b> This item is on the agenda for today's meeting. <b>This item is Complete.</b></p>

	<p><b>Action 211019-03:</b> MedSafe to confirm age groups that will be offered AstraZeneca vaccine, and inform Steering Group at a future meeting. <b>Update:</b> This item is on the agenda for today's meeting. <b>This item is Complete.</b></p> <p><b>Action 211005-01:</b> Costs and risk of overspending associated with the current technology delivery model to be understood, including expenditure cover within other areas of the programme, and future costs. Presented at a future meeting. <b>Update:</b> This item is on the agenda for today's meeting. <b>This item is Complete.</b></p> <p><b>Action: 211005-02:</b> Further advice requested from the Steering Group regarding overseas visitors to NZ having had two doses and whether additional doses will be required. <b>Update:</b> This item is on the agenda for today's meeting. <b>This item is Complete.</b></p> <p><b>Action 211005-03:</b> Further advice requested from the Steering Group for 5–11-year-old age groups doses required. <b>Update:</b> This item is on the agenda for today's meeting. <b>This item is Complete.</b></p> <p><b>Matters arising</b></p> <ul style="list-style-type: none"> <li>• There were no matters arising.</li> </ul> <p>The Chair acknowledged Astrid Koornneef in her new role as Director of the National Immunisation Programme, highlighted her many achievements in her current role, and offered his congratulations on moving into her new role.</p>
2.	<p><b>Immunisation Advisory Group update (Keriana Brooking)</b></p>
	<p>The Co-Chair of the IIAG, Keriana Brooking, updated the Steering Group regarding the latest IIAG meeting held Friday 29 October 2021.</p> <p>The Co-Chair of the IIAG recognised this was the last Steering Group meeting Fiona Michel will be attending and is grateful for all the work she has contributed, particularly in the IIAG, and the introduction and extension of the nonregulated vaccinator role.</p> <p><b>Items of note from the update:</b></p> <div data-bbox="220 1205 1455 1738" style="background-color: black; color: white; text-align: center; padding: 20px;"> <p style="font-size: 48px; font-weight: bold;">s 9(2)(g)(i)</p> </div>
3.	<p><b>Standing item on Science and Technical (Dr Ian Town)</b></p>
	<ul style="list-style-type: none"> <li>• Working with CVTAG on complex issues.</li> <li>• Currently considering the decision to use AstraZeneca.</li> <li>• Medical exemptions appear straight forward as there aren't many grounds for these.</li> <li>• As other vaccines become available there will be other clauses around the availability of these.</li> <li>• There is potential to provide a six-month exemption while someone is on a clinical trial until we reach a satisfactory outcome for that person.</li> </ul>

	<ul style="list-style-type: none"> <li>Working on boosters, general principles and considering priority groups. We are working through access across the programme for all ages. There is a strong call for younger Māori to be prioritised, while not removing the effort to vaccinate 12–18-year-olds with two doses.</li> </ul> <p><b>Steering Group Discussion</b></p> <ul style="list-style-type: none"> <li>s 9(2)(g)(i) [REDACTED]</li> <li>Awaiting Medsafe's determination if six months after second dose is long enough before a booster.</li> <li>There is concern in younger ages groups regarding mandating changes context and considerations for young people, particularly those with an infection, and those who chose to have one dose after talking to a health professional.</li> <li>The Ministry intends to issue broader guidelines regarding the mandating vaccines for young people, and whether 12–18-year-olds will be required to be vaccinated. Once changes to the guidelines have been made, comms will be sent.</li> <li>Prescribing additional doses of the vaccine, and any boosters required, will be the responsibility of the issuing providers.</li> <li>There is a strong view from CV-TAG that the vaccination of 5–11-year-olds is not something we can assume to roll out as soon as a paediatric version of the vaccine is available. There are considerations to be worked through with MedSafe before offering the vaccine.</li> <li>A small working group will be convened to review all the advice from Pfizer, regarding vaccine boosters and additional doses, once it arrives.</li> <li>Those working on the vaccine passports seek clarification of what does being fully vaccinated mean? We don't want a gap between doses, is there a decision pending?</li> <li>It is understood that one week from the second dose of the vaccine means a person is fully vaccinated.</li> <li>Operationally does being fully vaccinated one week after a second dose have an impact. Can we automate the certificate process once someone is recognised as being fully vaccinated?</li> <li>There is a need for the Ministry to be clear with people regarding when they have their certificate if it isn't immediately after the second dose but one week later. An exception process is a different process than exemptions. CV-TAG medical exemptions are for CDCs not under the vaccination order. This is also in the legislation. If there is medical exemption under the order, the Ministry understands this still means moving that person away from the role. The drafting of the exemptions order doesn't appear to have picked this up.</li> </ul> <p><b>Action:</b> Add clarity to the exemptions order regarding the differences between exemptions and exceptions. Will take feedback to the team writing the order to ensure this is included. <b>(Astrid Koornneef)</b></p> <p><b>Action:</b> Update recommendations on the Ministry website to include immunocompromised people,, and the language in recommendations has also changed since first discussed. <b>(Dr Ian Town)</b></p>
4.	<p><b>Operational Update (Jo Gibbs)</b></p>
	<p>This item was added to the agenda at the time of the meeting.</p> <ul style="list-style-type: none"> <li>Items on the agenda will cover todays update.</li> <li>s 9(2)(b)(ii), s 9(2)(j) [REDACTED]</li> <li>Decision to use Astra Zeneca and the complexities are to be considered.</li> </ul> <p>Dr Ashley Bloomfield had to leave the meeting to attend a media briefing with Hon Hipkins. He recommended an offline discussion to discuss timings of announcements for Paper 7, and also the complexities of the decisions to use Astra Zeneca.</p>
5.	<p><b>Reaching the unvaccinated/unbooked population (Fiona Michel)</b></p>
	<ul style="list-style-type: none"> <li>Work is with teams delivering items.</li> <li>The equity team is actively reviewing gaps in the reaching the unvaccinated/unbooked population.</li> </ul>

	<ul style="list-style-type: none"> <li>• A calendar of all things, delivering until the end of the year, has been created by the equity team.</li> <li>• Further funding is available for the Māori health directorate.</li> <li>• Availability of data has transformed the effort in places where it is being utilised. Local providers now know which doors to knock on and can access whānau who they would not normally come into contact with.</li> <li>• Our number one challenge at the moment is to step NZ into the new traffic light system, and how the targets will be reached under this new setup.</li> </ul>
6.	<p><b>Office of the Attorney General (OAG) response update (David Nalder, Jo Williams)</b></p>
	<ul style="list-style-type: none"> <li>• An OAG request for information was made three weeks ago.</li> <li>• We formally wrote back regarding the performance of the work done earlier in the year.</li> <li>• The OAG have submitted formal questions to us which we are responding to. There are six questions that are broad in scope and deep dive into equity strategy and performance.</li> <li>• The Ministry is working on capturing all of the programme work for the last 18 months in a concise way.</li> </ul> <p><b>Steering Group Discussion:</b></p> <ul style="list-style-type: none"> <li>• The Ministry is working on what our narrative will be in replying. There is an opportunity to tell the story of the programme and give context on how it has evolved over time and the challenges we face.</li> <li>• It is important we include operational shifts that took place as a result of the storage requirements of the vaccine, and how our earlier planning was restricted in relation to these.</li> <li>• The Ministry will also include the vaccine storage requirements to show why we did things a certain way and then why we changed the way we did things. Good to remind people that the goal posts were moving and explains strategy which was centralised and then diversified. There are things that we couldn't have done if Pfizer hadn't moved on the storage requirements.</li> <li>• Understanding what the OAGs definition of equity is would be helpful in answering their questions.</li> <li>• It is noted that the Ministry, Steering Group and IAG were advised by the OAG in early 2020 regarding an equity approach to the vaccination programme.</li> <li>• The Ministry will need to be clear in its responses to the OAG regarding what the vaccination programme did and didn't do within the constraints of political decisions.</li> <li>• As the programme progressed, we have been able to address challenges and learn from the community, and adapt the programme as needed.</li> <li>• The programme has been in a constant learning environment because of the speed of the work and meeting deadlines.</li> <li>• The Ministry was charmed with building an approach that would double vaccinate the whole population.</li> </ul> <p><b>Steering Group Recommendations:</b></p> <ul style="list-style-type: none"> <li>• The Steering Group recommends interviewing current and previous members of the IAG for a full understanding of the early narrative of the direction of the programme and the advice received by the OAG at the time. (Jo Williams)</li> </ul>
7.	<p><b>Consumer channel scope change (Michael Dreyer)</b></p>
	<ul style="list-style-type: none"> <li>• There has been a constant challenge to keep the budget under control, especially as policy settings have arrived thick and fast, always challenging, contingent resourcing, we have responded to everything, and have grown over time.</li> <li>• The Technology team have worked to be clear on when the original scope has changed or when we have gone to spend a large sum of money.</li> <li>• The Ministry is able to provide people with personal clinical information and this ability has grown with the availability of certification passports, vaccination certificates, and potential changes coming to automatic contract tracing. Costs are not included in the accompanying paper, as a lot of this work will be funded elsewhere since we're moving into the transitioning phase of the programme.</li> <li>• A paper will be submitted to the PLG explaining the finance approval process and the process for funding the programme next year.</li> </ul>

	<p><b>Action:</b> Commission an independent review on whether costs incurring are good or not, the scope and costs of the programme, and whether they are reasonable or not. <b>(Michael Dreyer, Jo Gibbs)</b></p>
8.	<p><b>Overseas vaccinations (Astrid Koornneef)</b></p>
	<p>The paper is asking the Steering Group to approve beginning to make changes to the CIR for the following two items, and then return to Steering Group with necessary costs and a process to making changes to the CIR in the future.</p> <ol style="list-style-type: none"> <li>1. Enable 23 vaccines to be added to the CIR list to allow people to come into NZ, as an administrative record, not a clinical one.</li> <li>2. Once we receive advice from CV-TAG we would like to enable rule setup for who is eligible for a covid pass when that is available.</li> </ol> <ul style="list-style-type: none"> <li>• Every day the programme is being requested to add overseas vaccines into people's records on CIR. We need to consider how we can do this.</li> <li>• There is potential for CDC when a covid pass is enabled and people are anxious about how this might impact them.</li> <li>• The Ministry would like to highlight when working with NZ customers and also understanding if there is a possibility for any automatic uploading process with clinical decisions.</li> <li>• The Ministry is interested in the process of deciding what is sufficient proof of vaccination.</li> <li>• Managing risk in these areas is front of mind for the Ministry team.</li> </ul> <p><b>Steering Group Recommendation:</b> The Steering Group recommends escalating any issues regarding reaching an agreement with Ministry of Customs and Border Control, regarding how vaccination certificates will be recognised at NZ borders will be managed, as this would incur more costs for the Ministry of Health. <b>(Astrid Koornneef)</b></p> <p><b>Steering Group Decisions:</b> <b>Approved:</b> The Steering Group approved both requests.</p> <ol style="list-style-type: none"> <li>1. Enable 23 vaccines to be added to the CIR list to allow people to come into NZ, as an administrative record, not a clinical one.</li> <li>2. Once we receive advice from CV- TAG we would like to enable rule setup for who is eligible for a covid pass when that is available.</li> </ol> <p><b>Action:</b> Return to Steering Group at a future meeting, with necessary costs regarding the requests to make changes to the CIR, include a process to making changes to the CIR in the future, and how the Ministry will recognise proof of vaccination. <b>(Astrid Koornneef)</b></p>
9.	<p><b>Astra Zeneca decision to use (Astrid Koornneef)</b></p>
	<p>The Steering Group is asked to approve the proposed approach for the Astra Zeneca programme outlined in the paper presented.</p> <p><b>Steering Group Discussion:</b></p> <ul style="list-style-type: none"> <li>• There is a cabinet decision pending and the Ministry is proceeding with work assuming the decision to use will be approved.</li> <li>• We are working with DHB SROs, have discussed with the IIAG, and we are working closely with teams in the programme, to enable an implementation process that recognises select people who will be eligible for Astra Zeneca based on CVTAG advice.</li> <li>• Implementation, logistics and operations are on track at this time. Implementation date is 25 November at this stage.</li> <li>• s 9(2)(b)(ii) [REDACTED]</li> <li>• The Ministry will use processes that don't create barriers including ensuring accessibility and equity are a focus.</li> <li>• There is a need to have a limited distribution model, utilising the current booking system and website to enable people to make bookings for vaccinations.</li> </ul>

	<ul style="list-style-type: none"> <li>• The Ministry is working through the best processes to enable people to make informed decisions regarding whether they are eligible for the Astra Zeneca vaccine. Including whether they need to discuss their options with their primary care provider.</li> <li>• The Ministry acknowledges there is a need to carefully manage access for smaller DHBs with logistical challenges and limited supply, so we can send Astra Zeneca to every provider ensuring we understand any access and equity issues that might arise.</li> <li>• The IAG Co-Chair and CEs Forum discussed the mandatory vaccination order at its last meeting and included that people may use Astra Zeneca to avoid termination of employment. The Ministry provided employment options such as people going on leave without pay to allow them the opportunity to get Astra Zeneca, only returning to the workforce once double dosed and therefore fully vaccinated.</li> <li>• The Steering Group highlighted the potential for false medical exemptions and the need for clarity regarding responsibility for integrity of exemptions.</li> <li>• There are questions regarding how we're going to implement Astra Zeneca alongside managing the Pfizer vaccine rollout. How we make it available to people who want to make a choice to use this instead of the Pfizer vaccine, and any contraindications that might exist.</li> <li>• The Ministry intends to reduce confusion and get the important messages to the public by rolling out an implementation plan that adapts as we proceed, depending on demand.</li> </ul> <p><b>Steering Group Decision:</b>  <b>Approved:</b> The Steering Group approves the proposed approach for the decision to use Astra Zeneca programme outlined in the paper presented.</p> <p><b>Action:</b> Provide further details to Chris Fleming, regarding responsibility for the integrity of exemptions and how the Ministry will prioritise the applications for exemptions. <b>(Astrid Koornneef)</b></p> <p><b>Action:</b> Have an offline discussion on how the Ministry will deal with the decision to use Astra Zeneca and the complexities involved. <b>(Dr Ashley Bloomfield/Jo Gibbs)</b></p>
10.	<p><b>CVIP Pfizer/BioNTech vaccine temporary medical exemption policy statement and clinical guidance (Astrid Koornneef, Christine Nolan, Olivia Payne)</b></p>
	<p>There are two key points:</p> <ol style="list-style-type: none"> <li>1. Medical certificates are being prepared with CVTAG advice and process. If an employee receives an exemption, they will still have to consider how carrying out their role meets the order.</li> <li>2. Policy statement will cover the transition process as we work through who, as health professionals, will be responsible for managing exemptions.</li> </ol> <ul style="list-style-type: none"> <li>• The team is looking for guidance from the Steering Group regarding best practice when granting exemptions.</li> <li>• Work is underway, in the Ministry, on a process that will include checks and balances to help ensure we have a process in place through the Minister of Health's office, to consider exemption requests, and that exemption details can be added to the CIR.</li> <li>• A health and safety perspective is recommended when reviewing exemptions. Whether or not a medical professional is granting exemptions on valid grounds, their responsibilities and if we accept their medical certificate then the risk transfers to the medical practice if the person then contracts covid. The exemption order requires the employer to check it is valid and we will be clear that they then take responsibility for that employee.</li> <li>• If the Ministry decides to centralise the exemptions process, we will update the vaccination order as quickly as possible and work to understand managing the exemption requests in the interim.</li> <li>• There is a sense of urgency regarding the exemption process as the Ministry is aware of requests for exemptions from primary health care providers.</li> <li>• The Technology perspective on the integrity of the medical exemption process is that assuming only these narrower official exemptions are revalidated centrally, then this record can be managed carefully into the covid immunisation register. § 9(2)(g)(i)</li> </ul> <p>nyone with an unofficial exemption would not be able to bypass the system.</p>

	<ul style="list-style-type: none"> <li>If the Ministry agrees to centralise the exemptions process, this may provide better protection of the process and reduce pressure to primary care providers.</li> </ul> <p>The Steering Group is requested to consider centralising the management of the exemptions process, given that this will be a small group and there are only two criteria for having an exemption granted. Does the Ministry want central governance, whether it's a panel, through auditing or submission of numbers only, or if we have a central sign out that we can centralise?</p> <p><b>Steering Group Decision:</b>  <b>Deferred:</b> The Steering Group would like further information and discussion and recommends returning to the Steering Group at a future meeting for a decision regarding whether to centralise the vaccination exemptions process and provide centralised governance. <b>(Astrid Koornneef, Jo Gibbs)</b></p> <p><b>Action:</b> Complete a risk assessment 3 November regarding managing exemptions centrally and return to the Steering Group at a future meeting. <b>(Astrid Koornneef, Jo Gibbs)</b></p> <p><b>Action:</b> Integrate into the exemption order, the differences between exemptions and exceptions, and their different acceptance criteria and processes. <b>(Astrid Koornneef)</b></p> <p><b>Action:</b> Following CV-TAG advice, return to Steering group for decisions on enabling a rule setup for the exemptions process, and who is eligible for a vaccine pass. <b>(Astrid Koornneef)</b></p> <p>Astrid Koornneef acknowledged the work Christine Nolan and her team have undertaken in working on the CVIP Pfizer/BioNTech vaccine temporary medical exemption policy statement and clinical guidance, as it is an incredibly complex piece of work.</p>
11.	<p><b>Denominator for vaccination uptake (Luke Fields)</b></p>
	<p>The paper proposes changing the denominator as part of the annual update and for a timeline of when the best opportunity will be to make the change. There are two requests for approval to consider:</p> <ol style="list-style-type: none"> <li>Approve adoption of HSU approach going forward.</li> <li>Timeline of when to make the changes. <b>Note:</b> There is a denomination shift expected when we begin to vaccinate 5-11 year olds, the recommendation is to wait and do both updates at this time.</li> </ol> <ul style="list-style-type: none"> <li>The proposal is not to change the principles or to change the HSU it is only to make an update based on national and DHB targets.</li> <li>When the Ministry decided to use HSU as population monitoring data, we knew we would need to update the denominator as we are able to define the population better.</li> <li>The Ministry is aware that changing the denominator may cause confusion with the public when viewing vaccination population data.</li> <li>The increase of 180,000 people to the denominator includes new health service users being identified, who were not part of the database before then, and have used the health service for vaccination purposes only.</li> <li>The Steering Group acknowledges the messaging to the public will be important to convey making a change to the denominator is a natural occurrence.</li> <li>Stats NZ might make a statement alongside the Ministry of Health regarding why the HSU is used and might be a way to signal to the public that this is going to happen.</li> <li>The Steering Group notes this item will be presented to Vaccine Ministers once the Steering Group has made its decision.</li> </ul> <p><b>Steering Group Decision:</b>  <b>Deferred:</b> The Steering Group recommends further discussion regarding the issues raised, using the HSU, the benefits it brings, the way we are using the denominator, and returning to the Steering Group at a future meeting for a decision. <b>(Luke Fields)</b></p>



	<b>Action:</b> Add 'changes to the denominator' as an agenda item for the next Steering Group meeting. Presented by Luke Fields. <b>(Angie Lawrie)</b>
<b>12.</b>	<b>IDI analysis (Renee Graham, Alistair Mason, Tahia Equb (Social Welfare Agency))</b>
	<ul style="list-style-type: none"> <li>• The Social Welfare Agency is analysing data to inform us about the unvaccinated population.</li> <li>• There is a group working on outputs and what characteristics we see in the unvaccinated group which might provide insights into what is happening in this space, and whether the insights and actions across the health and social sector are in the right direction and where we need to do more.</li> <li>• New insights are GP connections to health system locations and connections within the social sector such as housing, ethnicity, and age.</li> <li>• The next step for the Social Welfare Agency is caring for communities and sharing with the Steering Group for further discussion.</li> <li>• We have teams working on cluster analysis, workplace regression analysis and what we might be able to do over time to show improvements.</li> <li>• We are working with the covid vaccination programme to ensure we are offering worthwhile data and helping to liaise with other parts of the government who have an interest also.</li> <li>• The Minister for disability is keen to interrogate the data available.</li> </ul>
<b>13.</b>	<b>Any other business and close</b>  The Meeting closed at 6:30pm
<b>14.</b>	<b>Next Meeting</b> Tuesday 9 November 2021 4:30pm – 6:00pm

DRAFT

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982



## Minutes

### COVID-19 Vaccine and Immunisation Programme Steering Group

<b>Date:</b>	Tuesday, 9 November 2021
<b>Time:</b>	4:30pm – 6.10pm
<b>Location:</b>	Teams Meeting, 1N.3
<b>Chair:</b>	Jo Gibbs (until 4:45pm) Maree Roberts (from 4:45pm)
<b>Members Attending:</b>	Dr Ashley Bloomfield, Jo Gibbs, Cathy O'Malley (DHB SRO), Dr Ian Town, John Whaanga, Colin MacDonald, Megan McCoy, Chris Fleming (SDHB), Chris James (Medsafe), Wendy Illingworth, Keriana Brooking Optional: Dr Caroline McElnay
<b>Other Attendees:</b>	Andrew Bailey, Rachel Mackay, Matt Jones, Jo Williams, Allison Bennett, Dr Joe Bourne, Rāwā Karetai Wood-Bodley, Dr Juliet Rumball-Smith, Dr Tim Hanlon, David Nalder, Vince Barry, Michael Dreyer, Astrid Koornneef, Maria Cotter, Luke Fieldes, Rachel Lorimer Helen Francis (Secretariat)
<b>Apologies:</b>	Shayne Hunter, Ian Costello, Dr Dale Bramley, Bridget White, Salli Davidson, Caroline Greaney, Fiona Michel, Tamati Shepard-Wipiiti

#	Agenda Item
1.	<p><b>Introduction and minutes</b></p> <ul style="list-style-type: none"> <li>The minutes from the previous meeting on 2 November 2021 were approved.</li> </ul> <p>Out of scope</p> <p><b>Steering Group</b></p> <p><b>Action 211102-01:</b> Add clarity to the exemptions order regarding the differences between exemptions and exceptions. Will take feedback to the team writing the order to ensure this is included. <b>Update:</b> This item is Complete.</p> <p><b>Action 211102-02:</b> Update recommendations on the Ministry website to include immunocompromised people, and the language in recommendations has also changed since first discussed. <b>Update:</b> The redraft will be ready 10 November.</p> <p><b>Action 211102-03:</b> Commission an independent review on whether costs incurring in Technology are good or not, the scope and costs of the programme, and whether they are reasonable or not. <b>Update:</b> Work is progressing in finding an appropriate independent reviewer.</p> <p><b>Action 211102-04:</b> Return to Steering Group at a future meeting, with necessary costs regarding the requests to make changes to the CIR, include a process to making changes to the CIR in the future, and how the Ministry will recognise proof of vaccination. <b>Update:</b> Separate this Action.</p>

	<p><b>Action 211102-05:</b> Provide further details to Chris Fleming, regarding who is responsible for the integrity of exemptions and how we will priorities exemptions and their application process. <b>Update:</b> This item is Complete.</p> <p><b>Action 211102-06:</b> Have an offline discussion on how the Ministry will deal with the decision to use Astra Zeneca and the complexities involved. <b>Update:</b> This item is Complete.</p> <p><b>Action 211102-07:</b> Conduct a risk assessment 3 November 2021 to access whether the Ministry should manage the exemptions process centrally. Return to Steering Group at next meeting for further discussion. <b>Update:</b> This item is Complete.</p> <p><b>Action 211102-08:</b> Integrate the differences between exemptions and exceptions, and their different acceptance criteria and processes into the exemption order. <b>Update:</b> This item is Complete.</p> <p><b>Action 211102-09:</b> Following CV-TAG advice, return to Steering Group for decisions on enabling rule setup for the exemptions process, and who is eligible for a vaccine pass. <b>Update:</b> This item is on the agenda today and is Complete.</p> <p><b>Action 211102-10:</b> Add 'changes to the denominator' as an agenda item for the next Steering Group meeting. Presented by Luke Fieldes. <b>Update:</b> this item is on the agenda today and is Complete.</p> <p><b>Action 210928-07:</b> Data sharing arrangements between DHB's and providers to be followed up so there are no barriers to receiving community based data and to make it useful for providers in their local communities. <b>Update:</b> This item is Complete.</p> <p>All other actions are in progress.</p> <p><b>Matters arising</b></p> <ul style="list-style-type: none"> <li>• There are no matters arising.</li> </ul>
2.	<p><b>Operational Update (Jo Gibbs, Andrew Bailey)</b></p>
	<p>The Programme Leadership Group (PLG) is presenting some of the activity remaining for the programme since September and would appreciate prioritisation of items from the Steering Group.</p> <p><b>Plan on a page (Andrew Bailey)</b></p> <ul style="list-style-type: none"> <li>• Key activities and milestones are included in the plan on a page.</li> <li>• Feedback from the Steering Group would be appreciated regarding upcoming items and dates.</li> <li>• We have six workstreams.</li> <li>• Maximising uptake to 90% and upwards is our key focus.</li> </ul> <p><b>Steering Group Discussion:</b></p> <p><i>Vaccination mandates</i></p> <ul style="list-style-type: none"> <li>• There isn't a general mandated vaccination order item in the plan.</li> <li>• In the next couple of weeks, the services at national and local levels will start to stand employees down who don't meet the order requirements.</li> <li>• The Ministry is working on a service disruption panel to consider and recommend approval for applications where critical services may disrupt PCBUs.</li> <li>• Any employer can bring their service disruption to this panel for continuity in all sectors, there will also be an appeal process available.</li> <li>• The Ministry is meeting with Chief Executives of DHBs tomorrow evening (Wednesday 10/11) where the service disruption panel will be announced, and the mandatory vaccination order will be discussed in full.</li> <li>• An imminent pathway would be appreciated for the CEs meeting tomorrow.</li> </ul> <p><i>Data sharing</i></p> <ul style="list-style-type: none"> <li>• Strong encouragement to work with Māori providers, and other providers, to ensure understanding of data sharing parameters, so DHBs operate uniformly in providing regional data, and are not subject to criticism when providers don't receive data they think they need.</li> </ul>

	<ul style="list-style-type: none"> <li>The Ministry is meeting with providers today to reach an agreement in providing data. It is noted that Whanau Ora is invited to the meeting.</li> <li>The Ministry acknowledges, and is keen to understand, where there may be a significant service risk if there are staff shortages once the mandatory vaccination order goes live.</li> <li>There are some key priorities for the Ministry about the vaccine, and the interplay between maximising uptake, and the mandatory vaccination orders, and what impact they will have, and how we will manage this. <i>Vaccination Certificates</i></li> <li>There are risk milestones to consider. For instance, vaccination certificates have tight dates for implementation, and there are significant technology and operational outcomes that need to occur to be successful.</li> <li>The Ministry acknowledges this is a highly visible part of the programme, as certificates garner a lot of attention, and this will increase depending on what else the government has going on.</li> <li>The technology team is busier than it ever has been, and we expect to be exposed to data issues as we put vaccination data into the public domain, and people's ability to travel, attend events, and visit places, changes. We are working through the challenges that might come. We expect for about 5% of the population this might be more complicated, and they may require a higher level of tech support.</li> <li>The programme is not slowing down. The s 9(2) agenda, and imperatives surrounding deadlines is much more defined than we planned for, however the programme is working well to manage this. Although the Ministry is not concerned that we will go live with items by their deadlines, we may not go live with the full item all at once. There are two items to note: <ol style="list-style-type: none"> <li>We note we will need prioritisation of outstanding items to complete these well.</li> <li>We need to keep programme resources to complete items into 2022.</li> </ol> The Ministry notes it is receiving higher than usual requests for information, including letters and 30 OIAs daily and is considering extra resourcing to support this area. </li> </ul> <p><b>Action:</b> Discuss the potential for service risk regarding staff shortages, as the mandatory vaccination order goes live. (Chris Fleming, Jo Gibbs)</p>
3.	<p><b>Standing item on Science and Technical (Dr Ian Town)</b></p>
	<ul style="list-style-type: none"> <li>CV-TAG has three paediatricians who will assist in reviewing available articles regarding pros and cons to deep dive into what we know and what concerns might remain regarding vaccinations for 5-11 year olds. We will have preliminary views in 2-3 weeks or, if we have to decide to use for immunocompromised people quickly, then we can update sooner.</li> <li>Working towards ratifying boosters overnight. The proposal is for anyone over 18 to be approved to have the booster, and also for boosters not to be part of any mandatory vaccine orders.</li> <li>Boosters will be focussed on people in high-risk situations, especially health workers.</li> <li>There have been requests to run Port clinics for boosters which the Ministry has declined as the priority for the programme is for everyone to get their first two doses.</li> <li>It is noted by the Ministry that the highest risk of the vaccination waning in its effectiveness, is for over 65s, they will therefore benefit from receiving the booster vaccination.</li> <li>The suggested timeline to receive a booster shot is six months from the date of the second dose.</li> </ul> <p>The Director General acknowledged and thanked CV-TAG for the great work they are doing.</p>
4.	<p><b>CV-TAG recommendations – Definition of fully vaccinated in NZ and recognition of overseas administered vaccinations (Maria Cotter)</b></p>
	<ul style="list-style-type: none"> <li>The Ministry sought CV-TAG advice on the definition of “fully vaccinated” to clarify who is eligible to receive a vaccination certificate( international or domestic; the policy for recording overseas administered vaccinations in the CIR; advice on whether additional doses are required to be considered “fully vaccinated”, the period of time after the last dose to be considered “fully immunised”, This definition will also inform advice for medium risk pathways under the Reconnecting New Zealanders strategy.</li> <li>CV-TAG is proposing a broad definition of the description of fully vaccinated. The Ministry agrees this is a pragmatic approach which will provide a baseline for recognising overseas administered vaccines.</li> </ul>

- CV-TAG recommends that the eight WHO EUL approved vaccines s 9(2)(b)(ii) be recognised based on data for protection against COVID-19. It also recommended that that if a person is vaccinated with a vaccine other than one of these s then one additional dose of the Pfizer vaccine would provide an acceptable level of protection for NZ settings.

**Steering Group Discussion:**

- Next steps include the work the CVIP operations and technology team is doing to establish a system to record overseas vaccinations. This system will initially be managed centrally, then moved to the border when the Travel Health Declaration System is in place. From next week the Ministry will be able to receive applications to record overseas vaccinations, but due to technology complexity these won't be able to be entered in the CIR until 25 November. This will mean there will be a lag until they can apply for a My Vaccine Pass. The team will prepare comms to ensure instructions and expectations are clear.
- .
- The Ministry is establishing a centralised process for vaccine medical exemptions.
- The Ministry will provide guidance for consumers and healthcare providers on criteria where additional doses are required in order to be considered fully vaccinated in NZ.
- The Ministry is leading work to change the schedule 3 of the Vaccination Order in the context of these decisions (ie increased number of recognised vaccines).
- Vaccine trial participants will not be classified as fully vaccinated but will be eligible for a medical exemption that will enable them to be issued with a My Vaccine Pass. If the trial vaccine is later approved by Medsafe then their primary vaccination schedule will be deemed to be recognised.
- It is noted that holding My Vaccine Pass may not enable people in vaccine trials to continue working in their role if their position is under a mandatory Vaccination Order.

**Steering Group Decision:**

The Steering Group indicated their general comfort with the CV-TAG recommendations as set out in the paper *Definition of fully vaccinated in NZ and recognition of overseas administered vaccinations*. The Director General will provide final sign off on the recommendations. The final decisions will be shared with the Vaccine Ministers as an oral item for noting.

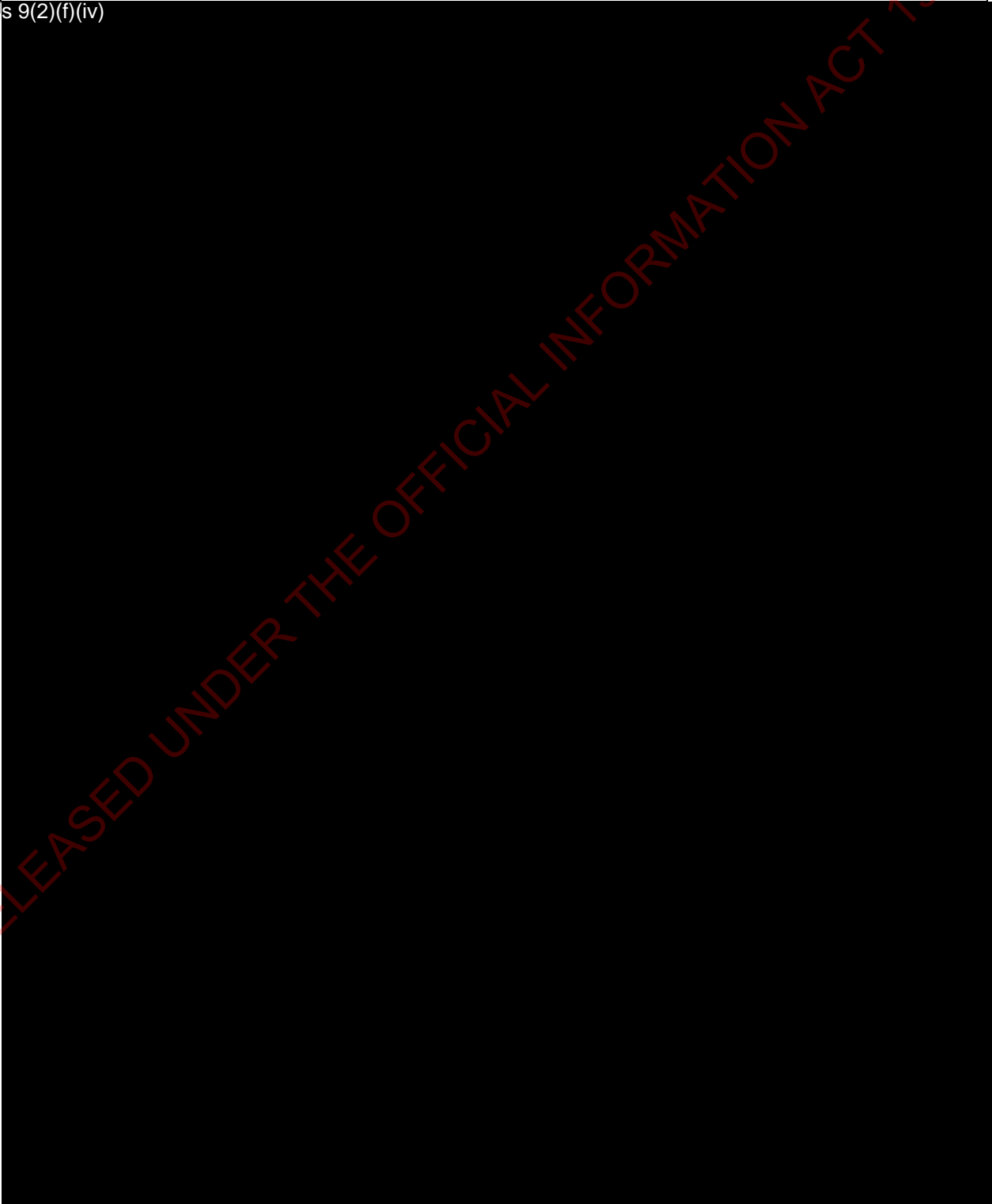
**Action:** Provide a paper to Steering Group outlining the tech and operations plan for consumers and health care providers who may require additional vaccine doses to be considered fully vaccinated in NZ and enable them to be eligible for a My Vaccine Pass. (Astrid Koornneef)

5. **Reaching the unvaccinated/unbooked population (Vince Barry)**

- It is becoming more difficult to reach the unvaccinated/unbooked population and the Ministry has identified six DHBs who need further support.
- There is a weekly delivery calendar for each DHB and we are meeting daily to discuss their delivery plan and identify areas where further support may be needed.
- It is noted that Ministers have expectations that events will drive vaccinations and we are working to identify areas where events are working to roll this method out in other areas.
- We are bringing the equity and comms teams together to review how we are doing and adapting DHB plans accordingly.
- We are intending to have as many people as possible with their first dose and use that experience to encourage people returning for their second dose.
- The Ministry notes there is some aggression being shown to mobile vaccinators in some areas from anti-vaccination groups and are managing this risk carefully.
- We are also focussing on the needs of mental health services to reach unvaccinated people.

**Steering Group Discussion:**

- Offering extended hours of opening for some providers is something that may assist in reaching people who are unable to attend clinics during working hours.
- The DHB daily reviews of delivery calendars are showing there is activity in the early mornings and later in the day, we have seven sites offering later opening hours until 7pm responding to this activity.

	<ul style="list-style-type: none"> <li>• There are some clinics within Whanau Ora areas who are working to change the commissioning model to delivery clinics differently to encourage more vaccinations.</li> <li>• The Ministry notes there are a few groups involved in the unvaccinated population, including the need for more education, enablement and matching the population with the availability of clinics. There is also a pro-choice group who are not necessarily anti-vaccination, we do have an anti-vaccination part of the population, and this group is proving difficult to discuss options with. Our approach to these communities needs to be considered.</li> <li>• Our funding model of pay per vaccination is also offering a per dose hourly rate for providers. Those who give between 30-69 a daywork under the small clinic model. Those who give more than 69 doses per day clinics will pay per vaccination. We are working with providers and DHBs to offer support to offer pop up clinics using these funding models.</li> </ul>
<p>6.</p>	<p><b>HSU proposed denominator update (deferred from 2 November) (Luke Fieldes)</b></p>
	<p>s 9(2)(f)(iv)</p> 

	<p><b>Deferred:</b> The Steering Group has asked for further information and consideration regarding the timeframe for introducing the update to the denominator, s 9(2)(f)(iv)</p> <p>[REDACTED]</p> <p><b>Action:</b> Return to Steering Group with further analysis of the HSU. (Luke Fieldes)</p>
7.	<p><b>Exemptions for vaccination order (Rachel MacKay)</b></p> <p><b>7a) Funding medical / nurse practitioner consultations for people applying for an exemption</b></p> <p>Medical exemptions criteria and process to be approved.</p> <ol style="list-style-type: none"> <li>1. Funding consultations with health practitioners.</li> <li>2. Take payment proposal to SROs and DHBs adding planning and funding will match third primary dose funding. Requesting SROs to approve single fee for consultations. In the meantime, we will send comms to health practitioners, nurses, nurse practitioners, with more details to come.</li> </ol> <p><b>Steering Group Discussion:</b></p> <ul style="list-style-type: none"> <li>• How many people are having consultations and getting exemptions? We have had six people come through the process so far, who have received an exemption, those that are eligible may be in the low hundreds or less. There may be more who apply but don't meet the criteria.</li> <li>• Interesting to see how funding for conversations, consultations, application, and exemptions works moving forward.</li> <li>• The Ministry will collate the data of these interactions and monitor the uptake as we progress.</li> </ul> <p><b>Steering Group Decision:</b></p> <p><b>Approved:</b> Agreement to conduct discussions with SROs, regarding the single fee funding model for consultations, regarding requests for exemptions.</p> <p><b>Approved:</b> Jo Gibbs to provide final sign off whatever funding model the SROs agree.</p> <p><b>7b) Members of Temporary Medical Exemptions Panel</b></p> <ul style="list-style-type: none"> <li>• Potential temporary medical exemptions panel members have been identified and a list produced with 13 names in total.</li> <li>• There will be a Chair, a Māori Health Advisor, and up to four clinicians on the panel.</li> <li>• Feedback is welcomed from the Steering Group and we will then approach candidates. As it is short notice there may be an availability issues for some of the candidates.</li> </ul> <p>The Director General recognised the great work being done in setting up the temporary panel.</p> <p><b>7c) ToR for Service Disruption Panel</b></p> <ul style="list-style-type: none"> <li>• We are working to introduce a service disruption process for employers to use, and to create a term of reference. It is not currently ready for sign off however we will socialise via email in advance of the next Steering Group meeting.</li> </ul> <p><b>Steering Group Recommendation:</b></p> <ul style="list-style-type: none"> <li>• Engage a DHB Occupational Therapist as a disruption of service panel member as they have credibility within the DHB network.</li> </ul> <p><b>Action:</b> Socialise ToR and service disruption process, for the Service Disruption Panel, with members of the Steering Group for presenting at a future Steering Group Meeting. (Rachel MacKay)</p> <p>The Chair recognises thanks the team for the great work done in setting up the Service Disruption Panel.</p>

8.	<p><b>Janssen and Astra Zeneca decision to use 2022 (Allison Bennett)</b></p>
	<ul style="list-style-type: none"> <li>• The Ministry is importing 100,000 Astra Zeneca doses as an alternative to the Pfizer vaccine.</li> <li>• We will decide the delivery model for Astra Zeneca early in 2022.</li> <li>• s 9(2)(j)</li> <li>• We will be importing Jansseen into the country and decide whether to use at a later date.</li> <li>• We will decide whether to donate our vaccination supplies as we have more options in 2022.</li> <li>• s 9(2)(j)</li> <li>• The decisions to use Astra Zeneca and Jansseen will be sent through to Vaccine Ministers for consideration.</li> <li>• The Programme Leadership Group (PLG) recommends implementing Astra Zeneca as its second primary vaccine as the programmes operational management of two vaccines is less complicated than managing three vaccines.</li> <li>• s 9(2)(j)</li> <li>• The Ministry notes that there may be an occasion next year where we can donate the Jansseen vaccine to other countries, but not be able to because of the contract signed to import the vaccine into NZ.</li> <li>• The Ministry has managed multiple vaccinations for children and others in the past and recognises we may be able to assist our Pacific neighbouring countries with donations.</li> <li>• s 9(2)(j)</li> </ul> <p><b>Steering Group Decision:</b> s 9(2)(j)</p>
9.	<p><b>Request to pause PVSC post vaccine system check and future state (Dr Tim Hanlon)</b></p>
	<p>The PVSC is the active monitoring systems which are the gold standard for surveillance. The initial design had some issues with adding adverse reactions, so we are redrafting this and we anticipate it will be ready tomorrow, 10 November..</p> <ul style="list-style-type: none"> <li>• The PVSC will provide further confidence once booster doses have been rolled out.</li> <li>• There is potential to use this kind of technology for childhood immunisations.</li> <li>• The first survey provided good data, the second we could pick the data we wanted to use, and the third survey provides good design as we progress.</li> </ul> <p><b>Steering Group Decision:</b> <b>Approved:</b> The Steering Group is comfortable with the redrafting of the PVSC post vaccine system check.</p>
10.	<p><b>Any other business and close</b></p> <p><b>Horizon's report – September summary (Noting paper attached)</b></p> <ul style="list-style-type: none"> <li>• Have had consistent uptake of 87%, the research is from September. We are at 89% for first doses and 12 and above age groups are higher for Māori and Pacific people than the research shows.</li> <li>• We are seeing an increase in uptake with people making a concerted effort to reach the 90 and above vaccination target.</li> </ul> <p><b>Equity data (Noting paper attached)</b></p> <p>This paper was submitted as read and not discussed further.</p> <p>The Meeting closed at 6:10pm</p>
11.	<p><b>Next Meeting</b></p>



Tuesday 16 November 2021 4:30pm – 6:00pm

DRAFT  
RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982



## Minutes

### COVID-19 Vaccine and Immunisation Programme Steering Group

<b>Date:</b>	Tuesday, 16 November 2021
<b>Time:</b>	4:30pm – 6pm
<b>Location:</b>	Teams Meeting
<b>Chair:</b>	Dr Ashley Bloomfield
<b>Members Attending:</b>	Maree Roberts, Jo Gibbs, Cathy O'Malley (DHB SRO), , Dr Ian Town, Dr Caroline McElnay, Keriana Brooking
<b>Other Attendees:</b>	Rachel Mackay, Caroline Greaney, Colin MacDonald, Dr Tim Hanlon, David Nalder (Risk), Matt Jones, Andrew Bailey, Vince Barry, Michael Dreyer, Rachel Lorimer, Rāwā Karetai Wood-Bodley, Jo Williams, Astrid Koornneef, Christine Nolan, Tamati Shepard-Wipiiti, Chris James (Medsafe), Cheree Shortland-Nuku Dr Juliet Rumball-Smith Helen Francis (Secretariat)
<b>Apologies:</b>	Fiona Michel, John Whaanga, Wendy Illingworth, Te Paea Winiata, Chris Fleming (SDHB), Bridget White

#	Agenda Item
1.	<p><b>Introduction and minutes</b></p> <ul style="list-style-type: none"> <li>• Dr Ashley Bloomfield welcomed the members and attendees to today's meeting.</li> <li>• One change was indicated from the previous minutes. Maree Roberts indicated she has changes that she will provide to the Secretariat.</li> <li>• The minutes from the previous meeting on 9 November 2021 were approved with the above change.</li> </ul> <p><b>Action tracker considerations</b></p> <p><b>Steering Group</b></p> <p><b>Action 211109-04:</b> Discuss the potential for service risk regarding staff shortages, as the mandatory vaccination order goes live. <b>Update:</b> This item is Complete.</p> <p><b>Action 211019-07:</b> Attend the DHB Chairs meeting to discuss vaccination uptake mapping available. <b>Update:</b> This item is Complete.</p> <p><b>Action 211102-02:</b> Update recommendations to the Ministry website to include immunocompromised people, and the language in the recommendation has also changed since first discussed. <b>Update:</b> This is more complicated than initially thought. A redraft is in progress and an update will return to the next Steering Group meeting.</p> <p><b>Action 211102-03:</b> Commission an independent review on whether costs incurring in Technology are good or not, the scope and the costs of the programme, and whether they are reasonable or not. <b>Update: Change the Action to:</b> Commission an independent analysis of the cost/benefits/scope of the ICT workstream to review value-for-money and identify any lessons learned that can be applied to future work. <b>Update:</b> There are important assets to consider for future work as the CVIP tech may be</p>

	<p>used in other programmes. The scope of the independent review will return to the Steering Group for approval.</p> <ul style="list-style-type: none"> <li>No changes to other Actions.</li> </ul> <p><b>Matters arising</b></p> <ul style="list-style-type: none"> <li>No matters arising.</li> </ul>
2.	<p><b>Immunisation Advisory Group Update (Keriana Brooking)</b></p>
	<p>Keriana updated the Steering Group regarding the latest IAG meeting held Friday 12 November.</p> <p><b>Items to note:</b></p> <ul style="list-style-type: none"> <li>Never-ending pursuit of better by Tātou Whaikāha. IAG continues to support Dr Tristram Ingham as IAG works alongside to uplift uptake. The work Dr Tristram Ingham is doing is broad and directly impacts the disabled community.</li> <li>IAG had a presentation from staff at the Social Wellbeing Agency regarding the analysis of its data about the impact of the work being done, and our ability to see where the disabled community comms is getting traction or not.</li> </ul> <p><b>Steering Group Discussion:</b></p> <ul style="list-style-type: none"> <li>The Steering Group notes the ongoing legacy items that are leading from the programme.</li> <li>The use of the IDI to review population stats and access to helpful good insights.</li> <li>Moving into discussions with local providers and GPs, changing language from unvaccinated to vulnerable members of the population as some may be vulnerable even if vaccinated. For instance, areas of mental health, addictions, challenging accommodation circumstances, and rural populations both Māori and non-Māori.</li> <li>We have a good lens to use now and can also view the wider Covid response work while we're seeing a profound switch in the health system.</li> </ul> <p>The Chair continues to recognise the great work being done by the IAG and Tātou Whaikāha.</p>
3.	<p><b>Operational update – Immunisation Programme Update (Jo Gibbs, Rachel Lorimer, Caroline Greaney, Matt Jones)</b></p>
	<p><b>3a) Data Sharing (Caroline Greaney)</b> The Ministry is working through two items in parallel.</p> <ol style="list-style-type: none"> <li>Working to implement the decision made by the Director-General to decline to share all North Island individual data because of the widescale /scope of it, and instead have conversations with iwi on a rohe-by-rohe basis, regarding which data is needed in that area. We are prioritising working with areas with low vaccination rates and have had a hui with iwi in the Waikato region, and agreed to share data for that area with the Whanau Ora Commissioning Agency. Once we work through the technical details, Dr Bloomfield will be asked to sign off.</li> <li>Working through the judicial review as we are required to provide affidavits on Thursday responding to the second proceedings in the High Court. This time the proceedings ask the High Court to instruct decide whether to instruct the Ministry of Health to release data to the Whanau Ora Commissioning Agency.</li> </ol> <ul style="list-style-type: none"> <li>The Ministry is approaching the release of data on a rohe-by-rohe basis, as conversations with local iwi indicate bespoke arrangements need to be in place. There is also plenty of data available to providers now – at individual level or their own enrolled populations, as well as meshblock data and SA2 maps.</li> </ul> <p><b>Steering Group Recommendation:</b> The Steering Group recommends ensuring the Ministry is having conversations with the right representatives of local iwi and ensure all factors are considered when discussing data sharing.</p> <p><b>3b) Modelling (Matt Jones)</b></p> <ul style="list-style-type: none"> <li>There have been requests for a modelled forecast, starting at the end of November, of forecast New Zealand vaccination rate estimates as we move into Christmas. It is important to note that although this modelling is highly speculative and actual results will be driven by human behaviour.</li> </ul>

- Current forecasts show 90%+ vaccination rates for some DHBs, while others will fall above and below the target, based on current rates and consistent assumptions about first and second dose rates.
- We continue to anticipate a slowdown of first doses, consistent with NZ and international experience.
- We have taken into account a lower rate for dirt doses during the Christmas period.
- Progress is being made every day, and the results in this paper are impressive. New Zealand achieving 90% fully vaccinated before Christmas would be an outstanding and ambitious achievement.

### 3c) Horizon Highlights and Comms (Rachel Lorimer)

- We are now able to move away from a binary response to media enquiries.
- It is good to see real life stories being told to the media by Tamati Shepard-Wipiiti with our focus on the unvaccinated and data and insights leading the approach.
- The Comms team are working alongside the equity team in supporting their efforts, focussing on equity groups, and supporting DHBs in the work they're doing.
- The comms approach is to focus on local sites where we can add value in the comms through trialling and working through ideas.
- We have heavily targeted campaigns to reach out to unvaccinated people to address the reasons, driven by research, that people have made decisions through hesitancy.
- Our message is the urgency of getting vaccinated for summer, two shots for summer for instance, and the need to be vaccinated for the good things available in summer, with the vaccination pass being required to attend events by the end of the month.
- We have a number of strategies in communicating with unvaccinated people, including using some circuit messaging to encourage people to look at other points of view.
- Delta is a game changer, in some small towns there is a view that covid is not a threat. Comms messaging is they will need to make a plan for when delta comes through their town, without being alarmist.

#### Steering Group Discussion:

- There is a shift in language from using the term unvaccinated to vulnerable people. This is important to include in the comms and to continue the focus on the unvaccinated.
- Comms campaigns are using two key lines in most advertisements, doing more for the people you love and getting vaccinated for the people you love. We will test on audiences to ensure the messaging is about protecting those unable to be vaccinated around you and shifting the language to vulnerable people still gets the best to be vaccinated message across.
- The Ministry notes that 25% of those in this latest outbreak are under 12 years of age.
- The Ministry comms messages should be about everyone rather than diversion.
- There is concern from DHB SROs and CEs, that messaging around boosters is drowning out the equity focus. DHBs feel we must emphasise the need to get to 90% vaccination rates before Christmas, and in particular for Māori, while also messaging the importance of boosters, while not drowning out other messaging.
- Information regarding boosters and third dose vaccinations is accessible online, if people are keen to find it, or are immunocompromised and need further information.
- We want to make sure we are not overwhelming GPs and Healthline regarding booster enquiries so we can continue focussing on getting two doses of the vaccine.
- There is capacity in the system however there is significant pressure on DHBs to be more efficient, balance tension between providing boosters, and efforts to have vaccinate the unvaccinated.
- The Ministry acknowledges this is labour intensive and is a key part of the work in the programme.

#### Steering Group Recommendations:

The Steering Group recommends the comms team ensure they are aware of the issues being brought to Healthline, and in particular the questions people are asking and what detail we can provide.

The Steering Group recommends providing information from the Ministry regarding 5–11-year-olds, what has been said at stand ups, and all information regarding boosters should be as accessible as possible via the Ministry of Health website.

**Action:** Ensure the Ministry of Health website includes information regarding boosters, including how to make a booking. (Rachel Lorimer)

	<p>The Chair recognises and congratulates the equity team for the work they are continuing to do, and to Tamati Shepard-Wipiiti in his ability to provide real time anecdotes to media questions which is a real triumph for the programme.</p>
4.	<p><b>Standing item on Science and Technical (Dr Ian Town)</b></p> <p>CV-TAG adopted guidelines provided from overseas regarding 5-11 year old Pfizer vaccinations, and hadn't incorporated New Zealand specific advice.</p> <ul style="list-style-type: none"> <li>• s 9(2)(g)(i)</li> <li>• CV-TAG has had feedback from colleagues and will be discussing with sub specialist disciplines to finalise the re-writing of the guidelines.</li> <li>• A strong equity focus is needed, and CV-TAG will be getting further advice from specialist Māori paediatricians.</li> <li>• CV-TAG will complete a deep dive into the science for the guidelines as the conclusion is each country will need to complete a risk benefit equation. This may change over time.</li> <li>• The guidelines will be finalised by Thursday or Friday this week at the latest and reissued.</li> <li>• The Ministry will need to update policy guidelines.</li> <li>• Options of the delivery method for the vaccine to 5–11-year-olds are currently being worked through, with delivery via school-based programmes being considered, This is alongside delivery through primary care, existing providers and whanau based delivery. We are getting clarity on supply and advice on the models we can use, however there are currently no delivery timeframes.</li> <li>• There is a strong imperative to vaccinate priority groups as step one, with a wider rollout in the new year. 25% of the current outbreak are under 12, and 50% are Māori. Although these groups may not get sick, they may have poor outcomes and although they may have lower complications, the level is not zero.</li> <li>• We will need to hold the line for priority groups to be vaccinated first, there is a lot of pressure for CV-TAG to complete their process.</li> <li>• The Ministry notes we have been notified there is a Treaty of Waitangi claim being submitted by the NZ Māori Council, to stop the Covid protection framework from being implemented.</li> </ul>
5.	<p><b>Policy Statements for Endorsement (Christine Nolan, Astrid Koornneef)</b></p> <p>There are two policy statements for consideration. We have considered the CV-TAG advice, operationalising into the programme. The details of the policy statements will be published on the Ministry of Health website.</p> <p><b>5a) Astra Zeneca</b></p> <ul style="list-style-type: none"> <li>• We need to ensure advice to the workforce regarding Astra Zeneca is approved for first and second doses If it is used as a booster then there is correlation between the two policy statements.</li> <li>• Astra Zeneca is prescribed as a second line vaccine, Pfizer being the first line.</li> <li>• Written consent is our approach to ensuring proof of informed consent is recorded.</li> <li>• The Ministry hadn't considered the notion of Astra Zeneca being used as a second primary dose instead of Pfizer. The makers of Astra Zeneca haven't approved this, and it is not what its guidelines say.</li> <li>• The Ministry notes that there is a waiting list to receive Astra Zeneca for people who have had a negative experience with the Pfizer vaccine or a poor outcome such as myocarditis.</li> <li>• Training for administering Astra Zeneca has begun, with online training will be available Wednesday 17 November. DHB SROs are aware of this and there are leads at vaccination sites to give training which takes about an hour to go through the different modules.</li> </ul> <p><b>Steering Group Decision:</b>  <b>Approved:</b> The Steering Group endorses the policy statement for the Astra Zeneca vaccine.</p> <p><b>5b) Boosters</b></p> <ul style="list-style-type: none"> <li>• Boosters are seen as straight forward.</li> <li>• We have added Astra Zeneca as a choice of vaccination as a booster for those who had a poor outcome from the Pfizer vaccine, or are Pfizer vaccine hesitant.</li> </ul>

	<ul style="list-style-type: none"> <li>The Ministry notes there is a difference between boosters and third primary doses as immunocompromised people may need a third primary vaccine dose, depending on their outcome after two doses.</li> <li>29 November is the start date for boosters to be available. The ability to book in for a booster will become available on the 26 November. There is an expected upgrade to the booking system on the 25 November which couldn't be reorganised.</li> </ul> <p><b>Steering Group Decision:</b>  <b>Approved:</b> The Steering Group endorses the policy statement for booster vaccinations.</p> <p>The Chair recognises the great work Christine Nolan, and the team, are doing in this area as there has been a lot of work undertaken and a lot of scientific advice incorporated into these policies.</p>
6.	<p><b>Vaccination Mandates (Rachel MacKay)</b></p>
	<ul style="list-style-type: none"> <li>The vaccination mandate came into effect at 11:59pm Monday 15 November</li> <li>The service disruption panel is up and running and embedding in as it has been stood up quickly.</li> <li>We are working to get the border worker registry modified for the health and education workforce.</li> <li>70 applications for exemptions have been received so far, and 15 more today, they were submitted through the panel and sent to Dr Bloomfield for consideration.</li> <li>A Service Disruption application has been received from an in-home care business for 198 staff, which includes 14 nurses, with the remainder being care and support workers. The panel is meeting tomorrow to consider the application.</li> <li>Paper coming to Dr Bloomfield with 9 applications, 6 declined, 3 recommended for a four-week exemption for complex independently funded care from support workers.</li> <li><b>s 9(2)(b)(ii)</b> initial application for exemptions was for 157 care and support workers, they made a considerable effort since then and now only have 50 people left to vaccinate.</li> <li>We have organised a training session with Corrections including an online seminar.</li> <li>DHB SROs and TAS are working closely with DHBs to ensure there are no concerns regarding service disruption.</li> </ul> <p>The Ministry notes the number of exemption applications is within expectations,</p> <p>The Chair recognises the great work the panel is doing and appreciates the members getting up to speed in a timely fashion as the panel has been stood up quickly.</p>
7.	<p><b>Vaccine Certificates (Michael Dreyer)</b></p>
	<ul style="list-style-type: none"> <li>The vaccine certificate rollout is looking good. We have had 1mil out of 3.3mil who got a text or email invite access their certificate.</li> <li>The EU has approved the vaccine certificates for use in Europe.</li> <li>The rollout is being supported by a media briefing release and the 1pm stand up as part of broader messaging.</li> <li>We are working through the technology process for offshore acceptance, and the way the legislation is written.</li> <li>With a massive effort from teams involved we are working closely to become operationally ready for tomorrow.</li> </ul> <p>The Chair recognises the massive effort going into supporting this part of the response. Michael Dreyer and the Technology team in particular have been doing wonderful stuff.</p>
8.	<p><b>Reaching the Unbooked/Unvaccinated Population. (Matt Jones, Tamati Sheppard- Wipiiti)</b></p>
	<ul style="list-style-type: none"> <li>We are doing work with the equity team to reach vulnerable groups.</li> <li>Seven DHBs have reached over the 90% threshold. Seven DHBs are at 89% and we are working with six DHBs and starting to see movement in a strong showing in first dose rates.</li> <li>We are having daily stand ups with these six DHBs and meeting with SROs and CEOs as well.</li> <li>Our focus is on first doses of the vaccine, and we are seeing a 32-day average between first and second doses.</li> <li>We are working with gangs to increase vaccination rates and are seeing messages from mature members encouraging others to be vaccinated.</li> </ul>

	<ul style="list-style-type: none"> <li>• The Ministry recognises that having data available every week opens up our ability to target communities to increase vaccination rates.</li> <li>• We need to have conversations with DHBs regarding expectations regarding delivery of boosters, mandatory vaccination orders, standing up sites for emergency vaccinations, having resourcing capacity available, connecting with DHB colleagues, and responses to these events.</li> <li>• We are considering the delivery of the programme over the Christmas period, and after 15 December, when it is likely the Auckland boundary will be removed, and there will be a requirement for spot checking, testing requirements, and we may see a surge of interest in being vaccinated.</li> <li>• All DHBs have plans in place in case of a significant outbreak and have emergency responses prepared in case they are required.</li> <li>• We are expecting to see lower numbers of vaccinations over the Christmas public holidays.</li> <li>• Pharmacies in and outside malls will be providing vaccination services where other options are not available over Christmas.</li> <li>• The Ministry will have an emergency leadership roster available over the Christmas shut down period, in case support is needed.</li> </ul>
10.	<p><b>Any other business and close</b> There is no other business to consider.</p> <p>The Meeting closed at 5:45pm</p>
11.	<p><b>Next Meeting</b> Tuesday 23 November 2021. 4:30pm – 6:00pm</p>

DRAFT

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982