Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Wednesday, 7 April 2021
Time:	5.00 – 6:30pm
Location:	1N.3
Chair:	Dr Ashley Bloomfield;
Members:	Maree Roberts, John Whaanga, Shayne Hunter, Deborah Woodley, Dr Dale Bramley, Michael Dreyer, Jo Gibbs, Rachel Haggerty, Chris Fleming.
Attendees:	Mat Parr, Matt Jones, John Walsh, David Nalder, Astrid Koornneef, Alison Bennett, Colin MacDonald, Stephen Crombie.
Apologies:	Sue Gordon, Wendy Illingworth, Grant Pollard, Dr Caroline McElnay, Dr Ian Town.
Secretariat Support:	Stephen Clarke

#	Agenda Item
1.	**Introduction and minutes** It was noted that Agenda item 7 would be brought forward to be discussed alongside Agenda item 2 due to their overlapping nature. It was also noted that an update on Janssen vaccine would be provided under Agenda item 4. The minutes from the previous meeting on 30th March 2021 were approved. Ashley went through the action tracker previous last meetings. All actions from the meeting on March 23rd have been completed and all ongoing actions from March 30th will be picked up by today's Agenda.
2. 2.1	**Risk summary report** and Agenda item 7: **Office of the Auditor-General performance audit expected findings and next steps** (Mat Parr, David Nalder) *Paper considered: CVIP Programme Status and Risk Summary - Steering Group - latest* David highlighted important information from CVIP Risk summary report • Page 3 is a key page as it captures specific asks of Steering Group • Page 5 gives a summary of risks, with new ones added this week including expanded risk around certainty of supply (reflecting the need of contingency planning in case of a new outbreak), how we treat those who may be susceptible to adverse events, and need for further clarity around support to Pacific

2.2	John Whaanga asked for clarity about susceptibility to adverse events, and particularly whether this was distinguishable from people with underlying health conditions which are actually one of our priority groups
	
	David clarified that this group is distinct from people with underlying health conditions, and is more focused on people who may have suffered from adverse events from vaccines in the past.
	
	Paper considered: CVIP OAG Performance Audit update
	
	David gave an initial update on the OAG performance audit:
	
	• OAG is in final stages of wrapping up their work, and today they issued a list of 14 questions which they want us to respond to within one week
	• They will also go to a vaccination event next week to see how the whole process flows. Details of this visit have already been organised
	• OAG will look to get a draft report to Ministry by 19 April, we will then have 2-week window to provide responses
	• Report will be finalised in mid-May before being tabled in Parliament
	• The issues they are likely to call out are all issues that have already been discussed by Steering Group, including: Programme ability to scale, programme structure and accountability, and commentary around IT readiness.
	
	Ashley provided a further update on this point based on a meeting with OAG earlier in the day:
	
	• Noting the timelines provided for final report, there is still around a month to address to the greatest extent possible the issues raised.
	• OAG has identified a number of key risks and issues, but none of them were issues this Group would be unaware of.
	  • Programme complexity and unclear accountabilities: these issues should be addressed by the ongoing restructure
	  • Level of certainty: OAG querying whether Ministry should be more transparent about uncertainties in the programme and things outside our control
	  • Critical path: 'Just in time' nature of Programme work delivery means it is difficult for those in Steering or Governance roles to provide assurance
	  • Lack of contingency planning: Need to start thinking about how we would react to events such as a new outbreak, or a large influx of supply.
	  • Primary care: Primary care providers need to be given more certainty around what their role will be. This includes information around funding model. Additional certainty for employers regarding their role would also be useful
	  • Equity: Questions over how fully embedded equity is within the Programme, as well as when money will go out to providers. On the latter point, we do now have more certainty.
	  • Technology: Issues raised around the national booking system and compatibility with local systems. It appears that we do have these issues in hand now so should just be about providing that assurance
	  • Comms: Some questions raised around when additional information will be given to providers and around the timing of larger public campaign
	
	Dale noted that he has heard we are working towards having a population register by late-June, and noted that population register has a very specific meaning
	
	• Michael said that what was being worked on was having an additional layer above the NHI that would enable us to run targeted campaigns and attach useful info around individuals. The idea is to help us to use digital channels to better deliver population health services. He will be doing some work to advance this in the coming weeks as to some extent we already have this, but it just needs to be organised better

	• Astrid stressed that this was never going to be a perfect tool, and particularly given there are equity considerations around such a tool it can never be considered as the only solution. However, it could be a very useful tool, amongst others. Mat suggested that it would be worth considering whether Ministry aims to proactively publish a full implementation plan around late-April or early-May. This would ensure that by the time OAG report is tabled in Parliament there will be sufficient information available publicly on how we are proceeding and addressing areas of concern. • Agreement reached to explore this idea in next Steering Group meeting Maree also stressed that some risks will always be present in the Programme. This means as a Steering Group we need to be aware of them while also acknowledging that not all of them can be eliminated. ***Action 1: Discuss proactive publication of full implementation plan at next Steering Group meeting***
3	**Programme progess and integrated plan strawperson (Mat and Matt)** *Paper considered: Straw person milestone plan and progress reporting* Mat noted paper circulated to group presents a high-level strawman and at next week's meeting will come back with additional information from Once finalised there should be between 30-50 milestones, and this page, along with a section highlighting recent successes, challenges and exceptions would be the parts needing to be noted by the Group. ***Action 2: Provide updated milestone plan and progress reporting, and embed in programme ways of working*** Ashley asked for feedback from Rachel and Dale regarding the perception of GP utilisation. Rachel provided an overview of the manner in which GPs are being used as providers of community-based clinics, rather than in a traditional sense of GPs. Her sense of using all GPs in the way they are for childhood immunisations would be something more likely for later groups. Dale offered additional context, where they have gone out looking for initial Expressions of Interest. They have received 15 20 responses, mainly from fairly large practices. A number of PHOs are calling for a model where every GP is delivering vaccines, but some DHBs believe there are issues with there are issues with that model at this stage of the rollout. Rachel added that one major reason this isn't being scaled up is around accreditation.
4. 4.1	**Standing item on science and technical advice through CV-TAG** (Dr Ian Town) Chris provided an update on the approval process for the Janssen vaccine: • Expert advisory meeting will take place next Tuesday (April 13) with regulator decision to be given on Thursday (April 15) • The decision on Thursday will either be Provisional Approval or Request for more information • Chris would like to understand from Comms team what information might be needed in advance for the announcement around Janssen vaccine Ashley noted that we will want to have clear messaging around Janssen vaccine as it is part of a strong narrative confirming we have a backup (single dose) vaccine. Chris offered additional updates on other two vaccines awaiting approval: • AstraZeneca: moving slower than expected due to a delay in receiving data and the complex quality assessment. Probably looking at expert advisory meeting in early May

4.2	• Novavax. Formal application has started but Novavax haven't provided their data yet. Currently waiting to know more about their timeframe to send requested data, approval decision will be further down the track, probably sometime in Q3 Alison discussed possible implications of Janssen vaccine approval: • An important step will be for Ministry to advise Ministers in relation to how we would like to use this vaccine within current programme • There are interesting options available to use Janssen vaccine with specific groups or delivery models • It is also a key tool to manage any supply risks with Pfizer • Over next 2 weeks Alison's team will be talking to Immunisation team, as well as CV-Tag and IIAG, about how we could optimise use of Janssen vaccine ***Action 3: Allison, Chris, and John Walsh to meet to discuss comms strategy/requirements around Janssen vaccine approval announcement***

5.	**Standing item on delivery over past seven days** (Jo Gibbs)
	
	Astrid provided update on initial analysis of DHB plans until end of June
	• All DHB plans have been received this morning and rapid assessment has been done focusing on three components
	• 1) Scaling and site planning: DHBs appear to have this in hand with some being clearly ahead of others
	• 2) Te Tiriti and equity: some comments pulled directly from report but further analysis to be done with Jason Moses and team for next week
	• 3) Workforce: Main area of concern raised by most DHBs.
	  • Jo's team has already gone back to some DHBs for clarification or further info, reflecting again the need for us to be clear in how we ask for information
	  • The second attachment includes an analysis of DHB plans vs MoH model, showing DHBs plans exceeding MOH model. However, for some DHBs the forecasts look optimistic considering current performance.
	  • More work needs to be done on this to understand planning assumptions and be confident about that before giving to minister
	  • The next steps will be Jo working with DHB CEs and SROs to talk through all the plans within next week.
	  • There will also be a deeper dive with each DHB to look at operational issues, underlying assumptions, and where we as Ministry can support and help
	  • A framework is being developed to support monitoring and escalation of DHB plans
	
	Action 4: Draft framework to support monitoring and escalation of DHB plans to be brought through Steering Group next week
	
	Group Discussion
	• Jo has agreed with all CEs that they are happy to share plans across DHBs so this should help some DHBs with smaller programme teams
	• Ashley highlighted that the main challenge will be the extent to which we can be sure about delivery against their plans.
	• Jo said that by next week's meeting there should have been one formal conversation with each DHB and will be able to provide analysis of plans against actual delivery. She should also be able to bring back a more detailed equity assessment

	• John Whaanga raised the issue that current forms don't allow staff to ask for ethnicity of person being vaccinated, as there is an assumption this is being picked up from NHI • DG asked for clarification on what other fields (if any) are assumed to be auto-filled from NHI ***Action 5: Jo to confirm which fields in vaccination form are assumed to be auto-filled from NHI*** Group Discussion • Mat noted that if DHBs do stick to these plans there would need to be almost no wastage at all in order for supply to keep up with this • Dale confirmed that some DHBs have concerns around workforce and that anywhere an alternative workforce to DHBs could use would be advantageous. • Jo mentioned that currently we are averaging about 0.5 FTE for every vaccinator trained • Jo indicated that contracts with national occupational health providers will be signed off by the end of the week. This workforce could be used in big centres, but numbers will be small relative to overall goal. Training of unregulated workforce should be starting in about 4 weeks, with the training being relatively straight forward • s 9(2)(g)(i) [redacted], that they were open to idea of developing something at national level that could be deployed to support DHBs (for example over weekends), and they see a need to start planning for some large scale events • John Whaanga asked for an offline comms conversation with Jo and John Walsh ***Action 6: John and John to have offline comms discussion 8 April*** • Jo said that after Steering Group next week they should be able to provide a decent summary to Ministers as part of the weekly vaccination report to give a sense on what DHBs are planning
6.	**Programme structure update** (Jo Gibbs, Mat Parr) *Paper considered: Update on programme structure Steering Group 6 April* Jo highlighted key points in relation to the Programme Structure update • Overall programme governance and decision-making systems will not be changing • The Design Authority has been renamed to Programme Leadership Group to acknowledge that this is a forum for the whole group to work together • There will be a new Safety and Quality Committee, which is beginning to be setup now to ensure we have adequate resources for Juliet • Regarding overall health sector governance there is a formalised co-design process with SRO group. They have put in a placeholder for the accountability framework, although there is a bit more work needed on this • The leadership team is now fully recruited with a lot of ongoing work to resource underneath, and there have been some good sessions bringing whole leadership team together • An announcement will be drafted to go out to all GMs to share with teams • There is also work being done on the mission statement to bring to the Governance Group on Friday

	• Mat highlighted that one challenge to be addressed was how to bring out in the document our approach to Treaty obligations, as currently you would need to look through to ToR and membership of different Groups to find out this information • Jason will be important in this area, and this is one team where there isn't a lot of capacity yet, with getting an SME on mental health in that area being a key priority • Ashley expressed support of the updates and progress and approved for documents to be taken to Governance Group on Friday
7.	**Office of the Auditor-General performance audit expected findings and next steps** (Mat Parr, David Nalder) Discussed alongside Agenda item 2.
8.	**Comms and engagement update** (John Walsh) *Paper considered: Communication and engagement update 6 April* • Three new staff have started within the comms team this week and recruitment is still ongoing • Campaign progress is broadly on track with foundational info around efficacy and safety being published from next week • The week of April 19th there will be a soft launch of the campaign and from the week of April 26th the campaign will be fully underway with TV and letterbox content landing • They have created a new DHB engagement team and are working through with Fiona and DHB managers to determine exactly what they want from this group • Today there was also first data release around vaccination which has resulted in large number of media enquiries Group discussion • Ashley suggested that next Wednesday's Select Committee appearance could be a good chance to proactively release information. He also reflected on whether regular standups would need to be reintroduced to share information • Mat highlighted other groups that will be key to engage with including TPK, MPP, MSD, businesses and unions • John said that both MPP and TPK are planning targeted campaigns which will sit under and align with MoH campaign. He will bring more information on that to next week meeting, but noted already that it is likely TPK will come to MoH seeking funding
9.	**Any other business** Funding paper has been provided for noting Group discussion • Rachel confirmed that the paper had landed in terms of total funding required and what was now being discussed was a base price for contracting and commissioning, noting that DHBs will expect to play rural and Māori providers a premium given extra issues involved • Ashley stated that this issue needs to be landed within the next week • Shayne asked to discuss document offline with Ashley to address concerns around lack of clear process for payments within the document ***Action 7: Ensure that base price for contracting is agreed and an update provided to Steering Group next week.***

Out of scope

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 13 April 2021
Time:	4.30 – 6:00pm
Location:	1N.3
Chair:	Dr Ashley Bloomfield;
Members:	Maree Roberts, Sue Gordon, John Whaanga, Shayne Hunter, Deborah Woodley, Chris Fleming, Wendy Illingworth; Michael Dreyer; Grant Pollard; Jo Gibbs Optional: Dr Caroline McElnay
Attendees:	Mat Parr, Andrew Bailey, David Nalder, Geoff Gwynn, Astrid Koorrnneef, Colin MacDonald, Stephen Crombie, Chris James, Alison Bennett, Karl Ferguson
Apologies:	Dr Dale Bramley, Dr Ian Town
Secretariat Support:	Stephen Clarke

#	Agenda Item
1.	**Introduction and minutes** Changes to agenda • An Item on workforce to be added under Agenda Item 5 and as a standing item moving forward • Agenda Item 7 to be noted through in the interest of time The minutes from the previous meeting on 7h April 2021 were approved, while noting that references to Chris Fleming in the document need to be updated to Chris James. Ashley went through the action tracker from meeting of 7 April: Action 4 on Janssen vaccine approval announcement: • Chris James advised that the Expert Advisory Group met today and that tomorrow will be spent formalising advice and discussing any possible conditions with Janssen • There will be an announcement on Thursday, either requesting more data or announcing provisional approval Action 5 regarding auto-filling of fields in the vaccination form • Shayne will provide update on this at next week's meeting Action 6 relating to an offline conversation between John Walsh and John Whaanga • Will be done this week All other items in the action tracker are covered off with items on this week's Agenda Ashley went through the action tracker from meeting from 30 March:

	Action 3 relating to local clinical governance arrangements • Mat noted that there is a new clinical oversight structure built in as part of Programme restructure. Full documented assurance not yet in place but will be once the Accountability Framework is finalised • Ashley stressed the need to have at least an interim arrangement in place Action 4 relating to CV-TAG advice on vaccine use • Caroline noted that this has been completed, that the topic was rediscussed at CV-TAG today and no further advice would be coming on this Action 5 on the proposal to put out science publicly • Sue will report back on this item as still work ongoing to confirm if all the previous science updates would be published Action 7 regarding ring vaccinating • Mat noted that a paper on this topic previously considered by Steering Group was tabled at recent SRO meeting • SROs asked for more detail on the reporting template provided so further information will be given to DHBs this week and they have committed to updating the Ministry by next week • The template is quite light but has been requested from all DHBs rather than just Auckland as one question inside is whether there is workforce available that could be freed up for other DHBs • Caroline said that advice from CV-TAG is that there would be potential benefit of ring vaccination in case of any new outbreak, but that this would need to be triggered by public health advice at the time and ultimately what is needed is the agility to be able to react • Jo suggested that a tabletop exercise should possibly be organised once ring vaccination plans are received from DHBs
2. 2.1	**Risk summary report** (Mat Parr, David Nalder) *Paper considered: CVIP Programme Status and Risk Summary - Steering Group - latest* David provided an update on Programme risks and on changes to Summary document • A new page has been added to try to clearly delineate David's role in running the risk assessment process, and the role of Jo's team in owning the actual risks • There is also now a clear Risk and Action tracker to follow up • More work needs to be done with risk owners to address the additional mitigations that need to be put in place to address each risk • The final two pages show a broader view of inherent risks across the Programme and where they sit across the end-to-end process Jo provided a further update to risk management within the Programme • Real time internal programme assurance is being worked on, and work is also ongoing to finalise embedding risk ownership with new Programme structure. David has started to attend all programme meetings to be an independent observer of progress • Workforce remains a key risk but will be discussed under Agenda Item 5 • There is currently no clear system to capture incidents like the wastage seen in CCDHB, although as part of the root cause analysis we will have clear view of how we should report that going forward • Comms has been discussed at length in previous meetings, risks around this area should change over the coming weeks with the mass campaign launch Group Discussion • Sue noted that work was ongoing on critical path for Pacific Vaccine Programme to ensure clear advice was provided to Ministers. An update will be provided next week • Stephen noted that at Governance Group the need to build an end-to-end assurance plan had been discussed, and wanted to ensure it was also noted with Steering Group

	• Jo said that the end-to-end assurance plan would be discussed under Agenda Item 6 • Stephen pointed out that the other areas flagged as 'Red' related to overall programme structure and asked Jo when she thought this area would stabilise • Jo replied that there was probably another two weeks until the weekly cadence would be stabilised, structures bedded in, action trackers to be in place and there to be a clearly documented and updated management of the programme • John asked for update on Equity analysis of DHB plans (Risk 7) • Jo said that Jason has been part of conversations with vast majority of DHBs. Jason has also been focusing heavily on Minister Henare's visits but by next week should have a chance to put forward his views on how we structure feedback around equity issues. • Jo noted that it would be useful to have John's feedback on how legacy impacts such as workforce and relationships with Māori providers could be measured • Ashley asked for an initial update next week regarding equity responsiveness. With planned DHB numbers being published tomorrow there may be a focus on how they will deliver to priority populations, noting that if focus is put on boosting numbers by reaching easy to access populations this could compound inequity ***Action 1: Megan to provide update to Group on critical path for Pacific Vaccine Programme*** ***Action 2: Initial feedback regarding equity approaches within DHB plans to be provided to Steering Group***
3	**Programme progress against milestones (Mat and Andrew)** *Paper tabled: Milestone and progress reporting 13 April 2021* Andrew provided update on milestone reporting within Programme • Work is ongoing to embed focus on upcoming milestones within Programme cadence • Considerable updates have been to the reporting document since previous Steering Group meeting • Slide 3 charts critical path, starting from populations within cohorts and works through to upcoming milestones that need to be met for the required service delivery model • The milestone view on Slide 4 is aligned with this plan **Group Discussion** • Ashley stressed that within one or two weeks there should be reporting against milestones to ensure Steering Group can monitor progress • Stephen suggested document is shaping up well but that we need to make sure it reflects the actual reality on the ground • Mat replied that in order to bring this document to life there will need to be a shared view across teams internally, as well as with SROs within DHBs to have consistency across Ministry and DHBs • Ashley asked for explanation behind the disconnect around all early milestones being either completed or on-track, but the operational target of 13,000 doses per day being 'Behind Schedule' • Andrew suggested that the issue is that while readiness is reflected in model, there is currently a lack of corresponding capacity/scale indicator. This will need to be built into model in a better way moving forward • Ashley suggested that additional use of the 'unknown' category could be good to reflect lack of certainty on some items • In response to a question from Chris Fleming, Jo confirmed that information around upcoming milestones (and their classification) would be shared with DHBs via RALs and possibly through a Group involving regional CE representatives (TBC) ***Action 3: Jo to work with Andrew Bichan to ensure communication channels between Programme and Ministers' Offices are clear***

	Action 4: Need to ensure milestone view includes means to capture readiness to operate at scale required to meet targets **Discussion on proactive publication of full implementation plan** To be discussed under Agenda Item 5

4.
 	
4.1
	Standing item on science and technical advice through CV-TAG (Dr Ian Town)
	
	Caroline provided an update from CV-TAG in the absence of Ian
	• CV-TAG met this morning and received the first of future regular updates from Independent Safety Monitoring Board
	• There were discussions at CV-TAG around the s 9(2)(g)(i) [redacted], which Ian will follow-up on with Tim Hanlon
	• CV-TAG also dicussed what role it might play in future situations similar to what has occurred in Australia around AstraZeneca vaccine
	• CV-TAG also ratified two items which will come to Jo as Memos for implementation
	  ○ Advice on at what point post-vaccination symptoms should be tested
	  ○ Advice on what to do for people arriving in New Zealand who have received a single dose of a non-Pfizer vaccine. Advice will be to administer only one dose of Pfizer vaccine when they are eligible under sequencing framework
	• There will be a meeting tomorrow to discuss central clinical decision making for programme as whole
	
	Group Discussion
	• Chris James noted that Medsafe would be very much in support of active monitoring of adverse events, and would be keen to join any discussions on this with Tim
	• Mat noted there was a pilot trial out of s 9(2)(a) [redacted] GP practice trialling a text message system. This was only done on small scale and never picked up for strategic discussions on wider usage
	• Ashley asked for an update on this for subsequent meetings. As Dr Tim Hanlon is on leave until the end of the week a verbal update will be provided next week with a paper to follow the next week.
	
	Action 5: Verbal update from Dr Tim Hanlon on active monitoring for Steering Group next week
	Action 6: Full update on active monitoring of reporting adverse events at Steering Group meeting on 27 April

5.	**Standing item on delivery over past seven days** (Jo Gibbs and Astrid Koornneef) *Paper considered: Vaccinator Workforce Plan_V3* *Paper considered: COVID-19 A3 Vaccinations Dashboard April 11 2021 FINAL* **a) Workforce** Fiona presented on the Vaccinator Workforce plan circulated to Group • Document has been prepared to provide Ministers with a simple view of where we get workforce from • The pools where workforce is drawn from will change over time. Just within last 24 hours Caroline has signed off on adding registered optometrists and dietitians to potential pool • The plan is for this document to be included as an appendix for Vaccine Ministers report on Friday, so open to feedback before then **Group Discussion**

- Ashley asked how assurance could be given around the full vaccination team, not just vaccinators
- Fiona said that based on her conversations with DHB, finding the administrative staff doesn't seem to be major area of concern, although this could become problematic as part of larger scale up
- There was a general discussion around the line showing potential FTE and overall consensus to remove that information, with possible exception of information on size of NZDF and surge workforces
- Sue suggested an update to document to reconcile differences between availability of workforce versus their actual planned usage under service delivery model

Fiona provided broader update on workforce

- There are now four workstreams around the non-regulated workforce, focusing on technical stream, training, recruitment, and employment relations.
- Team is working very hard to meet ambitious deadline of having a product ready at the end of month
- Fiona is currently exploring whether there is value in creating a type of national roster to pick up people within surge database that have limited availability
- There is a current bottleneck around training as pathway to IMAC has always been via DHB employment. Exploring how to address this so that people who are eligible and meet criteria could be trained even without DHB contract

Group Discussion

- Chris Fleming highlighted that training of vaccinators not employed by DHBs should be done in a way that doesn't displace from training schedule people who are employed by DHBs
- In order to address understaffing within Fiona's team, Ashley suggested repurposing the Regional Workforce Leads in shared agencies that are funded by Ministry
- Fiona also noted that she has heard reports of registered nurses who are still doing swabbing because they are paid more to swab than to vaccinate. This is something she is looking into but not yet confirmed
- Fiona will update CEs on all the work her team is doing tonight, and it will be a standing item at CEs meeting moving forward

Action 7: Fiona to investigate availability of Regional Workforce Leads to offer support to Workforce team

b) Cabinet A3

Item passed over to ensure sufficient time to discuss DHB plans

c) Update on initial conversations with DHBs on plans to 30 June 2021

Astrid provided an update on the analysis of DHB plans until end of June

- Since last week they have had calls with almost all DHBs (last few to be done tomorrow) and have asked all DHBs to relook at their numbers against model in light of the fact that we will be publishing planned volumes against actual from Thursday
- During these calls it was stressed that DHBs need to be able to deliver their numbers and should be planning for a 7-day service
- Once the final calls have taken place, her team will be updating the analysis document from last week and adding in a RAG rating
- There have been good discussions around what is being put in place to address equity

Group Discussion

	• Chris Fleming noted that if DHBs are able to meet targets there should also be flexibility around the 7-day service to ensure they can give staff appropriate rest • Jo stressed that it is not just about meeting numbers, but also about being able to reach priority populations which often requires out of hours availability. What most DHBs appear to be doing is coming up with a pattern where not every site is being run every day, but there is always some availability over weekends for example • Ashley asked the degree of confidence of DHBs being able to meet their plans after these conversations • Jo stressed that DHBs have been informed this is public information and this will be monitored in public domain weekly. SROs and CEs will be asked to sign off specifically against their planned lines to document their agreement **c) Vaccine utilisation and wastage** Astrid advised that root cause analysis is taking place into the wastage issue that occurred in CCDHB over the weekend.

6.	**Draft DHB and MOH accountability and planning framework** (Mat Parr)
	
	Paper considered: Planning Accountability_Draft_08042021
	
	Jo noted that there is an Agenda Item on this topic at CEs meeting this Thursday
	
	Geoff provided an update on the drafting of the document
	
	• The three levels on Slide 2 emphasise the three key elements of a successful framework:
	  ○ Ministry must provide clear expectations around service delivery
	  ○ There needs to be clear information on how expectations can be met
	  ○ Assurance must be provided that expectations are being met
	• Regarding the second item, it could be useful to provide DHBs with templates to work off, particularly addressing risks and controls
	• It will also be important to have performance metrics to measure success, with a key area for consideration being legacy metrics reporting on how system is stronger
	
	Group Discussion
	
	• Jo noted that roles and responsibilities are laid down in the operational guidelines. There has been discussion of building in a RACI framework in order to have clarity around who is doing what at each level
	• Stephen noted that the process by which operational guidelines are updated will be crucial
	• Jo stressed that the guidelines are updated and distributed on a weekly basis, that she was confident in the current system for updating them, but that big updates will be needed when moving through different Groups within sequencing framework
	• Colin expressed support for initial work done on Framework, although noted there was a lot of work still to tie down

7.	**Misinformation and disinformation paper** (Geoff Gwynn) *Paper considered: Misinformation memo for Steering Group [Updated recs following subgroup DDG meeting]* Paper noted through without further discussion
8.	**Standing item on communications and engagement update** (John Walsh) *Paper considered: Communication and engagement update 12 April*

	Karl was to talk to this point on behalf of John but had to leave meeting. Ashley noted that the report would be taken as read, and that Comms activity was going to scale up considerably from current moderate level • Jo added that there was a plan for Ashley to do a media briefing on Thursday in order to give an "under the hood" view of the Programme • Jo also noted that DHBs had been approached to provide case studies to incorporate into future briefings/comms material
9	**Real time assurance update** (Colin MacDonald and Stephen Crombie) *Paper considered: Real time assurance update 7 April 2021* Colin noted that the paper considered has already gone to Governance Group • This paper outlines a shift of some assurance activity to see the Programme take on more of a self-assurance role • Stephen and Colin will remain engaged on critical issues, such as Programme structure, workforce, comms etc Stephen said that they have started a deep dive to look into booking system • The plans for this have been done very well, although there a e some outstanding delivery model questions to be answered such as the setup of a support call centre to go along booking system Astrid acknowledged the need for national call centre and said this is being worked on by her team. Ashley asked for this to be landed as soon as possible ***Action 8: Setup of a national call centre to go alongside national booking system to be landed as soon as possible***
10	**Funding and commissioning update** (Mat Parr) Mat informed Group that an overall funding envelope has been communicated to DHBs, signed off and noted. • A standard base rate fee for service to be used for base contracting has now also been agreed, with one rate for standard hours and one rate for after hours/weekend • There is a meeting happening at the same time as this one where this rate is being discussed with Sector Reps, although it has been made clear this rate is not up for negotiation • The intention is to have this rate confirmed via DHB CEs this Thursday
11.	**Any other business** Jo noted that there was an idea to invite someone from primary care into the Programme to act as a GP Liaison • A statement is being drafted to go out to Primary Care: worth noting conversation we had today about primary care. Ashley noted that primary care have expressed an interest in helping to design the system that would be used to cater for any future involvement of primary care in vaccine rollout

Out of scope

[redacted]

Out of scope

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 20 April 2021
Time:	4.30 – 6:00pm
Location:	1N.3
Chair:	Jo Gibbs Robyn Shearer (from 5:20pm)
Members:	Maree Roberts; Sue Gordon; John Whaanga; Deborah Woodley; Michael Dreyer; Dr Ian Town; Colin MacDonald; Stephen Crombie; Rachel Haggerty.
Attendees:	Mat Parr; John Walsh; Andrew Bailey; David Nalder; Richard Clarke (for item); Jane Mason (for item); Megan McCoy; Astrid Koorneef; Fiona Michel; Ian Costello; Leeanne McAviney (for item); Kate Williams (for item); Alison Bennett; Joe Bourne, Tim Hanlon; Jason Moses.
Apologies:	Dr Ashley Bloomfield, Dr Dale Bramley, Dr Caroline McElnay; Grant Pollard; Shayne Hunter; Chris Fleming, Wendy Illingworth;
Secretariat Support:	Stephen Clarke

#	Agenda Item
1.	**Introduction and minutes** The minutes from the previous meeting on 13th April 2021 were approved, and all outstanding actions were noted to be picked up on current agenda. Changes to agenda • Agenda Item 3 brought forward to start of meeting Group Discussion • It was noted that the large number of late papers being circulated, and the number of agenda items at each meeting, may reduce effectiveness of Steering Group meetings and shorter and fewer papers should be preferred. • There was a suggestion to recap at the end of the meeting which Agenda Items were most relevant for the Group's consideration
3	**Office of the Auditor General update (Leeanne McAviney and Kate Williams)** Leanne and Kate provided an update on the work of OAG • OAG will be sharing a draft report with the Ministry today and the Ministry will have two weeks to provide feedback and additional information. • Only the Ministry will receive the full report today, while MBIE and the four DHBs that contributed to report will receive the sections relevant to them.

	• OAG recognises some information in the report may be out of date, so are happy to engage over the next two weeks to ensure the most up to date information is included • They are aiming for report to be published in late-May • OAG will aim to write a balanced report, acknowledging the complexity of the Programme and the successful work already done, while also making 6 recommendations for improvements moving forward: 1. Increase transparency around supply risks and potential impact on rollout 2. Develop more contingency plans against major risks (supply, workforce etc) 3. Improve guidance to DHB about specific scenarios in which it is acceptable deviate from sequencing framework 4. Work with DHBs to make sure equity considerations are fully embedded in their plans 5. Increased clarity for Māori/Pacific providers and other providers like GPs 6. Improving comms planning to increase clarity around key events and how Ministry is going reach specific vulnerable groups Group Discussion including OAG staff • In response to a question regarding current risk monitoring within Programme, Leanne suggested that the report would note that the Programme is largely picking up on the right risks and taking actions, while suggesting that some risks require additional focus. • Leanne also stated that the aim of the report is not specifically to say whether the Programme is performing well or poorly, but more to emphasise what needs to be done to maximise the chance of reaching the publicly stated goals of the campaign. • Colin suggested that an important thing to contextualise within the report is the need for the Programme to increase not just its scale but also its reach into communities. Internal Group Discussion [note discussion occurred at the end of the agenda] • David said that the report will be circulated tonight among the Programme Leadership and Steering Group members. He will come up with a process to organise the response and ensure everything is provided back within the two-week timeframe. • The response will be put through Steering Group to ensure full Ministry oversight • Jo noted that the response from Ministry will need to include all the details that were not able to be picked up during OAG's fieldwork, including conversations and emails. • Colin noted that how this report is responded to will be crucial in maintaining public confidence. • Jo suggested that in parallel to preparing the response to the draft report, we will also need to prepare the Comms side for when the report is released and provide clear messaging on what Ministry has been doing to address the recommendations. • Maree noted that we should also focus on benchmarks measuring the quality of the Programme in addition to the speed. • Jo stated that the OAG report should remain as a standing Agenda Item until the report is published. ***Action 1: David to circulate OAG Draft Report and coordinate Programme response.*** ***Action 2: Response to OAG Draft Report to be brought back before Steering Group as soon as possible.***
2	**Risk summary report** (Mat Parr, David Nalder) *Paper considered: CVIP Programme Status and Risk Summary - Steering Group 20 April*

	David provided an update on Programme risks and on changes to Summary document Risk summary report • The Key Decisions slide (Slide 3) is included to tie agenda items back to the underlying risk and then to risk owner • This week a trend line for risks has been added to showing whether level of risk seems to be increasing or decreasing Group Discussion • Steve noted that given that the time pressure everyone is under, resources should be prioritised on actions that can address multiple underlying risks (such as the Accountability Framework) • Colin suggested to start distinguishing between risks and issues within the Risk Summary report ***Action 3: Separate risks and issues within Risk Summary Report***
4.	**Programme progress against milestones** (Mat Parr and Andrew Bailey) *Paper considered: Milestone and progress reporting 20 April 2021 v2* Andrew provided update on milestone reporting within Programme • He has been working with Rachel to see how to bring DHB SRO's group closer to this and use it as a shared understanding of upcoming events. • Following on from a discussion at last week's meeting, their team is working with DHBs on developing criteria by which we can be confident that we are ready for rollout to different population groups. He will provide further updates to Steering Group on this as the work progresses. • They are also focusing on aligning deliverables to the major population milestones, with Slide 4 showing what we think will need to be in place per workstreams for the different Tiers • A future challenge will be how to capture the different performance across DHBs within this framework Group Discussion • Deborah asked how it was possible to be confident for the rollout to all the Population cohorts while having many unknowns in the Deliverables section • Andrew agreed that perhaps for the later Tiers, particularly Tier 4, the indicators could be updated to reflect uncertainty. He also noted that some deliverables were less critical and could be rated Amber while allowing overall objective to remain green. • A general discussion took place regarding how to ensure the document reflected the key risks identified within risk register and OAG report. • Some refinement of the document was suggested in order to ensure that critical points were highlighted and drawn to the attention of the Steering Group for awareness and for actions to be taken. ***Action 4: Updates to be made to milestone reporting document to enable critical points to be identified and brought to attention of Steering Group***
5.	**Update on large event planning** (Richard Clarke and Jane Mason) Mat provided an introduction, explaining that Richard and Jane were from Auckland Unlimited, a large events company who are helping to develop a playbook for mass vaccination events. • The goal is to have a first draft within the next couple weeks and then, vaccine stock permitting, looking at an event around late June, ideally in Counties Manukau

	• Around late August there could then be potential to run additional large-scale events when general population is fully eligible for vaccine Richard and Jane provided a brief overview of the work of Auckland Unlimited. • They will approach event to structure it around the medical team as the "performers" • They are looking at key workstreams required to carry out the event, as well as analysing best practice internationally where mass COVID-19 vaccination events have already occurred, while recognising such events in New Zealand would be unique in that we are not facing active community transmission Group Discussion • Responding to a question from Jo, Richard advised that the timelines for their work would depend on the resources Ministry is able to allocate to this • Mat noted that the plan would not be a one-size-fits-all approach, and would be made available to all DHBs • Richard said Auckland Unlimited will initially focus on developing the guidelines, but could also provide consulting services on any location around the country as well as a delivery service if needed. • Colin highlighted that we need to be very clear upfront about how we envisage this model working. For example, is it something that will be stood up over a weekend or a longer running event to deliver both doses. • Jo said that it would also be important for Auckland Unlimited to try to develop an understanding of which parts of the population will respond to events like this, as there could be trade-offs with other delivery systems. • Joe noted that there is a draft paper that looks at equity via different delivery models and that he would circulate this to Steering Group once it is finalised. • Jo noted that there will be a need to engage DHB SROs from the beginning of this process, although approach will probably not be suitable for all DHBs. • Colin noted that the big benefit of such an event would be if it could be run in a way that is additive to existing activities, rather than drawing from existing resources and becoming a substitution. ***Action 5: Provide further clarity to Auckland Unlimited on structure of mass events their planning should target.*** ***Action 6: Joe Bourne to circulate paper looking at equity impact of different delivery models once it is finalised***
6.	**Cook Islands and Polynesia update and rollout plan** (Megan McCoy) *Paper considered: Polynesia vaccine roll-out for steering group 19 April* Megan provided an overview of current state of play for Cook Islands and Polynesian vaccine rollout • Documents have been prepared for the Vaccine Ministers meeting on Friday to give an initial indication of when vaccine rollout could commence in Cook Islands • The chart shows the high-level steps that need to be done to meet an ambitious start date of mid-May • The plan is broken down into steps by workstream, noting that the requirements of the pharmaceutical companies is the step that will ultimately determine if rollout is possible or not. • In the Memo circulated it is proposed that Steering Group would need to provide approval prior to the rollout in each of the six Polynesian countries • Depending on the updates from Pfizer and Cook Islands it may be possible within the next few weeks to come to Steering Group for advice about Cook Islands rollout • In order for the activity to go ahead it will be essential to have a dedicated GM in place

	Group Discussion • It was noted that rolling out the vaccine in Cook Islands and Polynesia at the same time as scaling up in New Zealand would be a challenge, although the possibility to start with the countries with smaller populations before building up to the larger ones good reduce this pressure slightly. • Jo stressed that without a dedicated GM with operational experience the activity couldn't go ahead, and this message would need to be reiterated to Vaccine Ministers. This has already been requested via NZDF but we are yet to receive any proposals. • Maree noted that as we are operating in an environment of resource scarcity, notably around vaccine supply until end of June, the plan for this rollout cannot be considered in isolation but must be considered alongside the plan for the domestic rollout • Megan noted that there may be a need to develop a small pool of deployable vaccinators, possibly looking to draw on non-regulated workforce here who are qualified in the Pacific. ***Action 7: Request for resourcing, including a GM for Polynesian vaccine rollout, to be reiterated at all levels*** ***Action 8: Incorporate planning for Polynesian vaccine rollout into the overall Programme planning***
7.	**Update on options for active monitoring of adverse reactions** (Tim Hanlon) Tim gave an update on active monitoring of adverse events. • The backbone of the safety system in New Zealand is passive monitoring via CARM • The significant risk to the Programme around monitoring was initially whether CARM could be scaled to the extent needed, although the ability for that scaling to take place is now within touching distance • Active monitoring, such as via SMS, would not give extra safety signals but could increase the dataset and therefore increase consumer confidence • This would be possible, but would require a lot of technical input and additional resourcing • The Group raised concern about possibly overstretching Programme, particularly if active reporting wouldn't address safety issues • Jo asked for a paper to be prepared over the next couple weeks to show what the resource requirements could be, and how this could be done in a sustainable way. • Maree noted that the paper would need to include a comment on the overall Programme impact ***Action 9: Paper to be prepared outlining resource requirements and possible implications on Programme of an active monitoring system for adverse vaccination event.***
8.	**Standing item on science and technical advice through CV-TAG** (Dr Ian Town) Ian provided an update on the work of CV-TAG • A process has now been finalised for commissioning advice and getting that through to Jo for sign off • Today the team has provided an update on questions around clotting from AstraZeneca and Pfizer vaccines.
9	**Standing item on workforce** (Fiona Michel)

	Fiona acknowledged that workforce is a key area of work within the Programme, although there is nothing crucial for Steering Group to be aware of this week.
10.	**Standing item on logistics and distribution** (Ian Costello) *Paper considered: 210419_Logistics Update* Item not addressed due to time constraint
11.	**Standing item on communications and engagement update** (John Walsh) *Paper considered: Communications update 19 April* Paper noted but item not addressed due to time constraint Sue mentioned that there is a new case of a border worker who is positive despite receiving the vaccine. • It will be important for clear communications around how this could happen and why vaccination is still important. • Tim was asked to confirm that there were no adverse events noted for this person's vaccinations. He will follow this up offline with Sue.
12	**Update on DHB equity plans** (Jason Moses) *Paper considered: 20210419 DHB Plans and Equity Analysis* Jason provided an overview of his analysis of current DHB plans • The pressure to increase volumes must not distract from equity considerations • The single biggest thing that can be done to remove barriers to access is to mobilise delivery, rather than focusing on mass vaccination events that may not be accessible to all Jo noted that within the Accountability Framework it is being made that that DHBs are accountable for range of things, of which equity is the most important. Initial conversations have also indicated possibly large gaps in relation to access for disabled people. ***Action 10: 'Next steps' from Equity Analysis to be actioned and reported on at next Steering Group meeting.***
13.	**Real time assurance update** (Colin MacDonald and Stephen Crombie) No major updates this week.
14.	**Any other business** • Sue noted that there was work to be done to find a channel for suggestions and offers of assistance from other Agencies to reach where it needed to within Programme • Jo mentioned a previous idea from Ashley to invite in Regional representatives to act as liaison for external Agencies, although this is yet to be developed further • Maree noted that Agencies seconding people into Programme could also help provide links • Jo said that she had provided feedback to PSC this morning regarding the lack of traction received on outstanding resource requests • John Whaanga stated that he thought there were already SROs for regions across government whose role is to coordinate roles across government • It was noted that Jo will be meeting tomorrow with someone who may have capacity to act in this sort of liaison role.

Out of scope

Out of scope

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 27 April 2021
Time:	4.30 – 6:00pm
Location:	1N.3
Chair:	Dr Ashley Bloomfield
Members:	Maree Roberts, John Whaanga, Deborah Woodley, Michael Dreyer, Jo Gibbs, Colin MacDonald, Stephen Crombie, Robyn Shearer Optional: Dr Caroline McElnay
Attendees:	Mat Parr, John Walsh, Andrew Bailey, David Nalder, Astrid Koornneef, Fiona Michel, Geoff Gwyn (for item), Fiona Wakefield (for item), Rachel Lorimer, Andi Shirtcliffe (for item), Sonia McFetridge (for item).
Apologies:	Chris Fleming, Sue Gordon, Dr Dale Bramley, Dr Ian Town, Shayne Hunter, Grant Pollard, Wendy Illingworth, Ian Costello.
Secretariat Support:	Stephen Clarke

#	Agenda Item
1.	**Introduction and minutes** The minutes from the previous meeting on 20th April 2021 were approved, and all outstanding actions were noted as either in train or picked up on current agenda.
2	**Risk summary report** (Mat Parr, David Nalder) *Paper considered: CVIP Programme Status and Risk Summary - Steering Group 20 April* David provided an update on Programme risks and on changes to Summary document Risk summary report • There are three new risks added this week: Contingency planning, tendering and contract management, and the impacts of Health sector reform • The major focus this week has been on providing response to OAG report, but it was noted last week that there are some things like the accountability framework which could address a number of the risks Group Discussion • Ashley noted he was happy for the risk around Health sector reform to remain in the document and to be populated over the coming week. • Jo said that there was an agreement to do a stand-up with the Governance Group for their next meeting in order to provide more information on the details underpinning the milestone plan and how everything fits together

	• In response to a question from John Whaanga, Mat noted that there are two types of contingency planning to be done. The first is the contingency planning around vaccination if there is a new outbreak, and this work is well advanced. • The second is the contingency around the overall plan to scale, with these discussions expected to happen once the DHB plans for July onwards have been submitted.
3	**Programme progress against milestones** (Mat Parr and Andrew Bailey) *Paper considered: Milestone report 27 April 2021* Andrew provided update on milestone reporting within Programme • Andrew will be meeting with Stephen/Colin on Thursday to prepare for the milestone plan walk through with Governance Group • Upcoming milestones were noted Group Discussion • In response to a question from Deborah, Andrew noted that there are some milestones which sit underneath the major milestones but cannot fit on the report due to space limitations • Jo suggested that this additional level of detail could be provided to Steering Group next week but it may not be beneficial to go into this level of detail every week • Ashley asked for an update on the invitation strategy as it is due next week and currently classified as 'unknown' • Andrew advised that the discussions are ongoing with DHBs on this topic, and the exact date this will be needed is to be confirmed depending on the model to be used for Group 3 or Group 4 • Andrew noted that Invitation Management Portals were flagged as orange not because of technical limitations but because of the need to finalise the operating model that will support the tools • Jo suggested that for next meeting the team could prepare a brief status update on all the milestones that aren't green ***Action 1: Additional level of detail underlying milestone view to be provided to Steering Group next week.*** ***Action 2: Provide a short status update on any items that aren't green in Milestone report for next week's Steering Group***
4	**OAG Report update (David Nalder)** David provided an update on Programme's response to the draft OAG Report • David noted that the process is underway to do a clause by clause response to OAG report and he is confident we will meet the OAG's deadline of next Tuesday • A response is being put together showing what the Ministry has done/intends to do for each of the six recommendations • There will also be Ministry comms published around the same time the final version of the report is tabled
5.	**Equity update and data trends for Māori (Mat Parr for Jason Moses and Luke Fieldes)** Mat provided a verbal update as the paper on the topic is awaiting peer review. • An initial analysis on overall uptake in Tier 1a has been prepared • There has been an initial discussion about this at PLG meeting earlier in the day • There is a further workshop with PLG planned for tomorrow and intention to engage with DHB SROs on the topic • Ashley requested to receive a copy of the paper as soon as it is finalised ***Action 3: Copy of report on data trends for Māori to be shared with Ashley as soon as possible***

6.	**Communications and engagement update** (John Walsh) *Paper considered: TPK Māori vaccination campaign funding memo 22_04_21* *Paper considered: Pacific Communications Campaign Funding memo final* John Walsh provided update on Comms campaigns being run by TPK and MPP • Both campaigns have been developed in close collaboration with Health • Both TPK and MPP have substantially funded their own campaigns but are looking for additional funding support from Health • The Ministry's own campaign is progressing well and will be moving today towards the focus on the benefits layer ('The stronger our immunity the greater our possibilities') Group Discussion • Following group discussion, Ashley approved the funding for TPK • Funding for MPP was agreed in principle, subject to sign off from Pacific Health ***Action 4: Proposal for funding for MPP comms activity to be shared with Gerardine Clifford-Lidstone within Pacific Health team before final sign-off***
7.	**Measuring success of the COVID-19 immunisation programme (**Allison Bennett**)** *Paper considered: Measuring Success of the COVID-19 Immunisation Programme_22 April* Alison provided an overview of the paper circulated • The main proposal of the paper is that we should set the national goal to vaccinate "as many people as possible" • One reason for this is that we still don't know enough about the individual vaccines to have a population immunity target • Given that not everyone is eligible for Pfizer vaccine, if almost every adult who is eligible chooses to be vaccinated it would equate to roughly 76% vaccine coverage of the New Zealand population • The paper also focuses on how to showcase the success of the programme as a positive view of component parts (such as equity, sustainability, efficiency) rather than purely on a numerical basis Group discussion • Discussion centred on the need to have a clear narrative established • Although there is not yet sufficient evidence to determine population immunity targets, it was stressed that ambitious goals need to be set nonetheless, noting that 95% target is used for many of the childhood vaccines
8.	**National booking operational processes** (Astrid Koornneef) Astrid gave an update on the work being done on the national booking operational process • Team is currently working with DHBs to understand exactly where they are with current booking processes • There is the need to be very clear around who is responsible for what within operational process, all the way down to details. Michael has secured some additional resources which are being used to work on this • The aim is to have the plan available for Governance Group next week, with something coming to Steering Group next week in interim Group Discussion • Michael noted that the booking system is being demonstrated today with ADHB and could be starting to use from tomorrow • Once the detailed operational design is completed then could move forward with more advanced tools such as sending out invitations

	• Ashley noted on the milestone tracker that the Booking System going live nationally was currently categorised as 'unknown' and asked Michael to let Steering Group know if at any point he is worried about delivery or needs additional support **Privacy impact assessment update** (Geoff Gwynn and Fiona Wakefield) Fiona provided an update on the Privacy Impact Assessment (PIA) being done around the booking system: • Once national booking system goes live, if there are privacy issues this could result in loss of public confidence in the wider Programme • Current mitigation measures include the incremental development/rollout to ensure that complexity is only added when possible • A PIA has been done and is currently with the Ministry's Chief Privacy Officer fo comments/sign-off • Additional PIAs will be done at each new stage of the process ***Action 5: Geoff to provide Steering Group with copy of Privacy Impact Assessment once signed off by Chief Privacy Officer***
9.	**Accountability framework update** (Geoff Gwynn) Geoff gave an update on the progress around preparing the Accountability Framework • The goal is to have a draft to Programme Leadership Group and DHB SROs by Friday in order to receive comments and provide updated draft at next Steering Group • If all goes to plan it could then be presented to Governance Group and DHB CEs next Friday • The framework looks at detailed roles and responsibilities under each of the eight steps in our process from the Operational Guidelines, what controls are in place that support those roles, and where details on the controls can be found. Group Discussion • Jo noted that CEs will be expected to sign off to say they agree to the framework, and will also be expected to sign off their vaccination plans for July-December and submit these plans against each criteria. • Deborah offered to have an offline discussion with Geoff to provide insights gained from other immunisation programmes. ***Action 6: Draft accountability framework to be presented to Steering Group next week***
10.	**Incident reporting** (Astrid Koornneef) *Paper considered:* s 9(2)(ba) *incident 15yr old vaccination briefing for Steering Group - v0.1* *Paper considered: Vaccine wastage RCA HVCC DHB FINAL DRAFT* Astrid gave a brief summary of the work done on two recent incidents and the papers provided: • The recommendations coming out of the s 9(2)(ba) root cause analysis (RCA) still need to be confirmed and will be reported back to Steering Group • The RCA report for the HVCC wastage incident is still a draft, but attention was drawn to page 8 which shows the identified root causes and recommended solutions • The team is progressing on setting up a safety framework that gives clear responsibilities throughout the vaccination process • They are also working with DHBs to ensure there is a clear way for issues to be monitored and managed as they arise • Work is also ongoing to setup a national clinical governance forum for the whole programme

11.	**Standing item on science and technical advice through CV-TAG** (Dr Caroline McElnay for Dr Ian Town) Caroline said there was nothing particular to note from CV-TAG this week
12.	**Standing item on workforce** (Fiona Michel, Andi Shirtcliffe and Sonia McFetridge) *Paper considered: Workforce Non Regulation Trained Vaccinator Approach FINAL 27 April 21* Fiona provided an update on progress in Workforce stream: • Number of trained vaccinators is increasing well and people can now register directly for training • One of the agencies used for contract tracing is going to be cleaning surge database • Development of the training for non-regulated workforce is advancing well with first pilot expected on 13/14 May • The paper circulated today focuses on the technical aspect of this workstream, and includes the recommendation to make a COVID-19 specific regulatory change, to ensure this workforce can be active as soon as possible • The proposed regulatory change would allow this workforce to administer vaccinations under supervision • This change would address the short-term need for COVID-19 vaccinators, with additional work required to consider how to make this workforce eligible vaccinators in a permanent sense to deliver legacy benefits • It was noted that preparation and delivery of the training course could progress in parallel to the regulatory changes being made, although the workforce couldn't carry out any vaccinations until the regulatory changes were finalised Decision • Steering Group approved the proposal to progress with Regulatory Changes
13.	**Standing item on logistics and distribution** (Ian Costello) • Jo said that Ian was unable to attend today's meeting but has committed to providing a paper for next week's Steering Group as a number of key logistics milestones are falling due shortly • Michael noted that the decision has been taken not to rollout previously commissioned inventory management software (Colossus and Netstock) in order to focus on the national rollout of the inventory management portal Alison provided a brief update on vaccine supply • AstraZeneca have verbally agreed to allow donation to Pacific nations so there may be a public announcement around that this week • She will provide an update as soon as possible regarding the delivery schedules for Pfizer vaccine for July ***Action 7: Paper providing update on Logistics and Distribution key milestones to be prepared for next week's Steering Group***
14.	**Real time assurance update** (Colin MacDonald and Stephen Crombie) • Colin noted that the planned walk through with Governance Group to provide surety around how all the pieces fit together • Mat noted he could contact Chair of Governance Group to see whether as many members as possible could be physically present for that meeting • Stephen suggested that a dry run on scale events prior to any planned pilot event in June could be useful ***Action 8: Contact Chair of Governance Group to request physical presence of as many members as possible for Governance Group meeting next Friday (7 May)***

15.	**Any other business** • Jo noted that additional follow-up had been done with PSC regarding resourcing for the Programme and a number of CVs were received towards the end of last week

Out of scope

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 4 May 2021
Time:	4.30 – 6:00pm
Location:	1N.3
Chair:	Dr Ashley Bloomfield
Members:	Sue Gordon, John Whaanga, Dr Dale Bramley, Chris Fleming, Wendy Illingworth; Michael Dreyer; Jo Gibbs, Colin MacDonald, Stephen Crombie.
Attendees:	Dr Ian Town, Mat Parr, Andrew Bailey, David Nalder, Tim Hanlon, Astrid Koorneef, Sonia McFetridge, Andi Shirtcliffe, Donna Kielar, Ian Costello, Jason Moses, John Walsh, Megan McCoy, Alison Bennett, Chris James, Jane Hubbard.
Apologies:	Fiona Michel, Shayne Hunter, Maree Roberts, Grant Pollard, Deborah Woodley
Secretariat Support:	Stephen Clarke

#	Agenda Item
1.	**Introduction and minutes** The minutes from the previous meeting on 27th April 2021 were approved, noting one change: • Update Action 4 from Agenda Item 6 to say MPP not TPK Outstanding actions from last week noted as picked up in Agenda. Ashley sought update on outstanding actions from Previous meeting 30 March • **Action 3 re: Local clinical governance arrangements.** It was noted that ensuring this is in place was part of the role of the Clinical oversight group being stood up. Ashley asked for an update for next week's meeting on the clinical oversight and safety processes in place at each DHB. • **Action 8 re: Publishing science.** Sue noted that Science Chat and work on variants of concern will be posted on website, and that they are working with Science and Technical Advisory (STA) to circulate Science Updates more broadly within Sector. Ashley expressed support for this work being circulated more widely. 13 April • **Action 2 re: Equity approaches within DHBs**. In addition to paper provided to Group on 20 April, Jason noted that work is ongoing with DHB SROs around equity feedback on their current plans and how that is integrated into plans for July onwards. • Ashley signalled a follow-up on this discussion would be useful, and asked for ethnic breakdown by workforce within sequencing framework if possible, in order to have better measure of how Programme is tracking in this area.

	• Mat proposed to bring forecasts for the number of Māori, Pasifika and people with disabilities vaccinated until 30 June to Steering Group next week ***Action 1: Provide update at next Steering Group meeting regarding the clinical oversight and safety processes in place within each DHB.*** ***Action 2: Provide forecast on demographic breakdown of vaccines administered up to 30 June.***
2	**Operational update – progress last week (Jo Gibbs)** *Paper considered: COVID-19 A3 Vaccinations Dashboard 2 May 2021 - Final* Ashley asked for specific updates on Northland opening vaccination for 50+ age group, and about progress for DHB plans for July onwards: Jo provided an update on recent events within the Programme • The A3 provided is prepared each week for Ministers meetings and will be added as a standard paper for Steering Group moving forward • In her communication with Northland about vaccinating over 50s she was clear that this was about addressing risk of wastage and in response to rural and remote communities and was not discussed as being a permanent move • Regarding DHB plans, tomorrow a pack will be sent to all SRO and CEs to help them prepare their plans. First drafts are expected to be sent back by late-May in order to have finalised plans by the end of May and ready for publication in mid-June. Group Discussion • Chris Fleming stressed the need to communicate with DHBs about flexibility with the Sequencing Framework • Ashley noted Cabinet made a decision on Sequencing Framework and that individual DHBs cannot take decisions that are contrary to that, and suggested a further discussion on the subject after the meeting. ***Action 3: Offline discussion regarding DHB conformity with Sequencing Framework***
3	**Programme progress against milestones** *Paper considered: CVIP Plan on a Page v0.2 3 May* Andrew advised that the paper provided is a guide for the walk-through with Governance Group on Friday, and explained this part of agenda is structured by workstream so GMs can give more detail on how they are progressing and key decisions needed from Steering Group **a) Service Design (Mat Parr)** *Paper considered: Assumptions to reach scale* Mat explained that the aim of this paper is to have a discussion around assumptions of proportion of vaccines administered by delivery setting. Agreement on these estimates then will help determine what needs to be put in place to deliver on the model. Group Discussion • Stephen noted that this model appears to have higher reliance on primary care than previous plans, which would have implication for the design and technology space. • Ashley asked for clarity on whether the ratio of vaccines administered by GPs versus those administered by pharmacies was consistent with what is seen in the flu vaccination campaign • Ashley noted that we'll need to bring most GPs and accredited pharmacies into the programme by the end of the year in order to position the programme for future requirements, including mop up and newly eligible people

- John Whaanga noted that this model assumes 40% of delivery via primary care, and asked whether this was matched by our level of engagement to date.
- Mat said that this was increasingly becoming the case as considerable effort is now being pivoted towards primary care
- There was discussion around the need to ensure service delivery models enable adequate access for rural communities
- Michael noted that new delivery models needed to be carefully thought through to ensure they didn't put additional pressure on the technology team
- Ashley pointed out that delivery models could be introduced in a staggered fashion to reduce pressure if necessary
- There was a discussion around whether use of systems could be mandated for GPs or pharmacies in order to simplify the process
- There was agreement that in the initial phases of the rollout it could be necessary for providers to utilise systems already in place, while more flexibility could be introduced as time progresses
- Astrid noted that there was work ongoing to stand-up a team as soon as possible who will respond to queries relating to systems put in place to manage the vaccine rollout
- Ashley agreed that this is a priority area and offered any support needed

Action 4: Confirm the proportion of vaccines administered in Pharmacies vs GPs during regular flu vaccination programme

b) Operations (Astrid Koornneef)

Paper considered: Late paper People under 16 years vaccinated report 4 May 2021

Astrid gave a brief overview on situation of the vaccination of children under 16.

- The memo provided is an interim update, with a full report (which will be presented to Steering Group) still being worked on
- DHBs have been contacted to provide clarity on next steps for the cases identified, an enhancement has been added to CIR to flag when someone less than 16 presents for a vaccine, and programme fail safe reporting is being implemented to ensure issue is monitored in future.
- A team from Ministry have gone to Wairarapa today to assist with root cause analysis

Group Discussion

- Jo noted the clinical advice has been provided not to give a second dose until children involved reach 16 years old
- Chris James noted that Medsafe is expecting additional data from Medsafe by the end of May to analyse whether to expand the age eligibility for vaccine

c) Comms and Engagement (John Walsh)

Paper considered: Comms update 3 May

John Walsh provided update on Comms campaign

- Phase 2 of the campaign is ongoing, and his team's focus is now on supporting DHBs to engage with people in Group 2 and starting planning for group 3, with planning sessions with DHBs expected over the next few weeks
- This week the Comms team will get the first set of weekly data on people's intentions to get vaccinated which will provide a good insight into effect of comms campaign moving forward.
- There are weekly Comms meetings to monitor what type of material is being circulated around vaccine hesitancy and see how to respond accordingly

d) Workforce (Sonia McFetridge, Andi Shirtcliffe, Donna Kielar, Jane Hubbard)

Paper considered: Vaccination Assistants SG update - 3 May 21

Paper considered: Workforce Vaccinator Assistant Plan 30 April 21 v4

Donna gave brief overview of initial paper and noted that pilot of Vaccinator Assistant training is planned for 13/14 May with a Māori health provider, Pacific health provider and Lakes DHB.

Group Discussion

- There was a discussion on how to ensure the investment in this training could contribute to a legacy of not only additional trained vaccinators, but also by creating pathways to wider opportunities within the health sector.
- Ashley suggested regular communication with DHBs on this point would be crucial
- In response to a question from Colin, workforce team said it would report back on the estimates for the number of vaccinator assistants expected to complete the training
- It was noted that the training programme was built so it could be easily scaled and that it would feature online, face-to-face, and supervised training.
- Jo noted one risk inherent in the plan was the need for nursing workforce to supervise the Vaccinator Assistants, although there is work in progress in this area.

Group Discussion moved to the second paper regarding the role of Vaccinator Assistants within the vaccination sites.

- Following group discussion, the decision was taken to proceed with regulatory changes that will enable Vaccinator Assistants to draw up vaccines, while the decision on whether or not to implement this policy would be subject to further analysis and discussion.
- Jo said that the tight timeframes would be highlighted in Vaccine Ministers report this week to ensure the Ministers are aware of constraints and can support

Action 5: Provide estimate for the number of Vaccinator Assistants expected to complete training programme

Action 6: Timeframes for regulatory changes around Vaccinator Assistant workforce to be flagged in Vaccine Ministers report

e) Logistics (Ian Costello)

Paper considered: Distribution Netstock-Colosys decision

Paper considered: D&IM model review

- After discussion, approval was given to pause the development of two Distribution and Inventory Management systems (Netstock and Colosys) in order to prioritise development of other systems
- Ian provided an overview of the recommendations in the second paper including centring inventory management on two hubs, process for setting up the second hub in Christchurch, rolling over the NZ Post contract and standing up additional -20°C storage in case of Medsafe approval of Janssen vaccine
- Approval was given for all recommendations in the report, with the exception of the recommendation regarding a competitive procurement process in September. For this recommendation it was agreed that Ian and Colin would have a follow-up discussion around possible alternatives.
- Ian also noted that a paper would be presented to Steering Group within next 1-2 weeks on progress for local storage, as the co-design of these systems was being finalised

Action 7: Offline discussion around competitive procurement process

f) Post Event (Tim Hanlon)

Paper considered: Steering Group update on Active Monitoring - 04 May 2021

Tim gave an overview of the paper provided around options for active monitoring

- Active monitoring is the gold standard for pharmacovigilance surveillance and could give increased confidence around vaccine safety
- If decision is taken to go ahead with active monitoring, the consensus of discussions with Ian Town as well as colleagues from Medsafe, CARM and IMAC is that using the Smart Vax tool used in Australia would be the pragmatic approach

Group Discussion

- There was a broad discussion around back the trade-offs within Programme that would be necessary to implement this as well as the change management with wider sector that might be needed
- Ian Town noted that rolling out Smart Vax as part of COVID-19 activity could have legacy impact as well as equity advantages given the lower rates with which adverse events are reported by some groups
- Michael suggested that the additional workload on the technology side would not be particularly large
- Decision was taken to agree in principle to move ahead with active monitoring via SmartVax system, with decision delegated to National Director in regards to timing of implementation and ensuring adequate resourcing

g) Equity (Jason Moses)

Jason provided an update on Equity workstream:

- The key thing his team is focusing on is accountability for equity and how that is built into overall Programme
- Work is ongoing with DHBs to ensure they are taking responsibility for people with disabilities within their plans, particularly high needs groups requiring specialist help
- Other major areas of work include engagements and comms to address hesitancy, and ensuring Māori and Pacific providers are well supported by DHBs.
- He will also be bringing to Steering Group a paper on how equity can be prioritised within Group 4 rollout

Group Discussion

- There was agreement among the Group that DHB SROs would be the appropriate level of communication to get clarity on exactly what DHBs could deliver
- It was noted that in addition to setting clear expectations to DHBs around equity performance, being able to monitor this and provide real-time feedback was essential

h) Polynesian Rollout (Megan McCoy)

Paper considered: SG Timeframes for dose donation to Polynesia V2

Megan offered an update on the Polynesian vaccine rollout

- the key thing required from Steering Group was endorsement for the plan to donate up to 36,000 doses to the Cook Islands to cover their eligible population
- This would then be put to Vaccine Ministers for final approval
- There is still some work to do around negotiations with pharma companies and some detailed work on the operational rollout
- The aim is for campaign to start later this month; this was noted in the announcement regarding quarantine free travel with Cook Islands

Group Discussion

- Proposal to donate was endorsed by Steering Group
- It was noted that Ministers would be made aware that this decision would involve ring-fencing supply during the period of constrained supply
- The exact number of donations would be clarified according to the under-16 population of Cook Islands
- Chris James raised the importance that support for pharmacovigilance work in Polynesian countries and noting the potential impact on New Zealand's system.

Action 9: Offline conversation around pharmacovigilance strategy for Polynesian rollout

4

Programme risk update

Paper considered: CVIP Programme Risk Update - Steering Group 3 May 2021

David explained that risk document had been simplified and shortened, with an emphasis on the top five risks as identified with Programme Leadership Group.

- The aim is to move discussion away from risk towards the actions being taken
- The intention is to tie that into a readiness check to assess how Programme can determine risk is at acceptable level as we go up to different levels

a) Workforce (Fiona Michel)

No further comments were made beyond content of document and noting discussion in previous agenda item.

b) Embedding equity (Jason Moses)

No further comments were made beyond content of document and noting discussion in previous agenda item.

c) Achieving necessary scale (Mat Parr)

Stephen suggested more analysis should be done on this area given high complexity of the Programme and relatively short time left for moving to scale.

d) External accountabilities and control expectations (Mat Parr)

Paper considered: Planning and accountability framework _03052021

Mat noted that the paper provides an overview of the documents going out to DHBs, including the draft Accountability Framework as well as Planning and Workforce templates.

It was noted that these documents are critical in identifying key roles, responsibilities, and control points as the Programme moves into a more distributed and scaled system.

Stephen offered support for the paper and stressed the importance of it due to it capturing almost the entire Programme scope

e) **Certainty of supply (Astrid Koornneef)**

Astrid said focus in this area was on making sure each DHB has plans in place in case of large outbreak and need to significantly accelerate rollout (assuming supply was available)

- In discussions with DHB SROs it has been stressed to ensure plans are linked to lessons learned in responding to previous outbreaks
- There will be further conversations to ensure the plans are finalised and so that DHBs know support is available if needed to help with planning

	Allison noted that the risk cannot be removed but continues to be addressed by tightly managing the relationship with Pfizer, including advocating for clear communications as soon as Pfizer have any updates, and by pushing for backup vaccine options in case of delivery issues. Jo added that PLG are monitoring issues around supply on a weekly basis.
5	**OAG draft report update and communications response (David Nalder, John Walsh)** David provided an update on Programme's response to the draft OAG Report • The response is prepared and will be sent today • Response agreed with the majority of OAG's points, although for a small number we have stated that we disagree and provided additional information to counter • He will now be working with Comms team to prepare for Ministry's response when report is published
6.	**Standing item on science and technical advice through CV-TAG** (Dr Ian Town) Nothing raised this week
7	**Real time assurance update** (Colin MacDonald and Stephen Crombie) • Colin noted a concern regarding the increasing workload on the Data workstream, but noted there was improved connection between the overall work programme and the technology side • Stephen noted there was work ongoing to bring together the milestone view of the Programme and the production view, and that there may be something ready for presentation at next Steering Group meeting . He also stressed the importance of the walk through planned Governance Group for this Friday.
8.	**Any other business** • Dale asked for an update on who within the Programme was leading the longer-term planning for any future booster requirements or other ongoing needs • It was noted that both CV-TAG and Medsafe are monitoring this area • Ashley reiterated that as time goes on it is anticipated that primary care and pharmacies will administer a higher proportion of vaccines • Jo mentioned there will be a paper brought to the Group shortly about the purchase of consumables as this has a 3-6 month lead-in time

Out of scope

Out of scope

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 11 May 2021
Time:	4.30 – 6:00pm
Location:	1N.3
Chair:	Dr Ashley Bloomfield
Members Attending:	Sue Gordon, Deborah Woodley, Dr Dale Bramley, Michael Dreyer, Jo Gibbs, Wendy Illingworth, Dr Caroline McElnay
Other Attendees:	Andrew Bailey, Joe Bourne, Ian Costello, Colin MacDonald, Stephen Crombie, Dr Ian Town, David Nalder, Tim Hanlon, Astrid Koornneef, Fiona Michel, Jason Moses, Megan McCoy, Mat Parr, Dr Juliet Rumball-Smith, Vince Barry, Rachel Haggerty, John Walsh Dr John Tait (Chair – Independent Safety Monitoring Board)
Apologies:	Chris Fleming, Shayne Hunter, Megan McCoy, Grant Pollard, Maree Roberts, John Whaanga
Secretariat Support:	Stephen Clarke

#	Agenda Item
1.	**Introduction and minutes** The minutes from the previous meeting on 4 May 2021 were approved, noting one correction to be made under Agenda Item 5 re timing of the second vaccination. Dr Ashley Bloomfield sought an update on outstanding actions from previous meetings: 13 April • **Action 8 re: National call centre**. Team is working through final stages with wider Ministry team. Needs to be landed as soon as possible 27 April • **Action 5 re: Measuring success.** The narrative around this will be included in next week's Cabinet paper. • **Action 6 re: Privacy Impact Assessment.** Should be ready for next meeting 18 May *[NB: subsequently confirmed for 25 May meeting].* 4 May • **Action 5 re: Number of Vaccinator Assistants.** Difficult to forecast but total vaccinator workforce needed is known (4,000 assuming 1 FTE = 4 part-timers) and have seen a big uptake in registrations of interest from regulated workforce. The team is confident it can reach the necessary numbers. Remaining actions from last week either on Agenda or completed.

	Agenda item 6 to be brought forward to start of meeting.
6	**Standing item on science and technical advice through CV-TAG** (Dr Ian Town) Dr Ian Town provided an update on the work of CV-TAG: • Update provided on Adverse Event Reporting (CIR System). Events are being triaged for seriousness and events of special interest. A system for improving the speed and efficiency of reporting is in development. • There was strong support from the CV-TAG for the active SMS based reporting system to be implemented immediately. • CV-TAG has been discussing 'ring vaccination' strategy, although their preference is for this to be referred to as 'targeted vaccination'. • This strategy has a place as part of our suite of public health interventions but is not appropriate as a replacement. • There was some discussion at CV-TAG on the potential value of a protocol (i.e. how it would be implemented and exactly who would be targeted) to provide more specifics to DHBs, noting that specific details could be quite challenging to develop. • Further advice on the matter will be prepared for Policy team. • Ashley noted that documents prepared on this subject should be presented to COVID-19 Response Directorate at same time as provided to Policy.
2	**Update from Chair – Independent Safety Monitoring Board (Dr John Tait)** *Paper considered: CV-ISMB update to CVIP Steering Group_final* Dr John Tait provided update on the work of the ISMB. • There have been three general meetings of the ISMB thus far, plus one ad-hoc meeting to discuss thrombosis with thrombocytopenia syndrome (TTS) • ISMB did not consider a similar risk of TTS to have been identified in New Zealand, but Medsafe agreed to put out a Monitoring Communication on the issue • Rates of reported anaphylaxis in New Zealand are considerably higher than expected, and ISMB would like to see potential anaphylaxis reports assessed against the Brighton Collaboration Criteria which are used internationally • Recommendation is made in the paper for an anaphylaxis tabular checklist to be made available at vaccination sites to allow capture of more detailed information • Other themes currently being considered by ISMB include myocarditis, appendicitis and herpes zoster. Group discussion: • Ashley Bloomfield thanked Dr Tait for his attendance and update, reiterating the importance of the work of the Board. • Ian Town provided support for the proposal, while it was noted that a new workforce might need additional support to complete these assessments. • Steering Group endorsed the recommendation from ISMB, with Post-Events team to determine how this change is implemented. ***Action 1: Determine how to implement the recommended change around anaphylaxis tabular checklists being available at vaccination sites.*** • There was additional group discussion around the processes used to follow-up on cases of any serious adverse events or deaths in the days following vaccination. • It was noted that even if there was no clear link to vaccination this could be used to reduce confidence in vaccine rollout. • An initial drop of data on background rates of certain adverse events is expected by the end of May, which will help respond to any events that do occur. • Ashley noted the importance of having a streamlined process for responding to any notifications of serious adverse events.

	Action 2: Ensure there is a process and focal point in place for analysing background rates of specific conditions and liaising with Comms team in the event of severe adverse reactions.
3	**Operational update – progress last week (Jo Gibbs)** *Paper considered: Management of vaccination events in line with supply 10 May V0.2* *Paper considered: COVID-19 Immunisation Programme Update 9 May* Jo Gibbs noted that Programme is tracking at 107% up to 9 May and conversations have been started with DHBs to cap their performance. She asked Mat Parr to speak to this. Mat provided an overview of the paper provided to Steering Group, noting the three key messages to be delivered to DHBs were around limits to exceeding targets, committed push to get ahead of equity plans and using this period to be set up for scale. Group discussion: • The importance of getting as much convergence as possible on where DHBs within the sequencing framework. • Jo noted the discussion at previous week's Governance Group around the fact that we are not currently holding back second doses for people. Thus if there is a delayed supply in July some people may need to wait longer for their second dose. • The assumptions around current usage were discussed including wastage levels, dose per vials, COVAX supply, mass event pilot and Polynesian corridor. • Implications on workforce and vaccine demand due to school holidays in July was discussed. • Sue Gordon noted the importance of being able to get assurance from DHB SROs around adherence to sequencing framework that honours requests made. • Rachel Haggerty said there had been a good discussion with SROs earlier in the day and they all understand the importance of a steady rollout with equity at forefront. Support to ensure these same messages were reiterated to DHB Chairs/CEs was requested. ***Action 3: Reiterate with DHB Chairs/CEs the messages already delivered to DHB SROs around the need to for steady rollout until end of June adhering to planned targets and with equity at forefront.***
4	**Programme progress against milestones** *Paper considered: CVIP POAP 10 May 2021* It was noted that detailed update on plan was well received by Governance Group last week, with specific comments on the need to ensure an integrated plan right across the Programme and importance of delivering on readiness work. **a) Service Design (Mat Parr)** Vince Barry gave an update on planning for large scale events with Auckland Unlimited, noting the different phases from developing playbook through to assistance on the day and follow-up analysis: • Aiming for a first event in South Auckland in June/July that would target around 5,000 people. This event would be a booked event to iron out any wrinkles. • They are already looking at pencilling in other locations, and there is a planned call with DHB SROs on Thursday to update and receive feedback. An MoU with DHBs is under development. Group discussion: • There was discussion around whether it would be worthwhile to delay the first event until after large supply drop, however, the advantages of testing all the systems before moving into Group 4 appear to outweigh the risks.

- Noted that GPs seem to be increasingly comfortable with rollout plan, although the importance of continuing to manage expectations around when additional services would be added was stressed.
- Noted that, by definition, a single large event was likely to require a follow-up event to administer second-dose vaccines.
- Attention was drawn to the three red deliverables within service design, with Michael Dreyer noting that his team is currently working through detailed plans on exactly what needed to be built.

b) Equity (Jason Moses)

Jason Moses said that main focus for his team was on service design, evidence-based funding, working with DHBs re planning and influencing their accountability arrangements.

Jo noted that a positive conversation had taken place with the IIAG to continue in their role but with a heavier focus on equity point of view. There will be an update to ToR to reflect this, and IIAG accountability lines will also now be directly to the Steering Group.

c) Operations (Astrid Koornneef)

Paper considered: Steering Group Quality Assurance Framework 10052021

Astrid gave an overview of Operations workstream activity:

- All DHBs are working on July-October planning with first drafts expected back 24 May.
- A major current focus is on implementation and rollout of National Booking System, with two sites now live in Auckland and feedback awaited for analysis.
- There are very tight deadlines to have all DHBs onboarded by end of May and sites live by end of June.
- Work around how invitations will work for group 4 and how to manage that at local and national level is advancing well. A PLG decision is expected this week so that next phase of that work can commence.

Dr Juliet Rumball-Smith spoke to the paper provided on Quality Assurance and highlighted three priorities for her team for next month:

- Providing information to DHBs on developing minimum expectations documents that follow through to readiness assessments and Accountability Framework.
- Getting an understanding of what quality tools/processes/people are in place at DHB level, and help fill those gaps by making toolkits available.
- Establishing the CVIP Clinical Quality & Safety Forum at a national level.

Group discussion:

- Ashley asked for an update in two weeks regarding the clinical oversight and safety processes in place within each DHB.
- Sue mentioned that it would be important for quality and safety work to have a feedback loop into CV-TAG to address systemic issues.

Action 4: Provide update to Steering Group in 2 weeks' time (1 June meeting) regarding the clinical oversight and safety processes in place within each DHB.

d) Comms and Engagement (John Walsh)

Paper considered: Comms update 3 May

John Walsh noted three primary focuses for Comms at the moment: preparing public response to OAG Report, working on getting the narrative around the 'limited supply' story, and planning for Group 3 comms and engagement with DHBs.

	e) Workforce (Fiona Michel) Fiona offered updates on Workforce stream: • Trained vaccinator numbers are improving well and goal is now to have 6,000 trained vaccinators in order to achieve anticipated need of 1,500 to 1,600 FTE vaccinators. • There is considerable work needed to increase Māori/Pasifika workforce. • Health report with changes for Vaccinator Assistants has gone to Minister yesterday, with pilot planned on 13 May with a Māori health provider in Auckland. • There will be an assessment of pilot product and then feedback given to Ashley and Caroline McElnay. • Currently there is nothing to indicate that DHBs are struggling with administrative support, although there are options to assist later in rollout if needed. • Ashley congratulated Fiona and the team for the significant progress made. ***Action 5: Provide Ashley/Caroline with updated Vaccinator Assistant training product following assessment of initial pilot*** **f) Logistics (Ian Costello)** Ian noted there was good progress on actions agreed at previous Steering Group and said that more information around Pfizer delivery schedule for July should be available within next two weeks. **g) Post Event (Tim Hanlon)** Tim provided two updates from Post-Event workstream • The AEFI repository auto-triage scheduled to go live on 13 May has been delayed to 24 May, which will still be in good time for ramp up. • There has been a lack of engagement from SmartVax regarding active monitoring system discussed last week, so discussions started with an alternative supplier. **h) Polynesian Rollout (Ashley Bloomfield for Megan McCoy)** Ashley said there may be an announcement the next day (12 May) about supply of vaccines to three realm countries. Programmes are expected to happen in Cook Islands from next week, Niue from June and Tokelau from July. Jo noted there was dry run of vaccine happening this week in Cook Islands and there is an IMAC team there inspecting the fridges to be used.
5	**Programme risk update (David Nalder and risk owners)** *Paper considered: CVIP Programme Status and Risk Summary - Steering Group 10 May* David gave update on work relating to risk that has been undertaken this week • An exercise has been done with PLG members to rank risk across end-to-end process, with intent to have updated view of PLG sentiment on risk every week to be able to monitor trends • There are four risks that have been flagged and additional six that are key to get right • This work has flowed into work on Programme Readiness and Accountability Framework • Overall David does see more clarity around major risks being monitored two months ago, although there are a small number that remain consistent focus areas, notably comms and equity Group Discussion • Stephen flagged integration of design and the testing of this as a key area to get right • There was a request from Ashley to emphasise equity as an underpinning risk • There was a discussion around how to capture the shifts in risk profile over time.

	• Ashley congratulated David for the actions take to provide a clear view of risk mitigation and management. ***Action 6: Equity to be highlighted as an underpinning risk within Programme risk document*** **a) Misinformation (John Walsh)** Nothing additional raised beyond discussions in Agenda Item 4. **b) Post event (Dr Tim Hanlon)** Nothing additional raised beyond discussions in Agenda Item 4. **c) Clinical safety (Dr Juliet Rumball-Smith)** *Paper considered: Steering Group Quality Assurance Framework 10052021* Nothing additional raised beyond discussions in Agenda Item 4. **d) Embedding equity (Jason Moses)** Nothing additional raised beyond discussions in Agenda Item 4. *e)* **Integration of design to achieve scale (Andrew Bailey)** Andrew noted that next Tuesday 18 May there will be a desktop exercise of an end-to-end walk through of different design aspects. • Working now on figuring out exactly how to test system for scale and then see how to build off the results (as was done in February) of the previous desktop exercise. Group discussion: • It was noted that work was ongoing to develop targets for vaccination rates of Māori, Pasifika and disabled people by DHB
7	**Real time assurance update** (Colin MacDonald and Stephen Crombie) • Colin highlighted the importance of the planned desktop exercise, and that this type of exercise should be repeated to look at things like data integration and contingency planning.
8.	**Any other business** • Sue Gordon mentioned the importance of starting to see design around legacy impacts of Programme and starting to see that thinking come through in upcoming papers

Out of scope

Out of scope

[redacted]

MINISTRY OF HEALTH
MANATŪ HAUORA

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 18 May 2021
Time:	4.30pm – 6:00pm
Location:	1N.3
Chair:	Dr Ashley Bloomfield
Members Attending:	Dr Dale Bramley, Michael Dreyer, Jo Gibbs, Sue Gordon, Wendy Illingworth, Dr Caroline McElnay, Deborah Woodley
Other Attendees:	Andrew Bailey, Ian Costello, Maria Cotter (paper 9), Stephen Crombie, Rachel Haggerty, Tim Hanlon, Chris James, Astrid Koornneef, Dr Ian Town, David Nalder, Colin MacDonald, Rachel Mackay, Fiona Michel, Jason Moses, Megan McCoy (papers 7a-d), David Nalder, Mat Parr, Grant Pollard, Maree Roberts, Dr Juliet Rumball-Smith, Dr Ian Town, John Walsh
Apologies:	Chris Fleming, Shayne Hunter, John Whaanga, Joe Bourne
Secretariat Support:	Carol Hinton

#	Agenda Item
1.	**Introduction and minutes** The minutes from the previous meeting on 11 May 2021 were approved, with one correction to replace the word 'cost' with the word 'risks' at end of the first bullet, top of page 4.
2	**Operational update – progress last week (Jo Gibbs)** *Paper considered: COVID-19 Immunisation Programme Update 16 May (Paper 2)* Jo Gibbs noted that by 22 May 2021, CVIP will have delivered half a million vaccines. DHBs are tracking at 108% of plan. • There is ongoing interest in the different DHB 'go live' dates for Group 3. Will discuss this with the Minister on 19 May. MoH is comfortable that each DHB has taken a well-reasoned decision about its 'go live' date. Those starting later tend to have significant border operations which need careful planning (e.g. Canterbury). • Pilots of the booking system and vaccinator workforce are going well and providing useful information to inform wider rollout. • The EMEA has approved the storage of Pfizer vaccine at 2-8ºC for 31 days. It is understood that Pfizer will be submitting application/data to Medsafe in the next 7 to 10 days for assessment. *[NB: Medsafe subsequently advised it received the application from Pfizer on Thursday evening 20 May.]* Group discussion

	• SG members noted anecdotal evidence of the differing approaches in some regions to avoid vaccine wastage. Dr Bloomfield noted the importance of ensuring that DHBs place a strong focus on priority populations when making decisions about use of their vaccine reserves. • Dr Dale Bramley suggested issuing formal guidance on this to give more certainty. *[Note: this will be considered within the paper at Action 1 of these minutes.]* • Members noted the potentially significant impacts on our vaccine strategy and rollout, both benefits (opportunities to extend in primary care, reduced wastage) and areas of caution (ensuring Quality and Safety is not compromised, particularly in smaller practices). • s 9(2)(h) [redacted] • The importance of not creating unintended consequences for other legislation or medicines was noted by both Dr Bloomfield and Chris James. ***Action 1: Prepare messaging for DHBs to ensure their vaccine reserve lists have a strong focus on their priority populations.*** ***Action 2: Prepare an SG paper on impact of the changes to Pfizer vaccine storage in relation to our vaccine strategy (including opportunities for primary care).*** ***Action 3: Agreed (having regard to Action 2 above) to temporarily defer consideration of the paper "COVID-19 Vaccines – Options for distribution of Pfizer Vaccine to minimise wastage and manage non-planned demand" subject to provision of advice on the impact of the announcements re extension of allowable storage timeframes for the Pfizer vaccine.***
3	**Standing item on science and technical advice through CV-TAG** (Dr Ian Town) Dr Ian Town advised that CV-TAG had not met during the past week, however, had the following areas in focus: • Benefits and risks of the Johnson & Johnson Janssen vaccine – including potential for thrombosis, • The decision to use any of the other three vaccines in the portfolio. Group discussion • Dr Bloomfield asked about timing of the Janssen application for use in New Zealand. Chris James advised that this had been deferred from 18 May because of a legal challenge and emerging safety concerns. Consideration now likely in June. • Janssen is a single-dose vaccine. Clinical trials for a two-dose regime have started. To implement this in NZ would require a change to the current strategy. • The Medical Advisory Committee is currently also considering an application by AstraZeneca. (Noted that this vaccine is based on the same technology as the Janssen vaccine.) • Noted that emerging evidence suggests that a longer period between doses can strengthen the antibody response.
4	**Programme progress against milestones** *Paper considered: 3 - CVIP POAP 17 May 2021* *Paper considered: 3a – Readiness Assessment Timeline* *Additional paper circulated at meeting: 3b – Plan on a Page (POAP) Changes/Updates (17/5/21)* *Paper 4 – Workplace vaccinations for Group 4* • **Service Design (Mat Parr/Andrew Bailey)** Current strong focus on testing settings in small scale provision environment:

- Working with external assurers to ensure that capability in the workstreams supports the 'end to end' process for rollout in primary care settings. They circulated Paper 3b setting out some adjustments to the POAP to reflect these discussions.
- Payment systems will come online end of June, initially in a 'workaround'. Working with DHBs re surrounding standards and processes.

Workplace vaccination:

- Workplace vaccination has started with some prisons and Corrections workforce, and frontline police. FENZ will roll out from 24 May for 2,500 staff. May contract directly with some large NZ workplaces.
- DHBs supported the mixed model for rollout (this is the model recommended for SG agreement).
- A sector working group will be established to identify a minimum viable product for delivery of workplace vaccinations.

Group discussion

- SG noted it was important, from a 'health and safety at work' perspective, to distinguish between the service provider and the location (i.e. workplace) of service delivery.

Decision: SG considered Paper 4 and agreed to the recommendation that: *"Workplace vaccinations will be a combination of nationally contracted and locally commissioned using an 'open book' process."*

- **Equity (Jason Moses)**

Jason Moses emphasised the importance of equity at the programme level.

- Current strong focus on service design, and working with comms leads to ensure that engagement Māori, Pasifika and disability communities is part of DHB planning.
- Applications for funding for COVID-19 comms for Māori closed on 17 May. Funding was over-subscribed - received 57 applications for $3.7 million. Will allocate $1.5 million. Following discussions with Minister Henare, MoH will review to see if there are well-considered applications worthy of receiving funding over this budget.
- Funding for Pasifika engagement (champions, co-ordinators and navigators) is still to be allocated.

Group discussion

- Dr Dale Bramley noted some concerns relating to the numbers of Māori who stated they were unlikely to get the vaccine. He asked about evidence-based engagement to influence this.
- John Walsh agreed that research shows that Māori are less likely than other groups to be vaccinated. However, this research is ongoing and the trend is showing a quite significant change in attitudes, meaning this gap is starting to get smaller.
- Range of opportunities to influence – workforce, vaccination location, informed and motivated communities (supported by MoH funding above), national communications campaigns.
- Dr Bloomfield noted the importance of all DHBs knowing their communities and having a plan to reach them.

Action 4: MoH to consider making available funding to organisations more widely than initially intended budget.

Action 5: Prepare paper on initiatives to inform and encourage participation by Māori in the vaccination programme, for consideration by SG on 1 June 2021.

- **Operations (Astrid Koornneef, Dr Juliet Rumball-Smith, Michael Dreyer)**
- Dr Bloomfield asked for an interim update MoH work to ensure all DHBs have a safety and quality framework in place (action 4 from meeting held 11 May refers). Juliet

advised that she had met regional clinical leads and quality managers and is expecting their written input shortly. She is on track to report back on 25 May.

- Preparations for next phase of rollout include:
  - **Invitation strategy** - trialling taking place in Auckland, Kaikoura and Canterbury.
  - **Booking system** – Pilot on track.
  - Call centre – working with new provider and setting up regional support teams.
  - Moving to a **supply chain model** that gives us great visibility of where stock sits.
  - **Payment system** is now coming back on track.
- Noted the interdependencies between data and reporting from both booking and inventory systems to effectively manage nationwide supply and demand. MoH is preparing common processes to support DHBs with all process changes.
- DHB accountability framework has been with DHBs for a fortnight for comment. Some lack of engagement evident, however, framework still planned for signoff as scheduled.

Action 6: Provide decision paper to 25 May SG meeting seeking formal agreement to a phased 'go live' rollout of the national booking system.

- **Comms and Engagement (John Walsh)**

Papers 5a – 5d considered: Comms and Engagement update 17 May and IPSOS research

John Walsh updated on Comms and engagement activity:

- Key focus is Group 3 launch – will be in South Auckland on 25 May. Rollout is staged according to each DHB's situation. A senior account manager from MoH is working closely with all DHBs individually to support them. *(Also discussed at item 2.)*
- Sue Gordon noted that as rollout progresses, MoH reporting will transition to Minister Little from Minister Hipkins.

- **Workforce (Fiona Michel)**

Fiona updated on the Workforce stream:

- 5,358 trained vaccinators at 18 May. About 2,000 active/have been active.
- Workforce plans received from most DHBs – using these to identify maximum throughput.
- Cabinet paper prepared re changes to regulations for the new COVID-19 Vaccinator role. Significant support from some communities but discomfort from others. Piloting training programmes for this role. Those in the new role will require supervision.
- Workforce surge tool being refreshed to make it easier for DHBs to search. Will be relaunched also in English, Māori, Tongan and Samoan.
- The challenge is to grow the vaccinator workforce for COVID-19 without 'poaching' from current provision. MoH is actively engaged with some recruitment agencies to reinforce the disbenefits of artificially inflating remuneration.
- Sue Gordon noted government was one of the largest private providers and this gave CVIP some levers.

- **Logistics (Ian Costello)**

Ian outlined preparations for Group 3 rollout including:

- Additional freezers in port 21 May.
- Second hub in Christchurch is on track – inspection in next fortnight.
- NZ Post is gearing up for scale delivery.

Colin MacDonald cautioned re the importance of continuing to plan for rollout based on current approvals re storage of the Pfizer vaccine, pending application and decisions relating to the recently announcements from Europe.

- **Post Event (Tim Hanlon)**

Working with Global Health and Medsafe to ensure adequacy of our pharmacovigilance processes re New Zealand's support to the Pacific. Assessors to focus on the adverse events.

Chris James noted some concerns held by MedSafe as the regulator that the pharma-covigilance process was not yet agreed with partner agencies. Michael Dreyer indicated his team would work with Legal to progress this offline.

- **Polynesian Rollout (Megan McCoy)**

Megan updated on progress with Polynesian rollout:

- Joint press release last week from Ministers Mahuta and Sio – this has provided nations with assurance as it puts New Zealand confirmation of vaccine donation in the public domain.
- Cook Islands 'wet run' has now started.
- Will seek formal confirmation from Cabinet for the donation of 2,760 to Niue.
- Megan noted that pharmacogivilance matters re vaccine donation to Tokelau are still under discussion – (e.g travel time of vaccine).

Action 7: Send copy of the document signed the previous Friday by the Acting Director-General to Dr Bloomfield.

Decision: SG agreed to provide a donation of 2,760 vaccines to Niue.

5	**Programme risk update (David Nalder and risk owners)** *Paper considered: CVIP Programme Status and Risk Summary - Steering Group 18 May* David updated on risk management activity: • Half of the risks have gone down in prominence, and about a third have a slight increase. • Five risks updated – sequencing, initial bookings, supply and demand, proof of vaccination (*see agenda item 8*), determining success. Group discussion • Noted there is a PLG workshop planned later in the week to discuss equity issues. • Stephen Crombie noted the good work being done to mitigate risks. He also suggested care is taken to differentiate clearly between the 'top of mind' risks identified by PLG members vs wider programme risks. **a) Post event (Dr Tim Hanlon)** Nothing additional raised beyond discussions in Agenda Item 4. **b) Clinical safety (Dr Juliet Rumball-Smith)** Nothing additional raised beyond discussions in Agenda Item 4. **c) Embedding equity (Jason Moses)** Nothing additional raised beyond discussions in Agenda Item 4. **d) Misinformation (John Walsh)** Dr Bloomfield asked about actions to address misinformation. ***Action 8: Prepare a paper for consideration by Steering Group on 25 May on possible actions and discussion points to help mitigate misinformation relating to COVID-19 vaccination.***
7	**Real time assurance update** (Colin MacDonald and Stephen Crombie) • No issues to report. Will be participating in a desk-top exercise on 19 May.
8.	**Any other business** • **Vaccination certificates (Maria Cotter)** Maria advised of growing momentum in NZ and internationally for proof of vaccination. This interest applies across multiple sectors. • Policy work under way to underpin this – key focii include equity, ensuring privacy and security of information. • COVID card not sufficient evidence for some countries. • Some pressure on MoH to lead the work for wider government interest. Group discussion • SG noted that 'proof of vaccination' work is not focussed solely on MoH but has 'cross government' implications. • Dr Bloomfield noted that the immediate priority for MoH is to meet the needs of NZers wishing to travel overseas. • Michael Dreyer noted that "proof of vaccination" is factored into IT development but not yet activated.

	Decision: Agreed that it is not the role of MoH to lead on wider 'proof of vaccination' work. ***Action 9: Provide further advice to SG for 8 June meeting.*** ***Action 10: Ensure that the Minister's office is kept informed of progress.***

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

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

#	Agenda Item
1.	**Introduction and minutes** The minutes from the previous meeting on 18 May 2021 were approved.
2	**Operational update – progress last week (Jo Gibbs)** *Paper 2 considered: COVID-19 Immunisation Programme Update 23 May* Jo Gibbs noted that as at 23 May 2021, CVIP had delivered over half a million vaccines. • All DHB plans are in and are being analysed, including from an equity perspective. Meetings are scheduled with all chief executives commencing 26 May. • We continue to have about 2,500 trained vaccinators. • Māori representation is at about 10% and we want to ensure this continues to grow. • The legislative change to allow workforce changes is well under way. The Minister will make an announcement over the coming week. Group discussion • Mat Parr noted that Group 3 provides an opportunity for strong pro-equity gains across the overall population. • Dr Bloomfield congratulated the team on both the achievement of the milestone and the longer-term legacy of the legislative change in expanding and diversifying the workforce.
3	**Standing item on science and technical advice through CV-TAG** (Dr Ian Town) Dr Ian Town advised that CV-TAG met on 25 May and discussed the following:

	• **Research project on BMI and Immunogenicity:** this looks at the effect of BMI and arm size of intramuscular vaccine delivery. CV-TAG endorsed this, noting the importance of considering the impact of race/ethnicity on outcomes and requesting that the research be shared when available. Proposal being considered for funding. • **Updated 'decision to use' (DTU) the Pfizer CVID-19 vaccine** in Group 3 sequencing: MoH had sought CV-TAG advice on this. CV-TAG agreed that safety and effectiveness data, to date, regarding this vaccine are consistent with previous evidence and recommended no changes to the DTU would be required. • **Pregnancy advice**: CV-TAG reviewed use of the Pfizer vaccine during pregnancy and recommended that it be routinely offered at any stage of pregnancy. CV-TAG will provide this advice to CVIP.
4	**Programme progress against milestones** Papers considered: *Paper 4: CVIP POAP 24 May 2021 and paper 4a – POAP updated 24 May* *Paper 4b: Readiness Criteria for review* *Paper 4c tabled: Options for inviting New Zealanders to be vaccinated for COVID-19.* • **Service Design (Mat Parr/Andrew Bailey)** Mat Parr noted the current strong focus on scaling up – ensuring comms align with supply and ensuring national consistency. • Supply remains the key constraint. Need to continue to manage demand with vaccine availability. Acceptance to date is not at 100%. • Focus on the number of people who can be immunised in any particular month – this reiterates a staged approach and is fewer than the headline 'actual doses' number. • Ministers have strong interest in everything, including booking system, going 'live' on Day 1. CVIP identifies this as a risk. Cannot design completely as do not yet know all sites and or delivery models (e.g. workplace and education settings). • Mat Parr noted a workshop on 26 May would 'deep dive' into testing at scale. Current objective is for sign-off on 'readiness to operate' by end June. • Sue Gordon asked about contingency planning. This was clarified as covering a range of scenarios including natural disaster, workforce shortage, IT systems, vaccine batch recall, a significant post-event episode, or another community outbreak. Matt tabled the paper "*Options for inviting New Zealanders to be vaccinated for COVID-19*" which set out options for segmenting the population over coming months – by age and ethnicity (current preferred option), by region, by open access etc. This generated substantial discussion: Group discussion: • Agreed that whilst segmenting can be changed, we cannot make the qualifying population number greater than supply. • Walk-ins will need to be managed. For a variety of reasons, many people are unlikely to book, or respond to an invitation. • Perceptions of 'fairness' will vary and need to be managed. For example, two neighbours may receive invitations for completely different dates. A 'postcode' rollout was likely to generate perceptions of unfairness. • CVIP needs to decide if it will carry forward current prioritisation into Group 3. Rachel Haggerty reinforced the need for this, citing new healthcare workers as an example of those whose need for the vaccine will be ongoing. • The comms approach was discussed. This included the extent to which a person who met the 'early vaccination' criteria might also be invited to attend vaccination along with their family and whanau whether or not these people also met the 'early' criteria.

- John Walsh noted that Group 3 as a whole needed to receive message in the week commencing 31 May but this would be a 'soft launch' – i.e. to clarify that they would receive an invite during June and July but the appointment may be later.
- Dr Dale Roberts strongly endorsed an approach of going into communities and inviting people to attend in a group. He noted that 'whanau' are not necessarily just genetically linked – but are a grouping of people who engage with each other. We must be as enabling as possible about this. Our comms should prepare for this and proactively communicate the approach.
- Rachel Haggerty also reiterated the importance of local networks and relationships in bringing people into the system. The invitation system was only one factor in getting people to be vaccinated.
- Maree Roberts reinforced the need to remain mindful of Ti Tiriti when considering the various options
- Dr Bloomfield noted the importance of agreeing a recommended approach prior to discussion with the Minister. Jo Gibbs noted her understanding that the Minister wished to discuss on 26 May.

Action 1: Dr Bloomfield requested that the paper be reviewed and resubmitted, to focus on rollout 'how and when' for further consideration on 26 May.

- **Equity (Jason Moses)**

Papers considered:

Paper 5 – Equity Programme Overview
Paper 6 – Redirection of Pacific COVID-19 virtual vaccine support service
Paper 7 – *Pacific Peoples' experience of managing health in COVID-19 context (research report)*

- Jason Moses confirmed all DHB plans have been received and are being analysed, including from an equity perspective. Some need further work but some, including Taranaki, Whanganui and Nelson, are very good and their approach will be used as a basis for strengthening others.
- Strong focus on service design and blueprints – partnering with Māori providers and ensure their thinking is incorporated.
- Funding for COVID-19 comms is now being distributed to successful applicants. Appreciated the assistance of DHBs in assessing applications.
- Paper 6 notes the intention to redirect $2.4 million from developing a virtual support network to directly support DHBs and Pacific health providers to delivery vaccine support services.

Group discussion

- Dr Bloomfield noted the increase in intention to vaccine amongst Māori and Pasifika is pleasing, and commended Jason and his team for their role in this change.
- Dr Caroline McElnay asked if the change might flow into uptake of other vaccination. Jason indicated he was hopeful, and that actuals from Group 3 will be a good indicator.
- John Whaanga said he was feeling more confident about increased representation and 'hitting the target', but cautioned that the work of Māori themselves in bringing about these changes must not be under-estimated. Māori leaders have really stepped up to lead and encourage vaccination.
- Rachel Haggerty noted this was the first programme she has seen that has commissioned for equity first. There are many learnings to be taken from this.
- John Whaanga endorsed this, also noting the positive move to change the profile of vaccinators (see also section 2). However, John wanted to see much more acknowledgment of the importance of mobile services in reaching communities.

- **Operations (Astrid Koornneef, Dr Juliet Rumball-Smith, Michael Dreyer)**

Paper 9 considered - CVIP Quality and Safety Framework and Actions

Dr Juliet Rumball-Smith updated on work to ensure all DHBs have a safety and quality framework in place (action 4 from meeting on 11 May refers).

- The clinical quality and safety dimension of the CVIP Quality and Safety Framework has been strengthened to better support delivery of the CVIP programme.
- Two groups will provide assurance to CVIP governance re the integrity of clinical safety and quality:
    - an internal CVIP incident review group (IRG) – to consider the role of incidents, adverse events and complaints and identify where learnings can be applied, including to mitigate possible systemic issues. Weekly meeting cadence.
    - the National Clinical Quality and Safety Forum (NCQSF) – to act as 'relationship lynchpin' with DHBs, and through them with CVIP providers. The first meeting of this group will be 26 May.
- Generic standards have been developed to support safety and quality in any situation in which a vaccine could be delivered.
- All DHBs have now provided advice to CVIP on how their quality and safety mechanisms are structured. Most have well-established systems and meet every 1-2 weeks. However, four did not provide detail and Juliet said that extra support may be required for these DHBs. She will be following up.

Group discussion

- Dr Bloomfield acknowledged the considerable work that had gone into developing this framework to respond to his earlier request, and said that the arrangements outlined felt very 'solid'. This was endorsed by Dr Ian Town and Dr Dale Bramley.

- **Technology (Michael Dreyer/Loren Shand/Astrid Koornneef)**

Paper 8 considered: National Immunisation Booking Service – 'Go Live' Approval

- A decision is required to move from pilot mode and into implementation.
- The change is not just a technical change – systems must be moved safety but without impacting unfairly or unduly on the consumer. We need to ensure people (and their bookings) are not 'lost' through the changes.
- Three requirements need to be met this week for 'go live':
    - Work with DHBs to ensure all have implementation plans to migrate existing data systems (this is a collaborative exercise between Whakarongorau, DHBs and MoH).
    - Work with DHBs develop an engagement plan to co-ordinate and communicate their implementation plan
    - Training and support for DHBs re the changes.
- We have 'triaged' DHB assistance according to complexity, risks and timeframes. Risks are being carefully tracked.
- Web link to booking system has been trialled on a diverse group of 100 people – no issues arose which tells us that usability is excellent.

Group discussion

- Stephen Crombie congratulated the team on what he said as an 'impressive achievement' done in a very short space of time. He asked when the 'mandatory to use or not mandatory to use' decision would be made.

- Jo Gibbs felt it could potentially be mandatory at DHB level, however, agreed with Astrid Koornneef that further work was still required re the primary care interface.
- Rachel Haggerty noted the view that the booking system would not be a universal system and there was a need to ensure people understood this. Transparency of the booking system is important but equity will not be achieved if the booking system is the only one that can be used.
- Dr Dale Bramley asked if the programme had confidence that the training pilots supported full scale rollout. Loren Shand and Michael Dreyer said the Kaikoura trial went very well and they now wished to progress to sign-off on roll-out. They acknowledged there may be future changes as we learn, but confirmed that the system can quickly iterate.
- Colin MacDonald noted that the decision paper would need to cover off this discussion i.e. this was not a single system but that we have confidence that the combination of the methods and techniques used would result in people being vaccinated.

- **Comms and Engagement (John Walsh)**

Papers 10 – 13 considered: Comms and Engagement update 24 May and associated promotions and research

John Walsh updated on Comms and engagement activity:

- Proactive media developed to mark the half a million vaccine doses milestone.
- Well-organised misinformation was still circulating and there will be two papers for the Steering Group on 1 June.
- MoH has engaged directly with a named individual quoted in media to address the Ministry's concerns re the attributed comments, and had then communicated the outcome to the Iwi Communications Collective, which had also held significant concerns.

Action 2: Develop paper on managing misinformation for the 1 June 2021 Steering Group meeting. [John Walsh]

- **Workforce (Fiona Michel)**

Fiona updated on the Workforce stream:

- 6,025 trained vaccinators at 25 May. About 2,200 active/have been active.
- Percentage of Māori vaccinators is still at 9.5%. Pasifika is 2.9%. We are gaining workforce numbers but not getting the right level of diversity. The challenge is to ensure this new workforce does well in terms of CVIP delivery as this has potential to become a 'legacy' role.
- CPR training is under way.
- Sue Gordon noted that the surge workforce database also had potential for wider and legacy functionality.
- Engagement under way with NZNO to address its concerns expressed during consultation over the proposed new COVID-19 Vaccinator role.

- **Logistics (Ian Costello)**

Ian outlined preparations for Group 3 rollout including:

- Planning with transport providers re delivery to the hundreds of sites is now finalised.
- Co-design (delivery and storage) is completed and is being considered by SROs.

- **Post Event (Tim Hanlon)**

Tim Hanlon noted that New Zealand's support to Polynesia continues to progress well.

	• MedSafe will be the business owner of the pharmacovigilance system. The intention is to provide active monitoring. Michael Dreyer confirmed this will be in place in two months' time. • Tim noted that the pharmacovigilance work did not affect sequencing – it was about providing assurance. It was a legacy system rather than simply being a CVIP rollout requirement. • **Polynesian Rollout** No separate update this week.
5	**Programme risk update (David Nalder and risk owners)** *Paper 14 considered: CVIP Programme Status and Risk Summary - Steering Group 24 May* David Nalder updated on risk management activity: • Per page 3 of the paper – the table "This week" now shows the 'risk journey' – i.e. how risks have been tracking over the current week and previous three weeks. Operational leads confirmed they had no additional risks to raise beyond any raised in the discussion at Agenda Item 4.
6	**Real time assurance update** (Colin MacDonald and Stephen Crombie) • Endorsed the strengthened Quality and Safety framework outlined by Dr Juliet Rumball-Smith. • Reinforced the importance of finalising the accountability framework and its link assurance. • Stephen Crombie noted that once both mechanisms were firmly in place, then the programme itself provides its own assurance framework.
7	**Any other business** • Noted that the "Proof of vaccination" paper will be discussed at the PLG meeting on 26 May. A paper would be submitted to the Steering Group likely for 8 June. • Consideration of paper 15 (Funding and Contracting) was deferred. ***Action 3: Submit paper on "Proof of vaccination" to Steering Group (likely timing noted as 8 June 2021).*** ***Action 4: Resubmit paper on Funding and Contracting at an appropriate date.***

Out of scope

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 1 June 2021
Time:	8.00 am – 9:05 am
Location:	1N.3
Chair:	Dr Ashley Bloomfield
Members Attending:	Dr Dale Bramley, Michael Dreyer, Jo Gibbs, Sue Gordon, Shayne Hunter, Wendy Illingworth, Dr Caroline McElnay, Maree Roberts, John Whaanga, Deborah Woodley
Other Attendees:	Andrew Bailey, Allison Bennett, Jeff Brandt, Ian Costello, Chris Fleming, Tim Hanlon, Astrid Koornneef, Colin MacDonald, Fiona Michel, Jason Moses, David Nalder, Mat Parr, Grant Pollard, Andi Shirtcliffe, Dr Ian Town (until 8.30 am), John Walsh, Jo Williams
Apologies:	Stephen Crombie, Luke Fieldes
Secretariat:	Carol Hinton

#	Agenda Item
1.	**Introduction and minutes** Dr Bloomfield advised that due to surrounding commitments, the meeting this week would be for one hour. The draft minutes from the previous meeting on 25 May 2021 were approved, subject to a change to wording under the section headed 'Post Event' on pages 5 and 6 as provided by Tim Hanlon: • "MedSafe will be the business owner of the pharmacovigilance system (including active monitoring). The intention is to provide active monitoring and a new pharmacovigilance database as part of an integrated approach. Michael Dreyer confirmed this will be in place in two months' time. • Tim noted that the pharmacovigilance development work did not affect readiness for scale up – it was about providing a richer data set and enhancing public confidence in the safety of the vaccine, as well as reducing the effort to detect safety signals. Additionally, it would provide New Zealand with a legacy system."
2.	**Operational update – progress in the past week (Jo Gibbs)** *Paper 2 considered: COVID-19 Immunisation Programme Update 30 May* • Significant number of vaccinations in the previous week – almost 100,000. • DHB planning – the last chief executive-level meeting takes place that day (1 June). Some plans are excellent, some will need more work. All have significantly strengthened their equity focus. • Other key themes for discussion have been scaling up the workforce, implementing the booking system, and focussing on outcomes for the disability community (noting this is a priority population where data to support initiatives is poor).

	• DHB accountability framework will be finalised at an SRO workshop on 3 June. For smaller DHBs, the next implementation phase will require a significant increase in volume. • Two DHBs will be onboarded to use of the booking system this week - Taranaki (1June) and Wairarapa (2 June). Group discussion • Dr Bloomfield noted that the development of the booking system had been an extremely complex piece of work and he would like to engage with media to increase the level of public understanding about this. He was mindful of the comment from the external assurers at a recent Steering Group meeting which commended the efficient rollout of the booking system, in particular having regard to the size of the project. ***Action 1: To promote media understanding of the complexities of the national rollout, invite some journalists to a presentation/discussion on the CVIP approach to development of the booking system from all angles – IT, and matters such as privacy*** **Incident and adverse event reporting (Jo Gibbs)** • Jo Gibbs noted that the death of a s 9(2)(a) four days after vaccination had been reported. s 9(2)(a) The matter is with the coroner and being investigated by CARM. • Vaccination of children aged under 16 years continues to be reported, including one of a child who had received both doses. *(See 3 below for further discussion and actions on this matter.)* • Jo noted the need to check that every vaccination clinic must have in place appropriate health and safety systems before being allowed to operate. • Jo noted the potential implications of this to be considered from a safety systems perspective. From a professional perspective, the administering health professional is using a non-regulated medicine and risks disciplinary action.
3	**Standing item on science and technical advice through CV-TAG** (Dr Ian Town) • CV-TAG will consider the formal advice from Medsafe re its updated 'decision to use' the Pfizer vaccine (covering 12-15 year olds) at its next meeting. • Medicines Assessment Advisory Committee decision re Janssen is due 15 June. Decisions on AstraZeneca may be later. Group discussion The key topic of discussion here was Medsafe's updated 'DTU'. • Dr Bloomfield stated that extension of the vaccine, including through Group 3 and/or 4 sequencing, is a matter for Cabinet consideration. • Jo noted that communications relating to any reduction in vaccination age (e.g. 12 to 15 years) will need careful thought as there is a risk that the perspectives of some re the appropriate vaccination age will drop below the lowest accepted age bracket. • Dr Bloomfield and Maree Roberts supported that some contingency work be done if the Pfizer supply is not confirmed or if we have an outbreak situation and need volume before it arrives – i.e. how Janssen would be deployed. • Mat Parr suggested some rework of existing training material would be required but agreed on the desirability of a 'Plan B'. ***Action 2: Report back to SG on CV-TAG consideration of the Medsafe updated decision to use (DTU).*** ***Action 3: Dr Bloomfield asked for the timeframes and decision-making processed for the 12-15 year old inclusion in Group 3 rollout be written up and given to him as soon as possible.***

	Action 4: incorporate the Medsafe DTC, CV-TAG advice and other relevant information into the Cabinet paper on readiness for general roll-out. ***Action 5a: John Walsh to consider the communications required if NZ has to deploy the Janssen vaccine under urgency.*** ***Action 5b: Develop a 'Plan B' in the event NZ must roll out the Pfizer vaccine in an outbreak situation (where implementation does not rely on a state of emergency being declared).*** ***Action 6: Clarify the mechanism/content to communicate the CV-TAG advice that the Pfizer vaccine can routinely be offered at any stage of pregnancy,*** ***Action 7: ensure that Minister Verrall is advised of how it will be communicated that the Pfizer vaccine can routinely be offered at any stage of pregnancy.***
4	**Programme progress against milestones (Mat Parr/Andrew Bailey)** *Paper 3 considered: CVIP POAP* • **Service Design (Mat Parr/Andrew Bailey)** • Key issue as we move to scale is obviously confirmation of vaccine supply. Based on plans we are on track until end June. • Our planning also has some 'give' in that it is based on 6 doses less 2%. Wastage is decreasing over time. • One documented risk associated with unconfirmed supply is that people who have had dose 1 might have to wait longer for dose 2. However we have accepted the risk on the basis of past reliability. Critical that we review delivery drop on 3 June. Group discussion: • Jo Gibbs noted there are several DHBs ready to go should supply become available earlier. **Strategy – implications of the Pfizer storage announcement** *Paper 5 considered – change to cold-chain storage timeframe – strategy check in* • SG considered this paper and noted the four points made on pages 2 and 3. Dr Bloomfield acknowledged the huge amount of work that had gone into preparing it. Action 16: Adjust the second noting point in Paper 5 to add missing words, and minute accordingly. • **Operations (Astrid Koornneef)** *Paper tabled – Target dates for DHB go-live on National Immunisation Booking System* • Astrid Koornneef circulated a table showing the target dates for DHB 'go live' on the national booking system, by region. Two regions go live in the current week. • There is a high level of engagement from DHBs on this work. Astrid noted she is comfortable that this is well on track. • **Comms and Engagement (John Walsh)** *General communications discussion* • Focus on group 3 sequencing – CVIP working closely with wider Ministry comms team. • Planning session for group 4 scheduled for 2 June. • Jo Gibbs noted a little nervousness from some DHBs about the wider communications on something they do not yet have capacity to deliver. • Dr Bloomfield commended the work done to date. *Paper 7 considered: Ethnic Communities engagement and communication plan*

- John Walsh updated on work to be done to enhance engagement and communication with ethnic communities, primarily MELAAA communities, which make up nearly a quarter of NZ's population. This group is underserved in rollout, primarily because of lack of translated information.
- Funding was requested to put in place a range of initiatives to engage and communicate more effectively with these communities.

Action 8: Agreed to establish a fund totalling $1 million to assist ethnic community stakeholders, leaders and health providers to carry out communications activities in their respective communities (per recommendation 1 of paper 7).

Paper 8 considered: Proposal to provide a Tactical response to COVID-19 vaccine disinformation

- John Walsh advised that CVIP is now referring to disinformation/misinformation as "tactical response".
- Propose to split accountability between John Walsh and Geoff Gwynn and increase the focus on this. Two approaches:
  - Continual stream of robust information. Will 'call out' some of the more problematic material being circulated from other sources.
  - Geotargeted responses to particular regions.
- Are looking at digital marketing techniques to provide information to vaccine hesitant people.

Group discussion

- s 9(2)(g)(i) [redacted]

Action 9: consider whether operating guidelines should be developed for vaccination centres to assist them to deal with any protest action that may arise at their site.

- **Equity**

Considered largely from a Comms and Engagement section (see John Walsh/Paper 7 consideration above).

- **Workforce (Fiona Michel)**

Paper 6 considered: Operationalising changes to Medicines Regulations 1984: COVID-19 Vaccinator Workforce

- Fiona updated that we now have just over 6,500 trained vaccinators.

	• In developing the proposals for the necessary legislative change to support the new COVID-19 vaccinator role, we have undertaken 'light' consultation. This acknowledges current wider sensitivities. • There will be a 'soft launch'. Noted that the Minister is supportive of the work proceeding. A ministerial announcement may potentially be made at some future point. Group discussion • John Whaanga endorsed this work as positioning for future workforce development and expansion. It contributed very well to the 'legacy' component of rollout. • In response to a question, Fiona confirmed that DHBs and providers are literally 'waiting for the pack' to arrive so they can begin with the training of people for this new role. Some have already developed plans for working with Kaiāwhina workforce. **Decisions in relation to Paper 6:** • Agreed to recommendation 2 – "to a minimum requirement ratio of a maximum 1:6 Supervisor: COVID-19 Vaccinator" • Agreed to recommendation 3 – "to the definition of Supervision in the context of the Vaccination Clinical Supervisor role, as described at paragraph 27 of the paper". • Agreed to recommendation 9 – "to amend the relevant COVID-19 Immunisation Service Standards and associated artefacts". (S*ee note below*) • Agreed to receive further information on point 7 to enable a decision to be made by SG in the future • Noted – points 1, 4, 5, 7 and 8. *Note for the Minutes: Recommendation 9 includes the training material – action 5 from meeting on Tuesday 11 May* **Action 10 - Give effect to the decisions in regard to this Paper 6.** • **Logistics** No separate update this week due to shorter meeting duration. • **Post Event** No separate update this week due to shorter meeting duration. • **Polynesian Rollout** No separate update this week due to shorter meeting duration.
5	**Quality Framework (Luke Fieldes, Allison Bennett)** *Papers 10 & 10a considered: Proposed Quality Framework for COVID-19 and powerpoint* Alison Bennett updated on work to develop the Quality Framework (previously the Success Framework) • The Quality Framework aims to establish expectations about services delivered under the CVIP, and how these are experienced by New Zealanders. • Also allows us to assess the overall success of CVIP implementation. • Do not want to set targets – but want to be able to portray implementation in a successful light. • Six key dimensions are proposed: effectiveness, equity, efficiency, experience, honouring Te Tiriti, sustainability/legacy impact. • The current draft incorporates stakeholder consultation. Rich feedback has been received from the IIAG. Group discussion

	• Dr Bloomfield commended the work on the framework. His main suggestion was to suggest that 'safety' be made explicit, noting that communications about the programme have always been reinforced it as being 'safe and effective'. • Mat Parr noted that efficiency is closely linked to how we manage supply and have everyone offered vaccination by year end. • Sue Gordon agreed that the detail of the framework was very good, but agreed that fewer measures would make it easier to 'tell the story'. ***Action 11: Put an outline of the framework into the forthcoming Cabinet paper on readiness for rollout.*** ***Action 12: Consider changes to the quality framework to ensure 'safety' is an explicit feature, and to consider whether/how efficiency could be combined with effectiveness***
6	**Programme risk update (David Nalder and risk owners)** *Paper 11 considered: CVIP Programme Status and Risk Summary – 1 June 2021* • David Nalder advised that an exercise to match key risks to the Success (Quality) Framework had just been completed and he would report back to the Steering Group in a fortnight. • Dr Bloomfield noted that achieving equity objectives was a key risk. Jason Moses agreed that CVIP needed to be confident that DHBs understand their populations and how to reach them for vaccination rollout. • Jason advised that DHBs are well engaged for rollout. DHB plans have all been considered for equity, and some are very good. Some have targets but others do not. He is encouraged by planning work to date, but the proof will be in implementation. No additional risks were raised by members. ***Action 13: Bring paper to Steering Group 15 June meeting to show where controls are embedded and that risks are being appropriately managed.***
7	**Real time assurance update** (Colin MacDonald and Stephen Crombie) • Reinforced the importance of finalising the accountability framework and receiving active plans from DHBs which show the framework as the basis of their future performance. The workshop scheduled for 3 June was important in supporting this.
8	**Privacy Impact Assessments (Geoff Gwyn)** *Paper 12 considered National Booking System – Privacy Impact Assessments (internal memo and two significant assessment documents covering Pre-event and First Phase, and Second Phase)* • Geoff Gwyn noted that the Ministry had worked with the Office of the Privacy Commissioner and the Chief Government Privacy Officer to develop the assessments of Pre-event/First Phase, and Second Phase of development and planned release of the National Booking System (NBS). • Assessment included verification against the 13 rules of the Health Information Privacy Code 2020. • For Phase 2, all but two rules were low risk (storage/security of information, and accuracy of information) were medium risk. ***Action 14: Agreed to the next steps (set out on page 5 of the paper) as per recommendation 8 of the paper.***

9	**Any other business** • An outline Cabinet paper on CVIP Readiness for General Roll-out has been considered by the Minister's office and will be considered by Cabinet on 8 June. Jo Williams/Mat Parr hold the pen to finalise. • Sue Gordon noted a recent internal CVIP paper that mentioned consultation with specific organisational roles, one of which she holds. She asked that authors ensure that relevant roles with the Ministry are consulted appropriately when drafting papers on matters of relevance to them. • Dr Bloomfield acknowledged the significant amount of work that has been done to keep New Zealand free of COVID-19, in particular since the start of quarantine-free travel. ***Action 15. Ensure that relevant roles with the Ministry are consulted appropriately on matters of relevance to them.*** ***Action 17: Ensure that implementation and comms approaches are informed by analytics and behavioural insights, and that the CVIP programme rollout is informed by and aligned with wider MoH intelligence in this regard.***

Out of scope

[redacted]

Out of scope

Out of scope

Out of scope

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 8 June 2021
Time:	4.30 pm – 6:30 pm
Location:	1N.3
Chair:	Dr Ashley Bloomfield
Members Attending:	Dr Dale Bramley, Michael Dreyer, Jo Gibbs, Sue Gordon, Wendy Illingworth, Maree Roberts,
Other Attendees:	Andrew Bailey, Allison Bennett, Joe Bourne, Ian Costello, Stephen Crombie, Cam Elliott, Chris Fleming (SDHB), Dr Tim Hanlon, Astrid Koornneef, Colin MacDonald, Fiona Michel, Jason Moses, David Nalder, Andi Shirtcliffe, Dr Ian Town, John Walsh
Apologies:	Dr Caroline McElnay, Mat Parr, Cassie Pickett, Dr Juliet Rumball-Smith, John Whaanga, Deborah Woodley
Secretariat:	Carol Hinton

#	Agenda Item
1.	**Introduction and minutes** The Minutes from the previous meeting on 1 June 2021 were approved. **Matters arising** • [*From Tuesday 11 May Item 1*] Dr Tim Hanlon updated on the action to implement the anaphylaxis checklist at vaccination sites that the current plan was for the checklist to be made available in CIR on 22 June. • [*From Tuesday 11 May Item 2*] Dr Tim Hanlon updated on the action to ensure that there is a process and focal point in place for analysing adverse events of special interest (AESIs). Tim confirmed that the first data from the University of Auckland study had now been received into the Post Event Team. The first data related to thrombosis with thrombocytopenia syndrome (TTS); Bell's Palsy and other AESIs being closely monitored by the Post Event Team and Medsafe. Work is under way with the CVIP Data and Digital Team to develop Rapid Cycle Analysis to determine whether the observed and expected rates of AESIs correspond. ***Action 1: Do thorough review of Actions templates within the Steering Group Minutes.***

2	**Operational update – progress last week (Jo Gibbs)** *Paper 2 considered: COVID-19 Immunisation Programme Update* • Jo Gibbs noted that the Vaccine Ministers' meeting was being used in a more structured way and now included an action tracker. A demonstration of "Book my Vaccine" was also planned for Ministers. • Dr Ashley Bloomfield endorsed that the recent meeting with Vaccine Ministers had been very productive, with endorsement to the key communications messaging surrounding the delivery of the new Pfizer supply and Groups 3 and 4. It was noted that the actual detail of Pfizer vaccine delivery to New Zealand will not be publicised. • Jo Gibbs indicated that currently most DHBs are flagging more capacity to vaccinate than we are allowing them to use at present. ***Action 2: Circulate the Action Tracker developed to support Vaccine Ministers' meetings.*** ***Action 3: Confirm that the Minister for COVID-19 made his media announcement confirming the supply of Pfizer in July 2021.*** • ***Post-event reporting*** • Dr Tim Hanlon gave a brief update on the recent issue with a number of Serious AEFIs at s 9(2)(a) [redacted]. These had all been down-graded from anaphylaxis to hypersensitivity reaction. There was no batch issue identified. The Clinical Quality and Safety Team have connected with s 9(2)(a) [redacted] service standards and clinical governance.
3	**Standing item on science and technical advice through CV-TAG (Dr Ian Town)** • Dr Ian Town advised that, following the recent confirmation from Pfizer, the Minister was likely to make an announcement relating to use of the Pfizer vaccine by pregnant women the following day. MoH would write to CEOs before this announcement. • There will also be an announcement this week about a new VAANZ research project into immunogenicity. MBIE is providing $2 million to support this. Māori and Pasifika will be strongly represented. • Medsafe is expected to make its announcements about the Janssen vaccine in mid-June. Noted that a policy paper regarding use of the Janssen COVID-19 vaccine in New Zealand will be required. • Some work is under way relating to targeted vaccination in an outbreak situation. Andrew Olds of NRHCC is engaged on this work. • Note: *The discussion about CV-TAG consideration of the Medsafe 'Decision to Use' the Pfizer vaccine for those aged 12-15 years is recorded in section 7 of these Minutes.* ***Action 4: Develop a paper on the 'who/what/when re use of the Janssen vaccine within the New Zealand/CVIP context.***
4	**Programme progress against milestones (Andrew Bailey/Cam Elliott)** *Paper 4 considered: CVIP POAP – 4 June* *Paper tabled: COVID-19 Vaccination Programme [A3 table of cost breakdowns]* • Cam Elliott tabled a paper showing original and revised forecasts re CVIP funding and the rationale for change. He advised that before the May Budget, we had signalled an additional funding requirement of $350-400 million to Ministers. This has now been refined to $360 million. • Key changes relate to immunisation scheduling, and a big increase in activities supporting Equity. There are some savings on the purchasing side likely to be offset.

- We are actively engaged with Treasury. Main feedback is they want absolute clarity of what is required and why.

Group discussion

- Dr Bloomfield said that $360 million is a significant amount of additional money and he will go through the figures in more detail.
- Jo Gibbs noted it was also useful to understand what are 'committed costs' irrespective of activity, and what costs are activity-dependent.
- Sue Gordon noted the need to think about COVID-19 costs and invoicing more widely, cautioning that we do not want to find ourselves in a huge 'wash up' situation with DHBs.

- **Equity (Jason Moses)**

Jason Moses advised that the current focus is ensuring enough is being done to promote and achieve equity through provider implementation plans. Planning is currently a mix of production targets and narrative.

General discussion

- Dr Bloomfield advised that he has been concerned to see the flu vaccination rates this year which show Māori at below 80%. This has real implications for COVID-19 vaccination.
- Dr Bloomfield emphasised the critical importance of all DHBs having a very strong implementation focus on equity. He asked if DHBs had actual production targets. This would help give the Ministry the level of granularity required in terms of monitoring
- Jason indicated that about 8 DHBs have production targets. Some are stronger with their equity narrative. He cited Southern DHB as a good example.
- Dr Dale Bramley supported this, noting he held similar concerns. He agreed with the idea of providing suggestions to DHB chief executives about actions and approaches they could take.
- Jo Gibbs indicated that DHBs should all be well aware of the expectations and noted that equity, workforce and data/digital were standard items for discussion with DHBs and included in their accountability framework.

- **National Booking System (Astrid Koornneef)**

Astrid Koornneef advised that the booking system was now being rolled out in some DHBs.

- The key question was whether we wanted a 'one system for all' approach, or to be able to take different approaches where required e.g. for different types of provider.
- A centralised approach offers a number of benefits including an ability to see the whole customer journey, to monitor and measure progress and success, and better ability to maintain data integrity.
- Some of the disbenefits include the fact the booking system is not integrated with the CIR (immunisation register), gaps in overall data, and the fact that 'all provider' onboarding is not aligned to the roll-out sequencing. To achieve this would require significant resource effort. Delayed start is a likely consequence.
- Astrid also noted that uptake by the primary care sector may be variable – many general practices have well-developed, well-recognised systems which they prefer to continue to use. Pharmacies appear to have more readiness to accept the booking system.

Group discussion:

There was robust discussion over the extent to which the National Booking System should or should not be mandated:

- Jo Gibbs noted that it may be necessary to mandate the booking system for any primary care or hauora providers who do not have their own system already.
- Shayne Hunter noted that there will always be a data gap, regardless of whether there is a centralised system or not, because not everyone will book. He had spent a lot of time with primary care providers and noted that many operate multiple systems. He cautioned about the need to be clear that we understand these before we mandate additional systems.
- Stephen Crombie and Colin MacDonald endorsed this, saying that there was a risk of adding uncertainty and variability into primary care.
- Jo Gibbs agreed that the 'mandating' may be about the need to provide certain information, rather than the mechanism through which it is provided.
- In response to a question from Dr Bloomfield, Astrid confirmed that a provider not using the booking system will not appear as a 'provider option' for people who choose to book through the system. Michael Dreyer noted that in the UK, providers who wanted to access the 'pool' of people wanting to be vaccinated therefore used the centralised booking system.
- Michael Dreyer also noted that at this point the booking system is not yet proven. He felt mandating would be premature. Sue Gordon agreed that there would need to be a delay in roll-out if the booking system was to be mandated.
- Dr Dale Bramley noted that we need visibility of what is going on, and where and asked if standardised tracking and reporting would consolidate those views?
- It was agreed that the fundamental information needed for success of the programme is whether someone has been vaccinated, and who they were.
- Maree Roberts noted her understanding that ministerial interest was in assuring that as many New Zealanders as possible received their vaccinations.

- **National Call Centre (Astrid Koornneef)**

Astrid Koornneef updated that she has met a group of the large government agencies (including MBIE, IRD, MSD, Internal Affairs, ACC) to discuss their ability to provide surge capacity for messaging for Group 3.

- CVIP needs to be cleared about what we expect 'surge' to look like and she will be getting back in touch with those she met to clarify this and offer assistance to remove any barriers.
- Initial indications are that the ability of these agencies to scale up is limited, and only MBIE and ACC said they may have some capacity. However they do not have weekend capacity and have month-ed commitments.
- We have asked DHBs to further scale up their call centres as they are likely to need some level of surge capacity to handle bookings.

- **SRO Workshop (Fiona Michel)**

Fiona Michael advised that the workshop of Senior Responsible Officers was held on the previous Thursday with all DHBs except Tairāwhiti (fog cancelled flight) in personal attendance. It as a constructive workshop. Key issues covered:

- Attendees acknowledged the need for dependability and confidence in the process as the vaccination programme rolls out.
- Discussion on how DHBs can better align delivery processes, including for scale-up.
- Looked at 'pain points' and 'what works well'. Attendees were happy to share experiences and learnings.
- A good discussion on 'human factors' surfaced differences between what is important to government, vs Chairs, vs CEOs, vs the consumer.
- Considerable discussion that 'alignment' does not mean 'consistency'. For example it was agreed there will be valid reasons why large, medium, and small DHBs may all

have different approaches to the same broad issue depending on the size of their DHB.

- **Comms and Engagement (John Walsh)**

Papers 5, 5a and 5b considered: Comms and Engagement support for COVID-19 vaccine rollout

John Walsh advised of the several big announcements for the week:

- Confirmation that New Zealand will receive 1 million doses of the Pfizer COVID-19 vaccine during July 2021;
- Confirmation of high level information of Group 4 roll-out;
- Decisions relating to the ability of 12-15 year olds to receive the Pfizer vaccine;
- A decision from Medsafe re use of the Janssen vaccine in New Zealand;
- Announcement of dates for the mass vaccination clinic.

John also advised that:

- Campaign planning for Group 4 will be completed by 11 June.
- Some in Group 3, who had expectations that they would have had their vaccination date/s confirmed by now, have become a little unsettled and this is evident in some media coverage. John noted that members of the disability community were amongst those keen to see action.

Group discussion:

- Dr Bloomfield noted that the more information we can provide to the public about 'when and how' the better.

- **Workforce (Fiona Michel)**

Fiona updated on workforce statistics:

- About 7,000 trained vaccinators as at 8 June.
- Percentage of Māori vaccinators is still at 9.18% - a slight drop over the previous fortnight.

Paper 6: Employment Relations and the COVID-19 Vaccinators

- Commencement of the new role of COVID-19 Vaccinator was recently gazetted.
- Rates of pay and terms and conditions of employment have been agreed with the PSA and APEX. NZNO continues to oppose the role.

Group discussion

- Dr Dale Bramley noted his broad support for the COVID-19 role and proposals, seeing the legacy opportunities from creation of this role.
- Fiona clarified that DHBs (rather than MoH) would employ many of those in the new role and the recommended pay rates related to DHB employment terms and conditions.
- Commissioned providers may choose to employ COVID-19 vaccinators directly via a collective or individual employment agreement. DHBs should fund these roles in line with the DHB recommended pay rates.

Decisions:

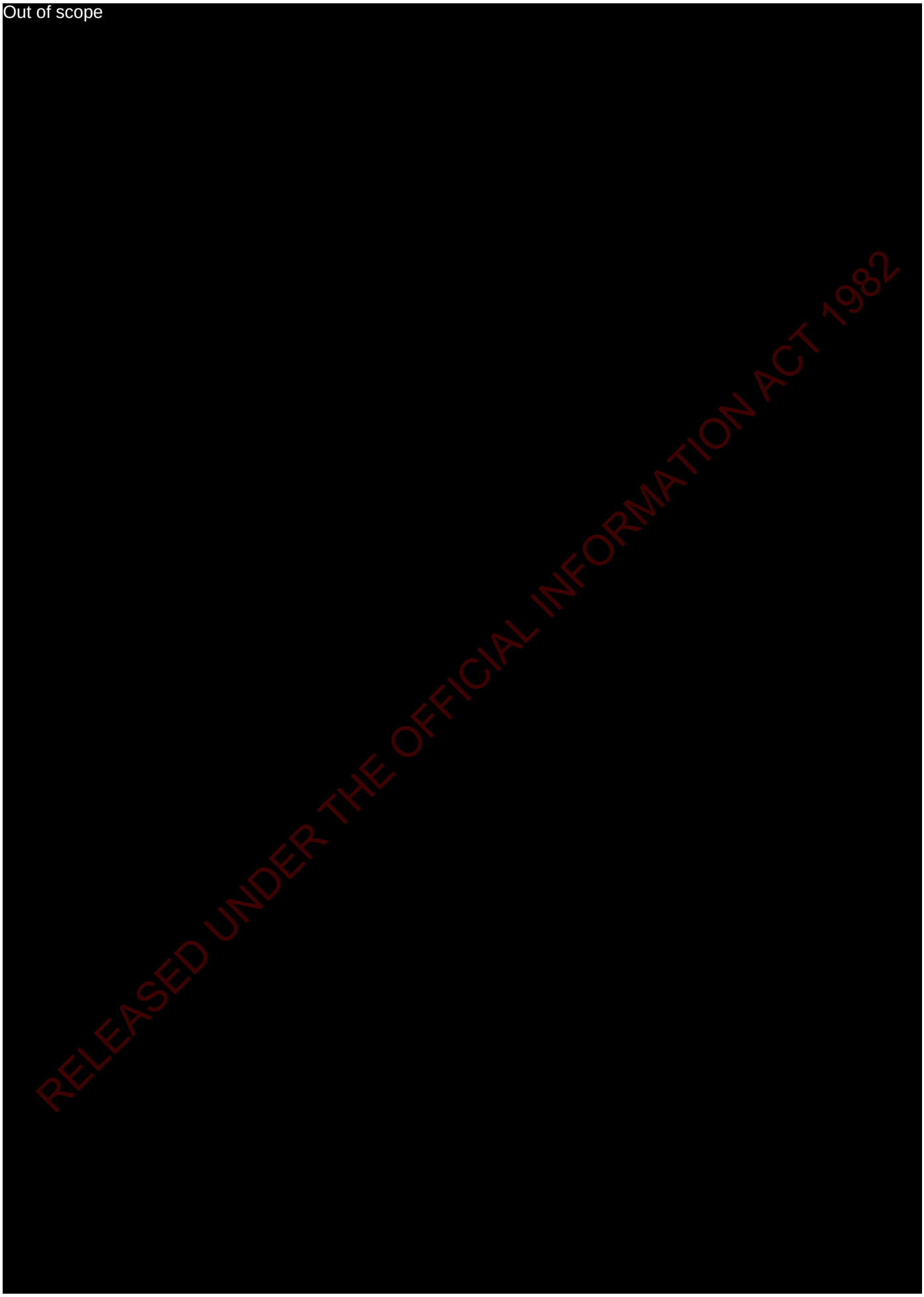
Agreed that COVID-19 Vaccinators will be employed via DHBs rather than the Ministry of Health;
Noted that some commissioned providers may choose to employ COVID-19 Vaccinators directly;
Agreed that the existing PSA and APEX collective agreements with DHBs can be used to provide coverage for the role of COVID-19 Vaccinator;

	Agreed that COVID-19 Vaccinators employed directly by DHBs will be paid $22.68/hour ($47,305 p.a.) • **Logistics (Ian Costello)** *Paper 7 considered: Distribution Network Update* Ian Costello outlined progress made to ensure vaccine distribution meets the needs of Group 3 rollout including: • s 6(a) ; • Ensuring contingency planning is in place to support unexpected demand or supply interruptions. Group discussion • s 6(a) s 6(a) • **Post Event (Dr Tim Hanlon)** Dr Tim Hanlon advised that • The COVID-19 CARM AEFI Repository Auto-triage work went live but has had to be pulled from the production environment due to incomplete and inconsistent de-duplication of reports. An IT fix is scheduled to be done on 20 June. Auto-triage is the last element of the scale up work for CARM processes. • The Post-Event Team is supporting the pharmacovigilance arrangements for the Realm Countries with some operational work to triage AEFI reports and refer to CARM for medical assessment as required. • There has been a sudden death a few days post vaccination in the s 6(a) . Initial information suggests a significant condition not related to vaccination. s 9(2)(a) The Ministry is providing support to the s 6(a) counterparts. • GM Data and Digital (Michael Dreyer) has agreed an Integrated plan for Post Market Monitoring for Covid-19 Vaccines (Active Monitoring and new Pharmacovigilance System) with GM Medsafe (Business Owner for the new systems) and GM Post Event. This work is progressing to plan.
	• **Programme risk update (David Nalder)** No update this week to allow focus on agenda item 8 – CVIP Programme Assurance Framework. David Nalder advised that risks continued to be monitored and discussed at PLG meetings on a weekly basis.
5	**Success Framework update (Allison Bennett)** *Paper 8 considered: COVID-19 Immunisation Programme – Success Framework* Allison Bennett advised that: • Ministers are engaged with this framework and have provided feedback.

	• Following feedback from Dr Bloomfield, 'Safety' had now been included as a headline measure. The four headline indicators (efficiency, equity, safety, experience) are all considered to have direct alignment with the success dimension. Group discussion • Dr Bloomfield noted he was happy with how the framework was progressing. • Jo Gibbs suggested further consideration be given to having 'not completed vaccine course within six weeks' as a safety measure. She noted that due to supply constraints, some people are being delayed longer than this. • Dr Dale Bramley suggested consideration by given to adding 'equity' to the box on page 2. ***Action 8: Allison Bennett and Jo Gibbs will further consider the 'six weeks' safety measure offline, and consider how equity can be added as suggested.***
6	**Review of non-residents' eligibility (Wendy Illingworth)** *Paper 9 considered: Review of non-residents' eligibility for COVID-19 vaccines – 4 June 2021* • Wendy Illingworth, deputising for Cassie Pickett, advised that under the COVID-19 Eligibility Direction 2021, everyone in NZ is eligible to receive the COVID-19 vaccine regardless of their immigration status. The Direction followed Cabinet decisions about Quarantine Free Travel. • Vaccine eligibility settings have been reviewed following changes to border settings. However border settings are likely to continue to change. Therefore rather than change the eligibility direction, operational tools should be used to encourage visitors to NZ to be vaccinated in their own country. Wider QFT decisions would continue to be monitored. Group discussion • The meeting agreed that the population cohort most likely to seek a COVID-19 vaccination in NZ is people who are in Australia legitimately, who are not Australian citizens, and who decide to go to NZ to be vaccinated. • Dr Bloomfield made a number of points: o there were difficulties in achieving a balance if offering to vaccinate overseas nationals on holiday here, when many NZers are still waiting for their first vaccination; o non-residents may be offered vaccination in NZ in certain circumstances e.g. if there is an outbreak while they are here; o We also need to consider people here for special immigration purposes; and New Zealanders posted overseas who are back in NZ for a few weeks. • Dr Bloomfield requested that the paper be adjusted to provide more specificity around the latter part of the paper. ***Action 9: Amend paper to strengthen the proposed actions/advice about the parameters for receiving a COVID-19 vaccination in New Zealand, and on ways to encourage visitors to New Zealand to be vaccinated in their own country.***
7	**Decision to use Pfizer vaccine for 12-15 year olds (Allison Bennett)** *Paper 10 considered: Decision to Use Comirnaty (Pfizer/BioNTech) COVID-19 Vaccine for children who are aged 12-15 years* Allison Bennett advised: • At the time of the Cabinet decision to use the Pfizer vaccine for roll-out in New Zealand, clinical trials had not included those aged under 16 years. Pfizer has now applied to allow the vaccine to be used in NZ by those aged 12-15 years. • Medsafe is working with Crown Law Office re use of the vaccine by those aged 12-15 years.

	• The paper sought Steering Group decision re how to incorporate this age group into roll-out for groups 1 to 3. Group discussion • There was considerable discussion on this issue. If made now, a decision could be included in the "Readiness for Roll-out" paper to be considered by Cabinet on 14 June. • However, MoH would generally take a decision after Medsafe has issued its 'Decision to Use' and the CV-TAG has considered the matter and provided its technical advice to MoH. • Dr Ian Town advised that CV-TAG was awaiting Medsafe consideration/conditions with interest. One potential safety issue emerging is risk of myocarditis for younger people. However he said the 'concerns' re Pfizer were not so much systemic safety issues as they were that trials have only been held on small numbers. So there was a balance to be considered. • Dr Bloomfield noted that ultimately Cabinet would need to make the decision regarding extension of use for the purposes of roll-out. He asked for some changes to be made to the paper but also recognised the desirability of prompt decision-making. ***Action 10: At Friday's meeting ask Vaccine Ministers to give a 'power to act' to some Ministers so that decisions re use of the Pfizer vaccine in roll-out can be progressed promptly following Medsafe and CV-TAG consideration. [Andrew Bailey/Jenny Stevens]*** ***Action 11: Amend the Cabinet paper on readiness for roll-out to note that Cabinet will be asked for a decision once Medsafe has made its decision and advice has been received from CV-TAG. [Mat Parr/ Jo Williams]*** ***Action 12: Consider whether the policy advice should be amended to 'extend the age range for provisional approval of the vaccine. [Allison Bennett]***
8	**Proposed assurance framework** (David Nalder) *Paper 11 considered: CVIP Assurance Framework – 4 June 2021* • David stated that successful rollout of vaccinations relied on effective design, alignment of activity, and adequate controls. • This paper aimed to describe how the programme will define its future assurance needs to ensure that what is expected is done, and that critical controls relied on to managed risk are in place and are working as expected. This includes both within the Ministry and DHBs. There is a strong focus on using BAU processes wherever practicable. • Letters of Readiness will need to be agreed with DHBs to give the Ministry confidence of their final approach to rollout. ***(Proposed assurance framework – Cont.)*** Group discussion • Dr Bloomfield commended David on this work, saying the programme overall now had a high degree of confidence from Vaccine Ministers. He commended the table on page 6, which showed the 'fit' of wider programme management and accountability documents with the proposed approach. • The external assurers, Colin MacDonald and Stephen Crombie, endorsed that the document was 'comprehensive but achievable'. They supported its shift from dependency on external assurers to self-management. • A caution was noted to ensure the adequacy of DHB resourcing in supporting delivery under the framework.

	• Sue Gordon also suggested that consideration be given to expanding the 'three lines of defence' model within the framework. ***Action 13: Ensure that the Assurance Framework is a scheduled time for robust discussion at the next Steering Group meeting (15 June).***
9	**Any other business** Nil.



Out of scope

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

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

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

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Announcements re roll-out

- Noted that considerable work now follows the Cabinet decisions re roll-out. The Prime Minister and Director-General will announce, from Auckland, the age band approach to wider roll-out, starting with those aged 60 years and over in late July and then those aged 55 years and over. The Prime Minister will announce in 5 year age bands, at two week intervals (approximately).
- Cadence for the CVIP programme is to consider numbers within Steering Group, discussion/decision by Vaccine Ministers on Friday, send invites on the Monday, and the Prime Minister will make relevant announcement on the Wednesday.
- Concurrent with this, DHBs will run regional activity that has a strong equity focus – e.g. whanau based vaccination. The complexity of public messaging of the two approaches was noted.
- It was discussed that vaccine stock will need to be carefully managed over the next few weeks. Several DHBs are running at over 100% of plan. There is not a full picture of bookings because not all are in the booking system. The Ministry is therefore reviewing stock on a daily basis and signing off on allocation for each day. However some stock is retained in the case of outbreak.
- Moving forwards there will be a need to balance the overlap of Group 3 vaccinations with those being rolled out in Group 4.

Primary Care

- Comms messaging to the primary sector providers is being facilitated through the College. Also working with peak bodies, including GPNZ, Practice Managers and Administrators Association and DHB comms functions. A six week comms plan in place.
- Have worked with DHBs to ensure their websites have clear instructions on 'what to do' for people who are in Group 3.
- Developing a Primary Care pack with a lot of information on the vaccine, web links, FAQs etc.

Action 2: Provide Director-General with copy of the Primary Care Pack re Group 3 vaccination.

Deferral of the mass vaccination event

- Noted that the first mass vaccination event in Auckland was delayed because of the vaccine supply situation. These dates are now likely to be 30 July and 10 September. This means that there will be six weeks in between the first event and the second event (i.e. between the first and second dose).
- This was discussed by the group, noting that although the approach for New Zealand has been a minimum of three weeks between doses, there is some evidence that a longer timeframe can be beneficial, and a number of countries are operating to longer intervals.
- Noted that those wishing to receive their second dose earlier have the option of having this at another location rather than waiting for the mass event.
- Noted that the timeframe for the second dose comes under pressure for wider reasons, including people who want to receive this within a much shorter timeframe because of e.g. the need to travel some distance to vaccination.

Decisions of the Steering Group:

- **Endorsed** the six week interval between the first mass vaccination event (likely end July) and the second mass vaccination event (likely mid-September).

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

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

8. Comms and Engagement (John Walsh)

Papers 6 and 6a considered: Comms and Engagement support for COVID-19 vaccine rollout

John Walsh advised that his secondment from the Ministry for Primary Industries concludes on 18 June. He introduced Rachel Lorimer, who takes over as General Manager, Communications and Engagement.

Key updates:

- Met with the Prime Minister's office earlier on 15 June regarding messaging for Group 4 (general population) roll-out. The Office is broadly happy with this, however, prefers to announce in 5-year age cohorts, two at a time and at intervals of about a fortnight.
- Comms material is being rewritten to support this. Feedback is expected from the PM's office on 16 June.
- The Prime Minister will advise timing of the first invitation announcements at stand-up on 17 June:
  - From 28 July - those aged over 60 years
  - From 11 August – those aged over 55 years.
- Dr Bloomfield will talk through the operational detail supporting invitation roll-out.
- A detailed 'walk through' of the booking system for media will be held 18 June.

SG discussed and endorsed the approach being taken to make clear the complexity.

Dr Bloomfield thanked John for his outstanding contribution to the programme, and welcomed Rachel. Members supported this.

9. Workforce (Fiona Michel)

- Noting wider sector issues, there will not be any media re the creation of the new COVID-19 vaccinator role. We will keep the Minister's office informed as we progress implementation.

Action 5: Dr Bloomfield to discuss with the Minister of Health the proposed implementation of the new COVID-19 vaccinator role.

10. Programme risk update (David Nalder)

Paper 4 considered: CVIP Programme risk reporting for Steering Group – 14 June

- No update this week to allow focus on agenda item 8 – CVIP Programme Assurance Framework
- Risks continue to be monitored and discussed at PLG meetings on a weekly basis.

11. Progressing a Vaccination Certificate (Maree Roberts; Maria Cotter – for item, Shayne Hunter)

Paper 7 considered: Options for a Ministry of Health-issued vaccination certificate – 15 June 2021

- Maree Roberts and Maria Cotter advised that options for a vaccination certificate were being investigated so that New Zealand can respond to the increasing demand for such certificates for New Zealanders wishing to travel overseas.
- Global standards are still being developed. The European standard is likely to have most traction.
- An interim solution is proposed – a Ministry of Health-issued and digitally enabled certificate that includes a digital signature.

11. Cont.

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

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

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

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

2.	**Operational update – progress last week (Jo Gibbs)** *Paper 3 considered: COVID-19 Immunisation Programme Update – 20 June* • The one millionth dose has now been administered. The Minister will make an announcement on 23 June. • We are carefully managing DHB demand against current supply and have confirmed with all DHBs their vaccine supply for the next fortnight. This has to balance the fact that supply arrives on a Tuesday morning. • Stocktakes are done twice weekly. This allows unanticipated stock in the system to be allocated. • Some DHBs have experienced greater demand for primary care bookings than had been anticipated – balancing needed here and also a lot of support from a Comms perspective. • Working with Whakarongorau to look at predictors of demand for bookings and call response times. This will enable more timely engagement of private additional capacity to be brought in to provide support. **Group discussion** • DHBs reinforced their focus and desire to deliver to the programme. DHB staff want to do the right thing. However DHBs noted the ongoing challenges of delivering to their agreed plans when multiple new sites are continually added to their programmes e.g. mass vaccination sites, school delivery, primary care and now the possibility of workplace. This is not so much a supply concern as it is a concern that increasing the layers of complexity through multiple new settings adds to potential points of failure and negative commentary.
3.	**Science and technical – Medsafe regulatory approval of 12-15 year olds (Group discussion)** **Group discussion** Noted the release, late afternoon 21 June, of Medsafe's provisional approval for the Pfizer vaccine to be given to those aged 12-15 years, and the subsequent announcement by the Prime Minister. • Some CVIP stakeholders have been in contact with the Ministry regarding the announcement. • Now that Medsafe has given its provisional approval, CV-TAG will consider the matter and provide technical advice. The Ministry will then consider this, and develop policy advice for Ministers and Cabinet. • Policy advice will need to consider matters including New Zealand's supply schedule, current scheduling/age prioritisation and associated public expectations, the s 6(c) [redacted] • Equity impacts which policy advice should consider include that extension to 12-15 year olds will support a whanau/family based approach to vaccination • *Note the links of this discussion to item 4a below.* ***Action: Prepare Cabinet paper providing advice on the roll-out of the Pfizer vaccine to 12-15 years.***
4.	**Programme progress against milestones - Service Design** *Paper 4 considered: CVIP POAP – 21 June - Noted.* Individual milestone discussion covered in 4a – 4d.

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

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

Group discussion

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

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

Decisions of the Steering Group:

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

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

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

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

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 29 June 2021
Time:	4.30 pm – 6:45 pm
Location:	1N.3
Chairs:	Dr Ashley Bloomfield, Sue Gordon (first half)
Members Attending:	Michael Dreyer, Chris Fleming (SDHB), Jo Gibbs, Rachel Haggerty (CCDHB/HVDHB), Maree Roberts, Deborah Woodley
Other Attendees:	Ali Ajmal (item), Andrew Bailey, Dr Joe Bourne, Ian Costello, Stephen Crombie, Dr Tim Hanlon, Shayne Hunter, Astrid Koornneef, Rachel Lorimer, Colin MacDonald, Rachel Mackay, Fiona Michel, Jason Moses, David Nalder, Mat Parr, Dr Juliet Rumball-Smith, Dr Ian Town, Wendy Illingworth
Meeting Format:	To ensure compliance with the Alert Level 2 in place in Wellington on 29 June, most attendees at this meeting attended online. Those present in the meeting room maintained appropriate social distancing.
Apologies:	Dr Dale Bramley (WDHB), Dr Caroline McElnay, John Whaanga.

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

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

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

4a. Contingency scenario planning

Paper 5 considered: CVIP Contingency Planning – 28 June 2021

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

Group discussion

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

Decisions of the Steering Group

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

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

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

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

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

Group discussion

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

Decisions of the Steering Group

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

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

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

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

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

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

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

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

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

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

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

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

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

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

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

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

5f. **Post Event Monitoring (Dr Tim Hanlon)**

- **AEFI Auto-Triage**: A bug fix is under way for the malfunctioning AEFI auto-triage functionality within the Covid CARM App which is designed to use business rules to sort serious AEFIs for medical assessment from non-serious AEFIs for no further action. This latest bug fix was due for release on 5 July 2021. In the meantime contingency planning for fully manual triage is under way with Medsafe.
- **Active monitoring:** The National Director has signed off on implementation of the preferred technology solution for active monitoring (Salesforce) for implementation on a tight timeline of early August. This data, once available, will add considerably to both the pharmacovigilance data set and particularly to community confidence in the safety of the vaccine.

5d. **Pacific Corridors (Megan McCoy)**

Papers 9 and 9a considered: Dose Donation to Tokelau and supporting assessments – 6 July 2021

- We continue to work on logistics to support dose donation to Polynesia. Maintaining temperature control (-20ºC) during transport remains complex. We are working with NZ Defence Force on this. NZDF experienced in infrastructure transportation but has not undertaken this type of transportation. It is piloting approaches, but it was noted there will be some inherent risk.
- Vaccination uptake in the Cook Island is very good – in the high 80%-90% range. Eligibility is 83% of population.
- Uptake in Niue is 99%, with second dose vaccination on 10 July.

Decisions of the Steering Group

In relation to paper 9, *Dose Donation to Tokelau – 6 July 2021,* the Steering Group:

a) **Noted** that New Zealand is planning to donate up to 2,400 doses of the COVID-19 vaccine to Tokelau to cover this nation's eligible population;
b) **Endorsed** that formal approval of donation should be sought from Vaccine Ministers at their meeting on 9 July 2021.

Action 3: Add "Approval for donation to Tokelau" to agenda for Vaccine Ministers' meeting on 9 July.

6. **Outcome measures/leading indicators (Luke Fieldes)**

Paper 10 considered – CVIP Outcome Measures

- Outcome measures will enable the programme to ask questions about its performance.
- Five parameters being considered:
  - *Population Acceptance*
  - *Vaccine Stock (Usage, June supply)*
  - *Workforce (throughput)*
  - *Equity (Group 3 progress update)*
  - *Long-term Demand Plan*
- Have used the recent Horizon research into attitudes towards COVID-19 vaccination to inform development.
- Will update outcome measures fortnightly.

(Cont. over)

Group discussion

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

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

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

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

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

2.	**Operational updates (Jo Gibbs)**
	Paper 3 considered – COVID-19 Immunisation Programme Update – 11 July 2021 • Over 1.35 million vaccines administered as at 10 July. • Vaccine supply continues to be tight and is being closely monitored. This situation will continue next week but should then ease a little for the remainder of July with a larger supply increment arriving. • Working with the Programme Management Office on the longer term uptake model where a 'stretch' uptake of 85% is under discussion (see section 8b). Identifying the pathways to achieve this and what additional capacity would be required.
3.	**COVID-19 Vaccine Independent Safety Monitoring Board (Mr John Tait)**
	John Tait, Chair of the COVID-19 Vaccine Independent Safety Monitoring Board attended the Steering Group to update on the Board's activities: • The Board has now had five regular meetings (by Zoom) and one ad hoc meeting. It has a particular focus on adverse events of special interest. It receives regular updates from Medsafe on safety data. • Potential safety signals under active discussion by the Board include thrombosis with thrombocytopenia syndrome (TTS) for the Janssen vaccine, and myocarditis and stroke for the Pfizer-BioNTech vaccine. Following advice from the Board, Medsafe has issued a monitoring communication for TTS and myocarditis. • Following the Board's agreement in March 2021, potential anaphylaxis reports are now assessed against the Brighton Collaboration case definition. The rate of anaphylaxis cases (Brighton levels 1-3) reported for New Zealand is 18 cases per million doses. This is slightly higher than the reported rate for the Pfizer vaccine in general (3-11 cases) and is believed to relate to New Zealand's relatively more robust reporting system. • Medsafe will continue to monitor other potential issues for the Pfizer vaccine through its normal pharmacovigilance activities. • The Group is working to bring its members together for a 'face to face' meeting in August, as it plans how it best supports roll-out into Group 4. **Decisions of the Steering Group** The Steering Group **noted** the update of the COVID-19 Vaccine Independent Safety Monitoring Board set out in its paper dated 8 July 2021.
4.	**Standing item on Science and Technical – CV-TAG (Dr Ian Town)**
	The following verbal updates were provided**:** • CV-TAG continues to have a focus on events of myocarditis/pericarditis post-vaccination and has completed a literature review on the matter. **Group discussion** • There was a discussion about whether any differences relating to ethnicity had been observed. • There was a discussion about risk vs. benefit. It was noted that understanding the 'balance' is a changing environment – for example New South Wales had not been giving AstraZeneca to those aged under 50 years but, following the recent outbreak there, advice had changed. • It is understood that research is being undertaken elsewhere into the benefits of the second dose.

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

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

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

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

8a. Programme Status

Paper 8 considered: COVID-19 vaccination and Immunisation Programme Schedule Summary Update – 12 July 2021 (Andrew Bailey)

- This is a new report which aims to highlight the status of each workstream, giving a 'two week' view.

Group discussion

- The approach was endorsed by the Steering Group.
- A question was asked by the IIAG representatives as to whether there was any space to give signals about broader environmental considerations (non-vaccine related) that might impact on the system's ability to deliver?

Action 6: Consider whether the two week view can be separated from the overall status.
Action 7: Consider if key non-vaccine environmental impacts which affect the system's ability to deliver COVID-19 vaccination services could be included.

8b. Service design – supporting scale-up (Mat Parr)

Paper 9 considered – Q4 Strategy discussion – 12 July 2021

- Previous modelling to reach 'scale' has been based on 70 per cent uptake.
- Research in New Zealand by Horizon shows that 80 per cent of people are now willing to be vaccinated.
- An 85% target is therefore proposed.
- International experience shows there is an eight-week window of working at peak before delivery starts to reduce. September and October are identified for focus in New Zealand.
- There are three settings possibilities to 'push' uptake:
    - Through primary care settings;
    - Through mass events;
    - Through schools (i.e. delivery to students, noting that school settings are already being used by some DHBs for sequential vaccination).

Group discussion

- It was discussed that the 'push' in primary care should make vaccination more readily available, including for Māori and Pacific peoples particularly in the Auckland region.
- Assumption is that those not enrolled will be picked up through mass events. However mass events only work for those who are willing to be vaccinated.
- At a local level, DHBs will need to ensure service delivery models can accommodate those not 'caught' by primary or mass event settings.
- Due to a younger Māori and Pacific population, the age bands that will improve equity performance are likely to come towards of the sequencing of Group 4 and the whānau-centred approach will be important to mitigate this.
- DHBs noted the importance of not assuming there is a single model response to achieve equity objectives. Key factors including using Māori and Pacific leaders to determine what works for their communities, and ensuring availability of vaccinator resources to support this. Ensuring diversity in delivering to local communities is of considerable importance.

Decisions of the Steering Group

In relation to Paper 9 – Q4 Strategy discussion dated 12 July 2021, the Steering Group:

a) **Agreed** that efforts to maximise uptake will be made during September and October 2021 to ensure Q4 delivery meets expectations at the end of December 2021; and
b) **Agreed** that primary care settings and Mass vaccination events are the delivery models best placed to be maximised to drive mass uptake during September and October 2021.

8c. CVIP Funding Update (Cam Elliott, Fiona Smith)

Paper 10 considered: CVIP Funding Update – 12 July 2021

- The 2020/21 year end result has just been closed off.
- Currently assessing next year's requirements. An update will be included in the August 2021 Cabinet paper.
- Working with The Treasury re drawing down of contingency funding and will work with Treasury on the CVIP programme forecast.

Decisions of the Steering Group

In relation to Paper 10 – CVIP Funding Update dated 12 July 2021, the Steering Group:

a) **Noted** the 2020/21 year end result;
b) **Noted** that a process for drawing down additional funding from the tagged contingency for the rest of this year has been endorsed by Treasury;
c) **Noted** that high-level work is being done to assess the COVID vaccines that the programme will need to purchase for 2021/22, and that based on these assumptions, the Ministry of Health will work with Treasury to agree whether the August 2021 Cabinet paper will need to establish a tagged contingency to draw down from; and
d) **Noted** that, going forward, CVIP budget/actuals and forecasts will be formally reported each month to PLG and then to the Steering Group.

8d. Equity (Jason Moses)

Paper 11 considered: Collection of the ethnicity data as part of the COVID-19 vaccine and immunisation programme (CVIP) – 8 July 2021

- The CVIP programme has 'equity' as a key success factor.
- Collection of ethnicity data is a fundamental requirement in helping to determine this. Currently the CVIP programme relies on ethnicity data imported from the NHI (and linked through the CIR).
- The desirability of the programme to collect its own data has been discussed on several occasions.
- The paper proposes that ethnicity data should be actively collected as part of CVIP implementation.

Group discussion

- The benefits of having more robust ethnicity data were acknowledged.
- However as this is personal health information a privacy impact assessment must be developed for consideration.

Decisions of the Steering Group

In relation to Paper 7 - *Options for extending access to early vaccination for people travelling overseas from New Zealand* – the Steering Group:

a) **Indicated** that a privacy impact assessment must be developed and the paper adjusted accordingly and resubmitted; and
b) **Noted** that the proposed collection of ethnicity information is a separate process and consideration to the project working on the collection of iwi affiliation information.

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

	• Noted that this is just one of a number of initiatives aimed at promoting access to vaccination by whanau. **Decisions of the Steering Group** In relation to Paper 12 – *Group Four Invitation Decisions, dated 12 July 2021* – the Steering Group*:* **a)** **Agreed** to provide advice to priority populations within their personalised invitation, that should they wish to obtain bookings for their whānau in addition to themselves, they should call the national call centre; **b)** **Noted** that PLG has endorsed the inclusion of an individual's NHI number in personalised letter invitations to Group 4 members, but that this will not be included within email or sms invitations; and **c)** **Noted** that PLG has endorsed the scaling of the identity service team embedded within the Whanganui call centre to manage the increased workload anticipated by the launch of Group 4.
9.	**Clinical safety and quality update (Dr Juliet Rumball-Smith)** *Paper tabled: Early Second Vaccination Doses* • Pfizer clinical trials and current Medsafe approval for administration of the Pfizer vaccine in New Zealand is that this is a two-dose course, 21 days apart. We have no data about shorter or longer periods between doses. • Monitoring shows that some DHBs appear to be recording instances of second doses less within the 21 day prescribed timeframe. There is a risk that this may result in suboptimal protection. **Group discussion** • This is not consistent with Ministry policy and needs following up promptly with DHB CEOs. The matter will also be raised at the next SRO workshop. • The clinical impact of early vaccination is not understood. Messaging needs to be clear that "quicker is not better". • The Steering Group requested that it receive robust information and advice and options for action as soon as possible ***Action 10: Collate information and provide to Steering Group for further discussion and direction (Dr Juliet Rumball-Smith).*** ***Action 11: Raise the matter with lead DHB CEOs, and at the SRO meeting on 14 July 2021 (Jo Gibbs).*** ***Action 12: Add "early second dose vaccination" to the CVIP Risk Register (David Nalder).***
10.	**Risk Update (David Nalder)** ***Action 13: As the meeting was out of time, this paper to be brought back to the next meeting of the Steering Group, with consideration placed at the start of the agenda.***
11.	**Next Meeting** Tuesday 20 July 2021, 4.30 p.m. – 6.00 p.m.

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 20 July 2021
	4.30 pm – 6:15 pm
Location:	1 N.3
Chair:	Maree Roberts
Members Attending:	Dr Ashley Bloomfield, Rachel Haggerty (CCDHB/HVDHB), Dr Caroline McElnay, Shona Meyrick, John Whaanga, Deborah Woodley, Shayne Hunter, Dr Ian Town
IIAG:	Keriana Brooking, Co-Chair, Immunisation Implementation Advisory Group
Other Attendees:	Andrew Bailey, Allison Bennett, Jo Gibbs, Dr Tim Hanlon, Jane Hubbard (paper 8), Astrid Koornneef, Rachel Lorimer, Colin MacDonald, Fiona Michel, David Nalder, Mat Parr, Linda Pannekoek (paper 6), Dr Juliet Rumball-Smith, Tamati Sheppard-Wipiiti
Apologies:	Dr Dale Bramley (WDHB), Chris Fleming (SDHB), Wendy Illingworth

#	Agenda Item
1.	**Introduction and minutes** • The minutes from the previous meeting on 13 July 2021 were approved. • There were no matters arising. • It was noted that following distribution of the agenda, consideration of paper 4 had been deferred until 27 July 2021. **Action tracker consideration** • The meeting considered each of the three action trackers in detail. Changes are reflected within the trackers.
2.	**Operational updates (Jo Gibbs)**
2a.	**Programme Update** *Paper 3: COVID-19 Immunisation Programme Update – 18 July 2021* • Overall numbers vaccinated are tracking ahead of plan. However, the numbers for groups covered by our Equity objective have started to track in the wrong direction. Numbers for Māori have dropped from 10 per cent to 9 per cent this week. • At least seven DHBs are well behind on the equity component of their production plans. This is in spite of all but one DHB being ahead of their overall plan targets.

2b.	**Process to identify operational impacts of policy proposals** • IIAG members have been receiving papers that including a line 'we will assess operational implications". IIAG noted some queries and cautions about papers being submitted, potentially for approval, when operational implications were not identified. • Suggestions included clarifying the level at which operational implications would be identified (i.e. provider), who would do the assessment and by when, and how would the Steering Group know when the stated assessment has been completed. What would be the process to manage impacts of implementation was already completed? Who had the systems impact overview? **Group discussion** • Agreed that where the operational implications of paper should ideally by assessed and understood prior to consideration, or they should signal why the assessment had not yet been done. ***Action 1: implement a mandatory cover sheet for papers to Steering Group which***: • ***Includes a list of the groups or stakeholders involved in development of/consultation on the paper;*** • ***States whether an assessment of operational impacts has been made; and*** • ***States whether an assessment of the contribution the proposals will make towards achieving the equity objectives has been made.***
3.	**Standing item on Science and Technical – CV-TAG (Dr Ian Town)**
	Verbal updates were provided**:** • *Myocarditis*: The CV-TAG has had its third and final meeting to discuss events of myocarditis/pericarditis post-vaccination, and related matters. Formal advice will be provided to the Director-General on 21 July 2021. • Pacific Islands nations using the Pfizer vaccine have sought advice about myocarditis associated with use of this vaccine in younger males, and also the forthcoming advice about use in 12-15 year olds.
4.	**Risk update (David Nalder)**

	Paper 5: CVIP Programme risk summary for Steering Group – 20 July 2021
	• The 'ultimate' risks of the project are:
	  ○ Loss of public confidence,
	  ○ Lack of equity of access,
	  ○ Low uptake.
	• A workshop earlier the same day has themed up the emerging programme risks:
	  ○ Expectation management,
	  ○ Reducing complexity,
	  ○ Legacy and transition.
	• A further round of risk profile scoring will be held later in the week.
	• Will continue to work with delivery leads on an ongoing basis to ensure risks to the implementation are identified, assessed and managed appropriately.
	• As we move into the Assurance Framework, the focus will be the controls around how key risks are addressed.
	Group discussion
	• A question was asked as to performance risks such as those impacting on achieving equity. While there are many strands to this reporting, it can be hard to get a feel for overall performance and to risks at this level. *(Cont. over)*
	• It was noted that generally this would be picked up through assessment against the four dimensions in the Success Framework. Equity was one of these dimensions.

	• It was agreed that the point at which cumulative risk is such that it impacts on the 'ultimate' risk was not clear. ***Action 2: Apply the Balanced Scorecard as a reporting tool to help show the overall picture of performance. Timeframe – from next Steering Group meeting 27 July 2021.*** **Decisions of the Steering Group** In relation to paper *5 – CVIP Programme risk summary for Steering Group – 20 July 2021,* the Steering Group: **a) Noted** the map of inherent risks across the end to end vaccination process design; **b) Agreed** that lack of ability to gain early warning of threats to overall performance was a risk; **c) Noted** the actions in place to manage and these top risks; and **d) Agreed** to implement the Balanced Scorecard as a reporting tool to help show the overall picture of performance.
5.	**Population Data Decision (Linda Pannekoek)**
	Paper 6: Denominator data for vaccine uptake monitoring – 20 July 2021 • CVIP is recommending adopting Health Service Utilisation (HSU) data to use as a denominator for monitoring vaccination uptake. • Historically, the Ministry has used Estimated Population projections from the Census data as the denominator against which health statistics are compared • There are acknowledged differences between this and actual health use data, this is primarily related to the ethnicity recorded in each dataset • The HSU population database has recently been finalised and is ready for use. It is based on numbers enrolled in PHOs and other health service use e.g. filled prescriptions, hospital care). • CVIP wants to be able to publish rates of vaccine uptake for various population groups. • If agreed, this would be implemented promptly. **Group discussion** • CVIP initial data collection re vaccine use has been against the Census. Any reporting against this will need associated communications about denominator, including its limitations. • The Census contains a larger proportion of Māori than does the HSU (by about 1.3%). Care is needed to ensure it is clear that we are trying to present the most accurate data we can about access to vaccine. • Other parts of the Ministry are also interested in the results of any implementation by CVIP. Potential opportunity to update the quality of data in the wider system. **Decisions of the Steering Group** In relation to paper 6, *Denominator data for vaccine uptake monitoring – 20 July 2021,* the Steering Group: **a) Agreed** that the CVIP Programme will use the Health Service Utilisation population as the denominator for COVID-19 vaccine uptake monitoring purposes.

6.	**Progress against milestones** *Paper 7: CVIP Schedule Summary Update – 19 July 2021.* (This paper was noted.)
6a.	**Workforce (Fiona Michel)** *Paper 8: Approach to authorise vaccinators* • The authorised vaccinator process, in place since the 1990s, enables authorised vaccinators across a range of vaccination programmes to administer vaccines without obtaining a prescription. • A provisional vaccinator authorisation process was put in place in 2020. It aimed to allow for a more rapid increase in the numbers of vaccinators (to support measles, influenza and COVID-19 vaccination). • s 9(2)(h) [redacted] s 9(2)(h) [redacted] • The CVIP Workforce workstream is confident that vaccinators administering the COVID-19 vaccine have the required qualifications and the necessary skills and competencies to administer the vaccine. • s 9(2)(h) [redacted] s 9(2)(h) [redacted] **Decisions of the Steering Group**

	In relation to paper *8, Approach to authorise vaccinators,* the Steering Group: a) **Noted** the contents of the paper, b) s 9(2)(h) [redacted] c) s 9(2)(h) [redacted]
6b.	**Communications and Engagement (Rachel Lorimer)** *Paper 9: UAC-19 Vaccine – Group 4 campaign planning* • Have developed a flexible framework approach that will apply to communications surrounding the rolling age group announcements regarding access to vaccination. • Key objectives are that it be simple, memorable, apply across media channels, and help to manage expectations. Theme "It's your time to book". • Will use 'profile' people in each age band to 'lead communicate' their story. • Have discussed the approach with Te Puni Kōkiri. It is recognised that the framework does not include comms relating to whanau vaccination. **Group discussion** • It was agreed that this approach would relate well to certain segments of the population, however, it was also unlikely to relate to some groups, including Pacific people. • Noted that an effective approach to whanau will need to be framed quite differently. The by-line was unlikely to resonate with Māori. • The importance of ensuring that appropriate comms were available for Māori and Pacific groups, and that these groups were empowered to develop their own comms messaging, was emphasised.
6c.	**Strategy and All of Government (Mat Parr)** *Paper 10: Interagency collaboration to achieve the aims of the COVID-19 Vaccination and Immunisation Programme – 7 July 2021* • This paper summarised the roles of government agencies in delivering CVIP, and set out opportunities to enhance this as the roll-out gains momentum. It set out a range of areas where support has been provided to date, including policy advice, vaccine purchase negotiation, communications, data, and vaccination service delivery. • As we prepare for scale-up, the CVIP programme needs to know clearly and reliably in what ways government agencies will continue to provide their support. • The concept of a new CVIP Forum, set at deputy chief executive level, was flagged. **Group discussion** • Several government agency groups already exist at chief executive/senior management level. Suggestion made that existing mechanisms be checked for appropriateness before any new group is established at this level. **Decisions of the Steering Group** In relation to paper, Interagency collaboration to achieve the aims of the COVID-19 Vaccination and Immunisation Programme – 7 July 2021, the Steering Group: **a) Noted** the opportunity to increase the contribution of government agencies to the COVID-19 Vaccination and Immunisation Programme; **b) Agreed** in principle to the establishment of a deputy chief executive CVIP Forum, chaired and administered by the Ministry of Health, to support increased government agency collaboration in the CVIP Programme; **c) Agreed** that the memorandum "Interagency collaboration to achieve the aims of the COVID-19 Vaccination and Immunisation Programme" and associated

	recommendations be shared with the public sector COVID-19 Board, led by DPMC, for endorsement; d) **Agreed** that the memorandum "Interagency collaboration to achieve the aims of the COVID-19 Vaccination and Immunisation Programme" may be shared with other agencies for discussion; and e) **Endorsed** that existing chief executive/senior management level groups should be checked for appropriateness before any new group is established to support increased government agency collaboration in the CVIP Programme.
6c.	**Equity (Tamati Sheppard-Wipiiti)** *Paper 11: Five Point Plan to Disability Action P*lan • We are moving focus from enabling providers to monitoring DHBs. Have agreed performance targets. However some issues are emerging. • Have talked to most of the DHBs about their approach to ensuring the access to and delivery of vaccination services for members of the disability community. A multi-pronged approach is under way: ○ Leadership: use a profile personality to spearhead public engagement, potentially Hon Carmel Sepuloni (Minister for Disability Issues). ○ Disability communications fund: EOIs have now been received from parties engaging with the disability community. We expect to negotiate with/fund about 80 per cent of those who applied. ○ Invitation and accommodations: the national call centre will be able to include site accommodations required to support clients during their vaccination. ○ Supported decision-making: guidance has been developed however does not appear to be being followed uniformly. IMAC will host a seminar for the sector to build awareness. ○ Increasing provider flexibility: The Ministry of Social Development has confirmed it is providing flexibility within its own contracting with social services providers to allow them to better focus on vaccination roll-out. However, this message needs to now reach the disability community. • The lack of robust disability data is a recognised national issue. We need to focus on data relating to COVID-19 vaccination roll-out. **Group discussion** • Limitations of having only two weeks' reporting were noted. • Cautioned that the problem for disability and more widely across equity, was not planning but delivering. We need to ensure that people are accountable for their delivery. • Delivering for equity outcomes means creating the right environment – relieving some current non-COVID-19 vaccination services – ensuring providers have vaccine supply • Noted that using DHBs alone will not achieve the provider diversity required to achieve equity objectives. • Important to both low intensity/high yield AND high intensity/low yield effort concurrently to achieve the desired results. The contribution of primary care sector vaccination is extremely important. ***Action 2: Schedule a discussion on Equity as a key agenda item for next meeting. Discussion to include a rethink of the comms, the plan and the overall approach.***
6d.	**Clinical Safety and Quality (Dr Juliet Rumball-Smith)** *Paper 12 – Early Second Dose – Identified issue and action plan* • Following the signal at last week's meeting, we have worked with DHBs and identified that about 1,270 people have received their second COVID-19 vaccine prior to 21 days after their first dose. • This is action is considered off-label, or unapproved. A CARM and incident report must be completed for these cases.

	• We are taking steps to ensure DHBs are aware of and implement the 21-day requirement on every occasion:
	  ○ Technical response – current second booking settings in the booking system and in CIR are considered robust. The booking system does not allow for early second booking. An additional 'early vaccine warning' box is being added to the CIR, effective early August.
	  ○ We are actively engaging with DHB CEOs, clinical leads and quality leads to remind them of the need to ensure the second COVID-19 vaccine dose is administered no earlier than 21-days after the first.
	• An action plan sets out the engagement completed and actions planned (including ongoing weekly reports to DHBs and other vaccination service providers) to ensure requirements relating to the first/second dose interval are met.
	
	Other safety and quality issues discussed
	
	• Mass vaccination events will need careful quality management oversight because of the volumes being handled.
	• Some 'division of tasks' appears to be occurring now in some situations (e.g. drawing up multiple vaccines at a time) which could be contributing to current quality issues and could also transfer into mass event situations.
	• Some issues may simply be data issues and need to be checked. For example, some incorrect expiry information has been identified in CIR.
	
	Decisions of the Steering Group
	
	In relation to discussions about paper *Early Second Dose – Identified issue and action plan Dose and related quality issues,* the Steering Group:
	
	a) **Noted** the contents of the paper *Early Second Dose – Identified issue and action plan,*
	b) **Noted** that several other areas were under consideration from a quality improvement perspective, and
	c) **Requested** that a paper be prepared for the Minister setting out the information on the quality improvement issues identified for CVIP and the actions being taken to address these.
	
	Action 3: draft Health report setting out the information on the quality improvement issues identified for CVIP and the actions being taken to address these. (Dr Juliet Rumball-Smith)

7.	**Any other business** The following papers were noted: • Paper 13 – Communications and engagement support for COVID-19 vaccine rollout • Paper 14 – Readiness update – confirmation of progress on outstanding items • Paper 15 – COVID-19 vaccine roll-out - International comparisons • Paper 16 – Workplace (vaccination) EOI update • Paper 17 – Update on vaccine delivery to Tokelau.
8.	**Next Meeting** Tuesday 27 July 2021, 4.30 p.m. – 6.00 p.m.

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 27 July 2021
	4.30 pm – 6:15 pm
Location:	1 N.3
Chair:	Dr Ashley Bloomfield
Members Attending:	Shayne Hunter, Shona Meyrick, Maree Roberts, Dr Ian Town, Deborah Woodley,
IIAG:	Keriana Brooking (co-Chair), Te Puea Winiata (co-Chair, part-time)
Other Attendees:	Andrew Bailey, Allison Bennett, Michael Dreyer (part time), Luke Fieldes, Jo Gibbs, Caroline Greaney, Dr Tim Hanlon, Chris James, Astrid Koornneef, Fiona Michel, Jason Moses, David Nalder, Mat Parr, Dr Juliet Rumball-Smith, Tamati Sheppard-Wipiiti, Jo Williams
Apologies:	Dr Dale Bramley (WDHB), Chris Fleming (SDHB), Rachel Haggerty (CCDHB/ HVDHB), Wendy Illingworth, Rachel Lorimer, Dr Caroline McElnay, John Whaanga

#	Agenda Item
1.	**Introduction and minutes** • The minutes from the previous meeting on 20 July 2021 were approved. • There were no matters arising. **Action tracker consideration** • The meeting considered each of the three action trackers in detail, updating several items. • Steering Group action [210629-02a] was granted an extension from 3 August to 10 August 2021. • Changes are reflected within the trackers.
2.	**Operational updates (Jo Gibbs/Luke Fieldes)**
2a.	**Programme Update** *Paper 3: COVID-19 Immunisation Programme Update – 25 July 2021* • Significant increase in numbers vaccinated last week – about 40 per cent week on week. However, still about 9 per cent below plan. • Expecting new supply of around 245,000 – 250,000 doses this week. We continue regular engagement with DHBs to ensure they have the ability to deliver to this. • The country's first mass vaccination event will be held 30 July-1 August at the Vodafone Events Centre, Auckland, hosted by MIT. Fully booked at 16,500 slots. Most bookings (12,500) are for Pakeha, non-Māori or non-Pacific people. A wide spread of age banding, however, few older people. This is expected noting that many in this older group have

	either received their invitation through sequencing, or been vaccinated through Group 2 arrangements. • The event will provide valuable learnings for future events as we scale up.
2b.	**Reporting against the Success Framework** *Paper 4 tabled – COVID-19 Immunisation Programme Success Framework* • The four principles against which the success of the programme will be measured have been agreed by Cabinet (efficiency, equity, safety, experience). • This table is an early effort. It starts to populate the success framework with actual data. It will be updated to the Steering Group every fortnight. • Following the recent decision of the Minister for COVID-19, the denominator data used will be from the HSU rather than NHI. Data can be accessed at DHB level, by dose and overlaid by e.g. age band, ethnicity etc. • This reporting applies only to Group 4 data going forwards. **Group discussion** • IIAG members noted that given the Government commitment towards certain groups, and to then apply age bands in a certain way, the programme needs to be able to present this information clearly. • A question for the future was to understand the point at which it is understood from the data that there is a problem with any given district. • The potential to help to portray booking capacity was noted. ***Action 1: Ministry to run a split of forward bookings by age band and ethnicity (with a particular focus on young people, including those aged under 16 years).***
3.	**Immunisation Implementation Advisory Group update (Keriana Brooking/Te Puea Winiata)**
	• The key issues discussed at the IIAG meeting on 22 July were largely on the agenda for the meeting and could be picked up in detail then: ○ Delivering for equity: specifically DHB delivery against their respective production plans. Noted that these plans do not take into account the cumulative effort made by some DHBs right from the start. ○ Disability: IIAG members had a long discussion about work being done in the disability space, noting with some concern that this is some way off the work done to help meet the needs of Māori and Pacific peoples. ○ Access to vaccination: noted the intention is to push harder into primary care to improve uptake in September/October. However there seems to be a variable approach to commissioning completion and it was felt that not all DHBs would be able to confirm primary care sector readiness. ○ There is a preference from some older Group 3 people to be vaccinated at primary care rather than at mass events. ○ Impact of environmental issues on CVIP delivery - e.g. tired workforce. • Concerns were also expressed that increases in the rates of pay for those providing COVID-19 vaccination had flow-on impacts for other vaccination services. In particular these rates may now be higher than rates paid for influenza vaccination. This has implications for the COVID-19 workforce. **General discussion** • Ministry officials indicated that at a national level the rates paid to influenza vaccinators were not lower than the rates for COVID-19 vaccinators. However, some providers have some pricing flexibility; the Ministry has little control over this. IIAG representatives were invited to contact Jo Gibbs if they wished to explore this further.

	• Noted that the Steering Group needed a mechanism to ensure it does not lose sight of issued raised by IIAG and to ensure their resolution. ***Action 2 : Steering Group is to consider actions from future IIAG meetings in the same way as for other groups.*** • IIAG Members also reiterated a concern they had raised at their meeting on 22 July, being that the operational implications of policy proposals coming to the Steering Group often have not been scoped. This impacts on the ability of the Steering Group to make informed decisions. ***Action 3 : The need to ensure operational implications of policy proposals are assessed is to be discussed at the Programme Leadership Group meeting, and those presenting papers to the Steering Group must use the recently developed cover sheet.***
4.	**Equity (Jason Moses)**
4a.	*Paper 5 – Monitoring equity production plans* • Whilst DHBs are broadly meeting wider targets, overall they are performing at 59 per cent of their production plans for Maori. • Noted that delivery to Pacific people is well on track. **Group discussion** • We are now three weeks into Group 4 roll-out. Early performance signals for Māori in particular should be regarded as a red risk flag. The Steering Group did not accept some of the reasons for poor performance provided by DHBs. • The Ministry has done significant work with DHBs to develop their equity production plans. It is reasonable to hold DHBs accountable for the delivery. • In spite of the overall result, some DHBs have delivered to their plans, including Māori in the age sequencing bands. They are keen to commence vaccinating younger Māori, rather than wait for further age band announcements. • Consideration would be given to asking Vaccine Ministers to revisit their decisions to allow scope in operational delivery, delegated to the Ministry of Health **Decisions of the Steering Group** In relation to paper 5 – *Monitoring equity production plans – 27 July 2021,* the Steering Group: **a)** **Noted** that early indications are that overall, DHBs are not achieving their agreed equity targets; **b)** **Agreed** that a paper on the plan to improve equity results will be prepared for consideration by Vaccine Ministers at their meeting on 30 July 2021. This paper must take a public health approach and include: • the proportion of under 65 year old population (Māori, non-Māori, Pacific, non-Pacific) who have been vaccinated to date; • discussion on the impact of lowering age bands; • bespoke actions for each under-performing DHB, understanding their specific barriers; and • discussion on how DHBs that are performing well against their equity performance plans would be able to begin vaccinating younger age groups (with an equity focus) out of sequencing. **c)** **Agreed** that this matter will be discussed with Vaccine Ministers at their meeting on 30 July 2021.

4b.	*Paper 5a – Update on rollout of COVID-19 vaccination programme for disabled people* • An action plan for increasing the rate of vaccination of people with disabilities was agreed at the previous meeting of the Steering Group. • Concerns have been expressed about data collection at a CVIP programme level. • Strong concerns have also been expressed about the lack of traction made into addressing the potential legacy improvements for nationwide understanding of the disability community into the future. • Concerns were also expressed that many of the CVIP communications are not reflection of the diversity of the disability population. • Concerns are not about funding, but about perceived lack of action. **Decisions of the Steering Group** In relation to paper 5 – *Monitoring equity production plans – 27 July 2021,* the Steering Group: **a)** **Noted** the issues and mitigations outlined in the paper associated to the disability rollout, ***b)*** **Agreed** that these matters will be discussed at the next meeting of the Programme Leadership Group to identify the most effective and appropriate response.
5.	**COVID-19 – Myocarditis/ Pfizer vaccine for 12-15 year olds/ use of Janssen vaccine** *Paper 6: Consideration of the risk of myocarditis and pericarditis, advice on the Pfizer COVID-19 vaccine for children and use of the Janssen vaccine*
5a.	**Views of Programme** • The paper is compiled following receipt of further advice from CV-TAG on use of the Pfizer vaccine, and receipt of the views of the regulator on these issues. • Noted that on 28 June 2021, Cabinet deferred its consideration of the use of Pfizer vaccine for 12-15 year olds pending further advice being prepared by CV-TAG at the request of the Director-General of Health. • In relation to 12-15 year the paper recommends that at this point, this age group should generally not be vaccinated because of their lower risk of poor health outcomes but suggests consideration could be given to identify a priority 'at risk' group in this age bracket. • In relation to the incidence of myocarditis and pericarditis, the paper suggests that an eight-week gap could be implemented, addressing both this issue and according robust protection from COVID-19. • The paper also notes that because of the certainty of Pfizer supply to New Zealand in 2021, this vaccine should continue to be used in roll-out. There are potential benefits to holding a second vaccine supply (including those who may be unable to receive Pfizer and in a supply shock/outbreak situation). s 9(2)(b)(ii) [redacted]
5b.	**Views of CV-TAG** *(Myocarditis/pericarditis - Appendix 1 of Paper 6)* • CV-TAG notes that two doses of the Pfizer vaccine are recommended to achieve the maximum level of protection. This is also the basis of Medsafe's provisional approval. • Symptom onsets for myocarditis and/or pericarditis are usually evident within seven days. • A longer interval between doses may reduce some side effects and confer robust protection from COVID-19 (noting that there is an emerging view that delaying the second dose enhances immunogenicity).

	• CV-TAG recommends that people aged 16-29 years receive their second dose of Pfizer at least eight weeks after the first dose. • People aged 16-29 years who require regular clinical review by a cardiologist should discuss their COVID-19 vaccination situation with their healthcare professional. • Anyone who develops myocarditis and/or pericarditis after their first Pfizer vaccination should not receive a second dose. • CV-TAG will continue to monitor this situation and provide advice as evidence becomes available. *(Use of Pfizer for those aged 12-15 years – Appendix 2 of Paper* 6) • This advice is provided within New Zealand's very low prevalence context. • There is relatively limited amount of data from trial, and limited experience internationally, about vaccination of children. • Generally, children have a lower risk of poor health outcomes from COVID-19 infection. • There is a safety signal out about myocarditis in people aged under 30 years receiving mRNA vaccines (such as Pfizer); • There is no urgent need to move to vaccinating those aged 12-15 years. Consideration can be given to including vaccination of people in this age group if they are high risk. • CV-TAG will review this situation once it has received expected advice from an external specialist. *Equity* • The paper contemplates several matters that have implications for the achievement of the desired equity results. For example, not extending the use of Pfizer to 12-15 year olds now may impact on uptake for those who might access the vaccine through whānau-based approaches this year.
5c.	**Views of the Regulator (Medsafe)** *Verbal update – Medsafe regulatory update on the safety signal of myocarditis with Comirnaty (Pfizer COVID-19 vaccine)* • The Medsafe information in Paper 6 outlines its regulatory work in this area as well as the expert advice received along the way. • Medsafe's regulatory view is the data currently available internationally indicates that there is a rarely-reported side effect of myocarditis associated with Pfizer vaccine. The data reported in New Zealand does not currently confirm this signal or if there is a higher risk in under 30s in New Zealand, however, numbers are small so care needs to be taken with interpretation. • From a regulatory perspective, Medsafe considers the benefits of vaccination with the Pfizer vaccine outweighs the risks as per the approved indication and dosing. • The emerging data shows the pharmacovigilance system is working well and this issue is an example of what is to be expected when identifying rare adverse reactions that clinical trials would be too small to pick up. The key regulatory objective is to ensure product information is updated and communicated to give consumers and health care professionals information. • Medsafe has regularly discussed this issue with international regulators and is in line with international colleagues, including Australia. All regulators have added, or are about to add, information to the approved product information (datasheet). The New Zealand update is likely to be published shortly. The planned addition to the datasheet aligns with the communication Medsafe published last week. This was done to provide information to healthcare professionals on this rare side effect reported and what to look for. Noted there was little to no media follow up to Medsafe's alert. • Regulators are not currently planning to take any other action such as making changes to approved indication or dosing. They maintain regular contact and will continue to update.

	• Medsafe will continue to monitor this issue as new data becomes available and continue to get expert advice on the clinical significance and benefit risk balance of the vaccine in the approved indication. *Verbal update - Age range change for Comirnaty for 12-15 year olds (Pfizer vaccine)* • Pfizer applied for the indication to be extended to 12 years and over and submitted clinical trial data in support of that. Medsafe assessed that information against internationally agreed criteria and approved the extension of the indication. • The age range was also approved last week (week commencing 19 July 2021) in Australia. It has also been approved in other nations including the EU, the USA and Singapore.
5d.	**Group discussion on Paper 6** • It was observed that there was a close interrelationship between decisions regarding the incidence of myocarditis/pericarditis, and proposals relating to the time lapse between doses. • Noted that few jurisdictions are vaccinating those aged 12-15 years. • Based on current roll-out plans delivery to those aged under 30 years by the end of the year would be challenging. • Noted there is a difference between the programme view and the regulatory view. • Following its concerns raised earlier, the IIAG asked if this paper should have been provided to the Group for prior consultation noting operational implications of some aspects. • The Director-General and the regulator noted that there was a delineation between regulatory decisions and programme decisions. Much of the advice provided in this paper was of a regulatory or technical nature (i.e. from the Regulator and CV-TAG).
5e.	**Steering Group decisions – Paper 6** *In relation to Paper 6 – Consideration of the risk of myocarditis and pericarditis, advice on the Pfizer COVID-19 vaccine for children and use of the Janssen vaccine,* the Steering Group: **a) Noted** that CV-TAG has provided its recommendations on the risk of myocarditis and pericarditis in those aged under 30 years following vaccination with the Pfizer vaccine; **b) Noted** the perspectives of the Regulator in relation to myocarditis associated with the Pfizer vaccine, and in relation to use of the Pfizer vaccine on those aged 12-15 years; **c) Noted** that there are differences between the regulatory view and the proposals for programme delivery; **d) Noted** the need to maintain public confidence in COVID-19 vaccination; and **e) Agreed** that the issues raised in Paper 6 and their potential impacts will be further considered and a decision taken offline.
6.	**Risk update (David Nalder)**

	Paper 7: CVIP Programme risk summary for Steering Group – 27 July 2021
	• The risk profile has not changed. The higher project risks remain:
	  ○ Embedding equity
	  ○ Invitation and booking system
	  ○ Legislative and regulatory compliance
	  ○ Managing complexity and change.
	• All have established controls in place.
	• Embedding equity remains the key 'red risk'.
	• Actions are under way to manage the legislative and regulatory compliance risk (see Section 7c).

	Group discussion • Noted that 36 new providers are being onboarded by Capital & Coast by the end of August (equity, invitation and booking system). **Decisions of the Steering Group** In relation to paper 7 – *CVIP Programme risk summary for Steering Group – 27 July 2021,* the Steering Group: **a) Noted** the map of inherent risks across the end to end vaccination process design; and **b) Noted** the actions in place to manage these top risks.
7.	**Progress against milestones** *Paper 9: CVIP Schedule Summary Update – 26 July 2021*. (This paper was noted.)
7a.	**Communications and Engagement (Jo Gibbs for Rachel Lorimer)** *Paper 9: Communications and engagement support for COVID-19 vaccine rollout* • Strong media interest in vaccine arrival two days early during the preceding week. • Public interest in Group 3 vaccinations/invitations. Papers 10 and 10a – *COVID-19 Vaccine 25-30 June 2021 (Horizon Research)* • Respondent sample showed 17.3 per cent of the population aged 16 years and over has been vaccinated (i.e. 705,100 people). This is in line with figures published by the Ministry of Health at 29 June 2021 (705,062). • The number who state they will 'definitely' be vaccinated has not changed from May. • The number who state they 'intend' to be vaccinated has gone down. • The number who state they were 'unlikely' to be vaccinated is 19% (i.e. 650,100 people). **Group discussion** • Noted that as the number of people vaccinated increases, the proportion of people who state they intend to be vaccinated will drop (equity, invitation and booking system).
7b.	**Clinical Safety and Quality (Dr Juliet Rumball-Smith)** *Verbal update* • The Ministry has worked with the service provider who identified an error through the end-of-day vial reconciliation, with five consumers for whom they cannot guarantee they received a vaccination. • The Ministry will work with the provider to agree on the clinical plan and associated communications. • Consideration will be given to prioritising these people for a booster when this becomes available and if it is considered appropriate.
7c.	**Workforce – Authorisation of Vaccinators (Fiona Michel)** *Verbal update* • s 9(2)(h) [redacted] • The immediate focus is to authorise a group of about 400 vaccinators who applied for authorisation at the time the function was being transferred back to the Ministry. Most of these will be supporting CVIP roll-out. Forty-six authorisations were completed on 22 July and others are being worked through. • The Ministry is using clinical reviewers to provide additional rigour in the re-authorisation process. This will be an ongoing resource requirement.

	• s 9(2)(h) [redacted] • The Steering Group will be kept informed on this work.
7d.	**Operations – Stickers to label vaccine syringes and change in syringe supply** *Paper 12: Stickers to label vaccine syringes* • Three incidents of incorrect preparation of the vaccine are being investigated. • Initial findings show that one practice matter (also identified as occurring overseas) is common to all. To address this, it is proposed to change to a syringe brand (Unifix™) that has clearer markings and a more secure and resistant plunger than the brand currently used. • Most COVID-19 vaccines are single-dose vials. As Pfizer is a multi-dose vial, labelling of every syringe dose drawn up is also essential. A label has been developed and approval is sought to procure this. • A decision now will allow early action, noting the procurement and implementation lead times and noting that mass vaccination events are now under way. **Decisions of the Steering Group** In relation to paper 12, *Stickers to label vaccine syringes*, dated 27 July 2021, the Steering Group: **a)** **Noted** that in the future, Unifix™ syringes will be used for vaccination under the COVID-19 Vaccination and Immunisation Programme, **b)** **Approved** the creation, procurement and distribution of Pfizer vaccine stickers, and **c)** **Approved** the addition of the newly created Pfizer vaccine stickers to the consumables packs.
8.	**Any other business** The following papers were noted: • Paper 13: CVIP Outcome Measures – Status update – 26 July 2021. • Paper 14: COVID-19 Vaccination and Immunisation Programme – Privacy and security Assessment – 21 July 2021. • Paper 15: Progress of the COVID-19 Vaccination and Immunisation Programme roll-out.
9.	**Next Meeting** Tuesday 3 August 2021, 4.30 p.m. – 6.00 p.m.

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 3 August 2021
Time:	4.30 pm – 6:30 pm
Location:	1 N.3
Chair:	Dr Ashley Bloomfield
Members Attending:	Dr Dale Bramley (WDHB), Chris Fleming (SDHB), Shayne Hunter, Dr Caroline McElnay, Maree Roberts, Dr Ian Town, John Whaanga, Bridget White, Deborah Woodley,
IIAG:	Keriana Brooking (co-Chair)
Other Attendees:	Andrew Bailey, Vince Barry, Allison Bennett, Michael Dreyer, Jo Gibbs, Caroline Greaney, Dr Tim Hanlon, Matt Jones, Astrid Koornneef, Rachel Lorimer, Fiona Michel, Jason Moses, David Nalder, Mat Parr, Jo Williams
Apologies:	Rachel Haggerty (CCDHB/ HVDHB), Wendy Illingworth

#	Agenda Item

1.	**Introduction and minutes**
	• The minutes from the previous meeting on 27 July 2021 were approved with minor amendments.
	
	Late arrival apologies
	• Jason Moses submitted an apology for lateness due to a concurrent meeting.
	
	Matters arising
	• The Steering Group was reminded of the active interest of the Governance Group in the following matters:
	  ○ Māori Communications Strategy
	  ○ Effective internally-led assurance.
	• The importance of the associated deliverables meeting their due dates was emphasised.
	
	Action tracker consideration
	• The meeting considered the three action trackers in detail, updating several items. These changes will be reflected in the papers for the next meeting.
	• To recognise the timing of the event debrief and the cycle of PLG consideration of papers to Steering Group, a Vaccine Ministers action – *provide update on lessons learned from the Mass Vaccination Event* - was granted an extension from 6 August to 17 August 2021.
	
	Action 1: Add agenda item to Governance Group meeting for 13 August – Timing of future Assurance activities (David Nalder).

2.	**Operational updates (Jo Gibbs/Astrid Koornneef)**

2a.	**Programme Update** *Paper 3: COVID-19 Immunisation Programme Update – 1 August 2021* • New Zealand has achieved 2 million vaccinations. Volumes are about 40,000 per day. • About 25 per cent of the population have had their first dose and about 15 per cent are fully vaccinated. • There will be some 'tight' supply points over the next few months. However, currently supply is not restraining any provider and all are receiving the amounts requested.
2b.	*Papers 3a and 3b tabled: 65+ yrs Coverage (booked and vaccinated); 60-64 yrs Coverage (booked and vaccinated)* The tabled papers show the overall numbers of vaccinations booked across DHBs. The data can be split by DHB, ethnicity and age group. • Most DHBs are tracking well across older age groups. • Three DHBs (Southern, Nelson/Marlborough, Lakes) have either completed or significantly completed vaccinating their populations in the sequenced age groups. To keep momentum, and avoid unused capacity, the Ministry proposes to seek ministerial agreement to allow them to begin vaccinating those in the next age band (55 years and over) a few days earlier than announcement. • The Ministry is proactively talking to DHBs needing assistance in reaching some of their groups of people about proactive campaigns (potentially using Whakarongorau) to assist. • Noted that the tables do not show primary care. **General discussion** • The charts help to show DHB capacity to deliver. DHBs are variously booked as far out as November 2021. • Noted that DHBs are all bringing on additional resources to ensure they can get up to their peak delivery. • Considerations for early age band access by some DHBs include ensuring that an equitable coverage is maintained for members of this age group in these DHB regions. • There will be operational implications if some DHBs are approved to move into vaccinating the age bands earlier than others. IT changes will be needed to ensure that the booking system allows them access; the capacity of the national call centre will need to be checked. ***Action 2: The Director-General will discuss early age band access by some DHBs with Hon Hipkins.***
2c.	**First Mass Vaccination Event (Vince Barry)** • The Ministry worked with the Northern Region Health Co-ordination Centre to hold the first mass vaccination event 30 July to 1 August, at the Vodafone Events Centre, Manukau. • Total vaccinated - 15,731 people (target 15,500). • Smooth vaccination and observation processes. St John Ambulance provided observation services. Positive feedback received from attendees. • High-quality clinical, draw-up and cold chain processes were maintained at scale, with clear audit traceability. • Very low levels of vaccine wastage, and a lower than expected number of adverse events reported. • About 15 per cent of bookings did not show; offset by a high number of walk-in bookings. • Some initial opportunities to streamline processes have been identified. A full debrief will be held and the Ministry will update its guidance to DHBs considering mass vaccination events. *Communication from DPMC*

	• The Director-General noted that he had received a communication from the chief executive of the Department of Prime Minister and Cabinet, congratulating the Ministry on the successful running of the first mass vaccination event in Auckland. • The Director-General added his own personal commendation and thanks to all who had contributed to the success of this event. ***Action 3: Report on lessons learned from the mass vaccination event to be considered by the Steering Group on 17 August.***
3.	**Science and Technical update (Dr Ian Town)**
	• *Myocarditis:* The CV-TAG will circulate its advice regarding myocarditis and pericarditis after vaccination. The advice is precautionary, to the effect that if myocarditis or pericarditis arise, the person should not receive their second vaccine dose. • *Use of Pfizer by 12-15 year olds*: Neither CV-TAG nor the Strategic COVID-19 Public Health Advisory Group (chaired by Sir David Skegg) strongly recommend immediate vaccination of this group. However, young people should be considered if they are 'at risk' (e.g. because they themselves, or those they live with, are immunosuppressed). • *Interval between doses*: CV-TAG will provide advice and talking points for the Director-General about the approaches of other jurisdictions. Noted that internationally, pragmatic decisions are being made because there is, as yet, no evidence to support decision-making. • *Booster vaccination*: Advice about booster vaccines will be completed over the next two or three weeks. • Co-administration of vaccines: CV-TAG is preparing an update of co-administration of the COVID-19 vaccine and the influenza and MMR vaccines in the National Immunisation Programme. • CV-TAG is working with the Behavioural Insights Group to develop approaches to continue to stimulate uptake right across the duration of the programme, including in an environment of high rates of full vaccination. **General discussion** • A question was raised about the use of 'third dose' vaccination to improve protection against COVID-19. There is very little evidence to support this. Trials undertaken show that the antibodies present in a vaccinated person after 12 months were just as high as they were immediately after vaccination. CV-TAG will monitor developments. • Noted that the current priority for New Zealand is to effectively address the risks posed by the changing virus. • Noted that, applying an equity lens to uptake by 12-15 year olds, the expert advice was not 'don't do it' but 'start with these groups'. Agreed that a programme decision will need to balance out protection of individuals and concerns about younger people being 'reservoirs of infection' (per the current Sydney schools outbreak situation). • Further consideration will be given to these issues, noting the interdependencies across the programme.
4	**Eight week period between vaccinations (Astrid Koornneef)**
	Verbal update • There is an emerging view (United Kingdom) that increasing the period of time (i.e. to six weeks) between the first and second dose will enhance immunogenicity from COVID-19. • The Ministry has done early thinking on how this might be implemented in Aotearoa New Zealand:

- There are currently 600,000 people who have forward booked their second dose and consideration needs to be given as to the best way to manage these bookings. They could be given the option to change, or a change to the booking system technology could do this automatically and mirror the appointment for six weeks out.
- New bookings could immediately be forward-booked at six weeks.
- Having a thorough understanding of the ability of DHBs to accommodate these changes, including forward booking capacity, is critical.

General discussion

- Clear communications will be essential to retain confidence in the '*Book my Vaccine'* system, particularly for those who have already received both doses.
- A bulk move of current second dose bookings will create spare slots that will need to be filled. This could be beneficial in allowing for a significant increase in the number of first doses delivered, or to provide added flexibility for walk-ins.
- Need to consider the flow-on impacts for DHB production plans.
- Need to consider the likely impacts on equity. However, it was noted that the delay of the second dose (particularly a bulk move) would mean that first dose vaccination would move more quickly into the younger age groups, where Māori are a bigger proportion of the population than are non-Maori.
- Whānau-based initiatives could be given priority for the newly created spare slots.
- Clinical impacts for individual need to be considered. Some people will need to maintain the shorter 'between dose' period to align within their clinical care.
- Noted that from a wider clinical perspective it was considered important not to overstate the U.K. research. However there were no obvious downsides to the approach, noting that New Zealand's three-week period was one of the decisions taken during the initial pandemic period. It was considered the discussion to be had was more about the complexity of operationalising.
- DHBs were comfortable with the timeframe extension, but concerned that the longer the gap between vaccinations, the harder it may be to get people to return if their second vaccine was no longer 'top of mind .
- DHBs suggested a preference to give those who already have their second appointment booked should be able to choose whether to proceed as booked, or to extend the date.
- Impact on DHB operations and the workforce need to be identified.

Decisions of the Steering Group

In relation to the proposal that there should be an eight week period between the first and second COVID-19 vaccination dose, the Steering Group:

a) **Noted** that there appear to be good reasons why New Zealand should consider implementing a longer internal between the first and second COVID-19 vaccine doses; and

b) **Noted** that written advice on the options to implement a longer interval will be provided for consideration by Vaccine Ministers.

5. **6.**	**Update – DHB local activities to reach Māori or Pacific peoples (Jason Moses)** ***and*** **Equity Monitoring Reports (Jason Moses)**

Paper 4 – Equity Presentation

- Māori have a significantly younger population composition than do non- Māori. Under the Sequencing Framework we will start to see Māori being vaccinated at the same rate as non-Māori from the 55+ years band (expected to be late August). The Pacific population has a similar spread.
- Mass event – 7 per cent of attendees were Māori; 12 per cent Pacific people.
- Most Māori providers are vaccinating now, either under contract to DHB or directly.
- DHB vaccination for Pacific people is generally going well (see table page 6) but some areas need better targeting to lift performance.
- Working with DHBs to identify what they are doing locally to increase their uptake. This differs by region, but includes marae-based services, festivals, promoting a whānau approach, in some areas (e.g. rural) promoting a community approach, and promoting walk-ins.
- Some disability stakeholders have indicated concerns that people with disabilities should have been included in Group 2 or Group 3 sequencing. A discussion will be held with Tātou Whaikaha to make better traction into vaccinating this group. Noted that the vaccination acceptance rate for people with disabilities is 80 per cent.

General discussion

- Important to ensure that Ministers have visibility of the wide range of actions being taken to promote vaccination uptake by Māori, nuanced at a local level.
- Both the community approach and whānau approach capture a wide range of people. However, the booking system currently does not provide for either. The Ministry is aware of this and actively looking for ways to support both approaches.
- Noted that while current rates for older Māori and Pacific people are low (as expected through the sequencing), the tables generally show a better overall vaccination scenario for these groups than is reflected in public commentary. This data should be published.
- Noted that whilst DHBs had targets, we also need to be confident these targets were appropriate. This means understanding where any given DHB's targets sit as a proportion of total Māori or total Pacific in their area, and where they sit compared to other DHBs.
- The story that matters is the proportion vaccinated, by age band and ethnicity.
- A concern was noted about the use of the HSU as a denominator for reporting performance, when production plans are based on the Statistics NZ denominator, as this affects comparability. The Ministry noted that it would work with DHBs to revise their plans.

Decisions of the Steering Group

In relation to paper 4 – *Equity Presentation* – dated 2 August 2021, the Steering Group:

a) **Noted** that breakdowns of vaccination rates for Māori and Pacific people, and for non-Māori and non-Pacific people, by age group, will be published on the Ministry of Health's website from about 6 August 2021, and updated on a regular basis.

7.	**Support for people who have had a serious AEFI (Dr Juliet Rumball-Smith, Dr Tim Hanlon)**
	Paper 5: Overview of system-level support for consumers who experience serious adverse events following immunisation – 3 August 2021 • Whilst only a small proportion of consumers who report an adverse event following immunisation (AEFI) following COVID-19 immunisation report a serious AEFI (around 4%), due to this being a national vaccination programme, this means that the numbers of consumers reporting a serious AEFI will still be significant (currently >350 consumers). • If this occurs at the vaccination site, initial treatment is managed at the site but may involve transfer to emergency services for assessment or follow-up from a primary care or specialist service provider. Consumers may initiate a treatment Injury claim with ACC. • There is a potential need for a service to support consumers who experience serious AEFIs to help them navigate the health system and to give them confidence that their issues have been acknowledged. • Six options were presented for discussion by the Steering Group. • Noted that putting additional support in place may also help to increase awareness about the nature and incidence of serious AEFIs at a health professional and programme level. **Group discussion** • There is an awareness that, certainly in relation to COVID-19 vaccination, affected consumers want to know that someone in 'the system' is aware of and acknowledges their experience. However, there is no sense that people have wider expectations. • Current approaches differ significantly by region. A centralised and consistently applied response nationally will better support confidence in the roll-out. • Noted that this type of support is not typically an action that would be taken by the Ministry for an adverse event arising from other treatment. Consideration needs to be given to wider application. It was also suggested that the fact that COVID-19 vaccination is free and applies to all New Zealanders may allow for a different approach. **Decisions of the Steering Group** In relation to paper 5 – *Overview of system-level support for consumers who experience serious adverse events following immunisation dated 3 August 2021*, the Steering Group: **a)** **Noted** the current arrangements in place at a system level for consumers who experienced a serious AEFI as a result of COVID-19 vaccination set out in the paper; **b)** **Agreed** that the CVIP would move to implement Option 2 (Extension to Status Quo) as quickly as possible building to Option 5 (website-based information) and Option 6 (a national follow-up co-ordination pathway) as soon as practicable.
8.	**Progress against Milestones (Andrew Bailey)** *Paper 6: CVIP Schedule Summary Update – 2 August 2021*. • No changes to 'traffic light' status over the previous week. • Payments to some primary care providers are causing concern *(see Item 8a. below)*. • Wider system pressures (relating to winter season) have been flagged by DHBs.
8a.	**Improving Access to Vaccination - Primary Care (Dr Joe Bourne/Astrid Koornneef)** *Paper 7: Vaccination Sites – Onboarding – 2 August 2021* • Currently have 361 active primary care sites, of which 113 are pharmacies, 118 are medical centres, and 30 are marae-based or Hauora providers. • 89 sites onboarded in the week to 30 July 2021.

	• Working with DHBs to understand how they are onboarding primary care over the next few months. Potentially will use a bigger cohort of primary care providers to get to scale. • The programme is getting very good engagement from DHBs. Noted that DHBs are also providing a lot of support to each other. • Key approach differences relate to the ability of the smaller DHBs to cope with the extra workload. • It is important to ensure that DHBs have in place the appropriate contracts with their primary care providers so that these providers can receive funding without delay. The Ministry has written to CFOs of all DHBs to remind them of this. ***Action 4: Add 'Primary Care Roll-out' to the agenda for the Steering Group meeting on 10 August.***

8b.	**Communications and Engagement (Rachel Lorimer)**
	Paper 8: Communications and engagement support for COVID-19 vaccine rollout - 2 August
	• Significant achievements in the past week include:
	  ○ Second vaccination of the Prime Minister;
	  ○ Arrival of the first vaccine shipment into the South Island hub;
	  ○ Vaccination roll-out in Stewart Island;
	  ○ Launch of the 0800 number for people in Group 3;
	  ○ Medsafe approval of AstraZeneca for New Zealand.
	• The Ministry is now doing daily reporting of numbers vaccinated.
	• Focus groups are being held for those aged 60+ yrs. Noted their feedback doesn't quite match with the wider research report, in that the focus group members respond well to current campaign approach. This will be considered further.
	• Consideration being given to how the 'good news stories' can be used in public communications.

9.	**Any other business** ***Vaccinator status (Fiona Michel)*** • Total vaccinators for COVID-19 now over 10,000. Over 2,000 of these are enrolled vaccinators, most of whom are Māori. • Good progress has been made with processing the approximately 400 vaccinators who had applied for authorisation at the time the authorisation function was being transferred back to the Ministry. Most of these are now authorised. The meeting closed at 6.30 p.m.
10.	**Next Meeting** Tuesday 10 August 2021, 4.30 p.m. – 6.00 p.m.

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 10 August 2021
Time:	4.30 pm – 6:00 pm
Location:	1 N.3
Chair:	Dr Ashley Bloomfield
Members Attending:	Chris Fleming (SDHB), Dr Ian Town, John Whaanga, Bridget White, Deborah Woodley,
Other Attendees:	Vince Barry, Dr Joe Bourne, Luke Fieldes, Michael Dreyer, Jo Gibbs, Caroline Greaney, Dr Tim Hanlon, Wendy Illingworth, Chris James, Matt Jones, Astrid Koornneef, Rachel Lorimer, Colin MacDonald, Rachel Mackay, Fiona Michel, Jason Moses, David Nalder, Dr Juliet Rumball-Smith, Jo Williams
Apologies:	Andrew Bailey, Dr Dale Bramley (WDHB), Keriana Brooking (IIAG co-chair), Rachel Haggerty (CCDHB/HVDHB), Shayne Hunter, Dr Caroline McElnay, Maree Roberts, Te Puea Winiata (IIAG co-chair)

#	Agenda Item

1.	**Introduction and minutes**
	• The minutes from the previous meeting on 3 August 2021 were approved.
	• There were no matters arising.
	Matters for meeting focus
	• Key areas raised by members for focus at this meeting:
	  ○ Readiness for extending vaccination to 12-15 year olds
	  ○ Communications plans
	  ○ Contingency planning
	  ○ Age banding
	  ○ CV-ISMB meeting.
	Action tracker consideration
	• The meeting considered the three action trackers in detail, updating several items. These changes will be reflected in the papers for the next meeting.

2.	**Operational updates (Jo Gibbs/Astrid Koornneef)**
2a.	**Programme Update** *Paper 3: COVID-19 Immunisation Programme Update – 8 August 2021* • First doses now at 1.37 million, and 816,000 second doses. • All DHB regions are recording increased levels of vaccination.
	2a. Cont.

	• Anticipate that New Zealand will have a million fully vaccinated people in the week commencing 9 August. • Focus on developing guidance on the changes to the interval between doses. • Good data being received through the portal. We have a good system overview of stock in hand and supplies. ***Age banding*** • DHBs raised a concern that there was unused vaccination capacity in the regions because of the age banding constraints. This would become more pronounced with the longer interval between doses. DHBs are very keen to continue to vaccinate to their capacity. • Noted that the next age band announcement was likely to be made a little earlier than originally planned and there was an expectation that age band restrictions may free up significantly in the foreseeable future. • Different DHBs are at different stages. Some of the larger DHBs have solid forward bookings, but some of the smaller DHBs are receiving support (e.g. outwards calling) to fill their booking spaces. • Some regions endeavouring to focus on whānau bookings are encountering some issues with the booking system. The Ministry advised this is something they are aware of and are looking to identify a solution for.
2b.	**COVID-19 Vaccine Independent Safety Monitoring Board (CV-ISMB) (Dr Tim Hanlon)** *Verbal update* • The CV-ISMB met to consider the death of a s 9(2)(a) consumer a few days after first dose vaccination and with a cause of death on post-mortem given as myocarditis. Noted that this case also had s 9(2)(a) . • The forensic pathologist who conducted the post-mortem presented his findings to the board. • The board will now write to the Director-General and CVIP National Director outlining its views and any suggested actions for CVIP. • Some changes to communications to the sector about early detection and treatment of post-vaccination myocarditis are likely. • The Ministry confirmed it is providing support to s 9(2)(a) of this consumer. **Group discussion** • The regulator noted that Medsafe will consider the recommendations from the Board and assess their implications for the content of its Pfizer/Comirnaty safety alert.
3.	**Update from Immunisation Implementation Advisory Group meeting – 5 August 2021 (Caroline Greaney)**
	Key areas of focus and discussion were: • IIAG value proposition: members need to feel that they both add value to COVID-19 vaccination implementation planning and receive value back. Many members are directly involved in service provision and need to be satisfied that their significant time allocation to IIAG is justified. • Commissioning: national consistency for service procurement is essential, particularly as increasing numbers of primary care providers come on board the programme. Members continue to have some concerns about funding adequacy and funding flows, and would like to see if the Ministry can promote more consistency in how DHBs apply their 'special needs' funding. The possibility of a rural adjustor was flagged. • Achieving equity: under IIAG Terms of Reference, members have a strong ongoing interest in equity performance and noted the recent move to use Heath Service Utilisation (HSU) data as a denominator for future reporting. They reinforced the need to

	ensure that reporting across the wider programme was comparable. (The Ministry confirmed it would work with DHBs to adjust their plans.) • Vaccination for 12-15 year olds – IIAG input included the subsequent comms and engagement challenges that would arise because of the multiple prioritised groups, the interface of this age cohort with other immunisation programmes, the need for a consent process, DHB capability and capacity to incorporate this group into production plans, and the need to consider equity impacts.
4.	**Reporting against the Success Framework (Luke Fieldes, Astrid Koornneef)**
	Paper 4: CVIP Outcome Measures – Status update – 10 August 2021 • At a high level this reporting shows that we are making good progress with a notable increase in uptake dose 1 uptake by those aged 60-64 since 28 July 2021 (roll-out date). For Group 3, there is significantly higher uptake by people with at least one long term condition (LTC) than by those without an LTC. Average waiting times have reduced over the previous week. High vaccine usage rate. • Group 3 faces issues relating to uptake by Māori, irrespective of sequencing. • Noted that Māori, Pacific and Asian groups have a larger proportion of bookings for younger age groups. Other groups are more heavily represented within the older age groups. This is not necessarily unexpected as it coincides with the shape of population distribution. **Group discussion** • Noted that efficiency measures still show performance above plan, however, the plan does not move forwards in equal increments and this can impact on delivery. • Observed that there are a reasonable number of 40-50 year olds in forward bookings who have qualified outside of age banding. • Geospatial work is under way to consider factors influencing attendance at vaccination sites and to help with future modelling. Considerations include population density in the area within a 30 minute drive time of the site, vehicle ownership, and public transport availability.
5.	**Readiness for extending vaccination to 12-15 year olds (Jo Gibbs)**
	Verbal update • This matter is under active consideration. Cabinet will consider advice on options to extend the Pfizer vaccine to 12-15 year olds on 16 August. • A small team has been set up inhouse to consider the implementation approach.
6.	**Māori, Pacific Peoples and Disability communications (Rachel Lorimer)**
	Paper 5: Communications Update: Māori, Pacific and Disability – 10 August 2021 *Papers 6 and 6a: CVIP – Māori Communications Strategy* • The Governance Group has noted its strong focus in being assured that the programme has in place a Māori Communications Strategy to support achievement of the CVIP equity objectives. • The Ministry has allocated funding for engagement with communities to help to remove barriers to uptake of vaccination services. This activity sits alongside 'mainstream' media promotion. • Minister Henare has a clear interest in understanding how a communications plan supports funding allocations to achieve the desired outcomes for Māori.

	• The Ministry is working with the Cause Collective to help to engage with Pacific communities. • A meeting has been held with Hon Carmel Sepuloni regarding engagement with disability communities. **General discussion** • Noted that in addition to the broader strategy, the Governance Group was also very interested in what was happening at a local level to increase uptake. • Members noted that the draft documents contained strong context, drivers of behaviour, and risk assessment. Noting the Governance Group's focus, some strengthening of actual approaches (at the back of the paper) was needed. **Decisions of the Steering Group** In relation to paper 5 '*Communications Update: Māori, Pacific and Disability' and papers* 6 and 6a '*CVIP – Māori Communications Strategy'* the Steering Group: a) **Noted** the programme of work set out in paper 5 that is being undertaken by the CVIP Programme to facilitate communications and engagement for Māori, Pacific and Disabled Populations, and b) **Requested** that paper 6 and 6a be strengthened to include more detail on the actual approaches that are to be used in the regions to help to support the roll-out of COVID-19 vaccinations for Māori.
7.	**Contingency planning for workforce during Alert Levels 3 and 4 (Fiona Michel)**

	Paper 7: Contingency planning for workforce during Alert Levels 3 and 4 – discussion paper, 10 August 2021
	
	• This discussion paper sought guidance on the focus for policy development for contingency planning to ensure the vaccination workforce had the capacity to meet the likely expected increased demand for vaccination during higher alert levels.
	• Current vaccination workforce about 10,000 though not all are full time.
	• Four options are outlined:
	  ○ option 1 – Using Defence Force personnel;
	  ○ option 2 – reprioritising DHB workforce;
	  ○ option 3 – contracting a 'reserve' vaccination team that can be deployed into affected regions;
	  ○ option 4 – Activating mass vaccination, primary care and drive through models (noting this was an implementation approach rather than being directly a workforce issue).
	
	Group discussion
	
	• Noted that at Alert Level 3 and 4 were quite likely to be applied at a regional rather than national level.
	• Option 1 was not considered a strong option given NZDF was already fully engaged in running managed isolation facilities and associated activities.
	• Option 2 was noted as a stronger option for summer, when the health workforce was not already stretched covering winter illness cases. However, consideration should be given to extending the scope of those included e.g. surgeons and highly trained clinicians could be given prior training as their services all but stopped during AL4. Also consider plunket nurses and other nurse-based services.
	• The need to protect the workforce who would otherwise be required during a high alert level was noted.
	• Noted that this work was an extension of DHB resurgence planning.

	Decisions of the Steering Group In relation to paper *7: Contingency planning for workforce during Alert Levels 3 and 4 – discussion paper, the Steering Group:* **a) Did not agree** to further explore Option 1, noting that the demands on the NZDF workforce are ongoing; **b) Agreed** that the Option 2 should be developed to include consideration of how other health service providers who are unlikely to be utilised during high alert levels (e.g. specialists, surgeons, highly trained clinicians, plunket nurses and other nurse-based services) can be redeployed into vaccination during Alert Levels 3 and 4; **c) Agreed** to retain and further develop Option 3, noting this appeared to be more of a reallocation of the current workforce; **d) Agreed** to retain and further develop Option 4, noting this was a service delivery mechanism; and **e) Noted** it would receive an updated paper with detailed policy options and recommendations in early September 2021. • ***Action 1: Prepare a paper with detailed policy analysis and recommendations, for consideration by the Steering Group on 7 September 2021. [Fiona Michel]***
8.	**Amendments to Medicines Regulations 1984**
	Paper 8: Amendments to Medicines Regulations 1984, Schedule 1 • The issues in this paper were outlined and discussed. It was noted that decisions on this matter had implications for service delivery more widely than COVID-19 vaccination. It was decided that this paper would be further considered and decisions taken outside of the Steering Group.
9.	**Risk Update (David Nalder)**
	Paper 9 – CVIP Programme risk summary for Steering Group – 10 August 2021 • The Programme Leadership Group (PLG) continues to review programme risks every fortnight. Current risks relate to delivering to scale, and achieving uptake, with a focus on equitable uptake. • A new risk is added to the high level 'Experience' category risk, being 'public apathy'. This would impact on uptake. • Specific issues to note are the operational implications of any move to change the time between doses where a broad range of issues will need to be considered. These include communications managed, the impact on invitations and bookings, inventory management and digital enablement. **Decisions of the Steering Group** In relation to paper 9*: CVIP Programme risk summary for Steering Group, the Steering Group:* • **Noted** the map of inherent risks across the end-to-end vaccination process design; and • **Noted** the actions in place to manage these risks.

10.	**Progress against Milestones (Andrew Bailey)** *Paper 10: CVIP Schedule Summary Update – 9 August 2021*
10a.	**Improving access to vaccination – primary care roll-out (Astrid Koornneef)** *Verbal update* • Currently have 386 active primary care sites (up from 361 last week), including pharmacies, medical centres, and marae-based or Hauora providers. • 43 sites onboarded in the week to 8 August (89 in the week to 30 July 2021). • Noted that the Royal New Zealand College of General Practitioners sets accreditation standards for general practice. It believes its Foundation Standard aligns with most of the Covid Vaccine Immunisation Programme Standards. The College is writing to all DHBs setting out where there is alignment and where there are gaps. The aim is to provide a degree of assurance to DHBs so that they can reduce the administrative burden of some of the onboarding process for general practice. However, we are ensuring that DHBs are aware that ensuring services are delivered to an appropriate quality remains their responsibility.

10b.	**Workplace vaccinations update (Rachel Mackay)**
	Verbal update
	
	• EOI for workplace vaccination closed 23 July with 330 responses, primarily from workplaces across a range of sectors. Some interest from service providers.
	• Immediate response process on:
	  ○ workplaces with over 1,000 workers
	  ○ smaller workplaces that have a strong focus on Māori, Pacific, disability, or rural groups.
	• The two pilot employers (Mainfreight, Fonterra) will both have completed their first round by 11 August. The Ministry will debrief with both on the learnings from these pilots.
	• Engagement under way with the supermarket sector, as essential service providers. Noted that the Minister will be addressing groups on this and the Ministry has provided talking points.
	• Also working with the Public Service Commission on government agency workplace vaccination planning.

11.	**Any other business** The following papers were noted: • Paper 11 - Update: Communications and engagement support for COVID-019 vaccine rollout. • The meeting closed at 6.00 p.m.
12.	**Next Meeting** Tuesday 17 August 2021, 4.30 p.m. – 6.00 p.m.

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 17 August 2021
Time:	4.30 pm – 5.05 pm
Location:	4 S.5
Chair:	Maree Roberts for Dr Ashley Bloomfield
Members Attending:	Dr Dale Bramley (WDHB), Chris Fleming (SDHB), Jo Gibbs, Shayne Hunter, Wendy Illingworth, Deborah Woodley,
IIAG:	Keriana Brooking (co-Chair)
Other Attendees:	Dr Joe Bourne, Michael Dreyer, Caroline Greaney, Astrid Koornneef, Rachel Lorimer, Rachel Mackay, Jason Moses, Dr Juliet Rumball-Smith
Apologies:	Dr Ashley Bloomfield, Andrew Bailey, Dr Tim Hanlon, Dr Caroline McElnay, Fiona Michel, Dr Ian Town, John Whaanga, Bridget White

#	Agenda Item
1.	**Introduction and minutes** • The minutes from the previous meeting on 10 August 2021 were approved. **Apologies** • Noted that Chair Dr Ashley Bloomfield and several members had submitted apologies given the concurrent meetings being held to announce and manage the new community case just confirmed in Auckland. **Matters arising** • Cathy O'Malley, General Manager Strategy Primary Community, Nelson/Marlborough DHB has been appointed Chair of the DHB SRO (Senior Responsible Officers) group. She will attend future meetings of the Steering Group in this capacity. The Group thanked Rachel Haggerty (CCDHB/ HVDHB) for covering this role in recent weeks. **Action tracker consideration** • No changes. ***Action 1: Add Cathy O'Malley, Chair of SRO Group, to future meetings of the Steering Group. [Secretariat]***
2.	**Meeting approach**
	• The Acting Chair advised that due to the identification of a new community case in Aotearoa New Zealand and the need for most of the leadership team to be focussed on

	management of the response, today's meeting would consider only those papers requiring decision: o Papers 5 and 5a – Highbrook incident and management plan; o Paper 6 – Cabinet 'decision to use': the 12-15 year age cohort implementation requirements; o Paper 9 – General Practice and Pharmacy COVID-19 Vaccination Programme.
3.	**Immediate programme response to community case identification (Jo Gibbs)**
	• A formal 'Vaccine IMT' is being set up. • Working on basis that for any region in Alert Level 4, vaccination will stop for a short period to minimise people movement, and allow for planning. (One DHB noted it had already reassigned vaccination staff to swabbing.) • Blueprints for response (including drive through vaccination models) are already developed and will be implemented. • Noted a significant increase in bookings through the national call centre.
4.	**Clinical safety and quality (Dr Juliet Rumball-Smith)**
	Papers 5 and 5a - Highbrook incident and management plan • The Ministry has been working with the NRHCC and the service provider which identified a mismatch of clients and vaccine used through its end-of-day vial reconciliation. It cannot guarantee that five consumers received their full vaccine dose. • The Ministry has done extensive consultation to consider the approaches that could be used, including learnings from Queensland, which has had a similar incident and is offering affected persons a third dose. The Ministry will remain in touch with Queensland authorities to gain any further learnings and their response progresses. • Noted that 'third dose' use has gained some traction overseas, particularly for those who are immunocompromised. **General discussion** • Members strongly supported that affected individuals must be advised of the issue and be given the opportunity to make a decision. • Members also noted that the provider's identification and reporting of this situation demonstrated that the CVIP safety and quality systems that are in place are working. Follow-up actions can now be taken, and relevant improvements to procedural changes can be made to mitigate the risk of future occurrence. • Whilst understanding that the provider was within the NRHCC geographic region, members strongly agreed that management and accountability sat at a CVIP programme level. • New Zealanders must retain confidence in COVID-19 vaccination. Resolution considerations will include relationship management, comms and engagement, and assessing operational implications. **Decisions of the Steering Group** In relation to the paper *Highbrook incident and management plan dated 17 August 2021*, the Steering Group: • **Noted** the contents of the memo and attached incident report; and • **Agreed** that the CVIP programme would lead the management response in relation to this incident, working closely with the Northern Regional Health Co-ordination Centre.
5.	**Implementing vaccination of 12-15 year olds (Astrid Koornneef)**

	Paper 6 - Cabinet 'decision to use' - the 12-15 year age cohort implementation requirements, 16 August 2021
	
	• Cabinet has agreed that 12-15 year olds will shortly be eligible for COVID-19 vaccination.
	• The paper outlines the key implementation considerations including:
	  o Communications;
	  o Informed consent;
	  o Delivery approaches;
	  o Ensuring technology supports the changes.
	• Preferred implementation approach is to start with 12-15 year olds who accompany parents.
	• Working with Crown Law Office to ascertain the informed consent processes necessary to support widened eligibility (i.e. 12-15 year olds who do not accompany parents).
	
	General discussion – implementation readiness
	
	Confirmed as on track for implementation:
	• Technology changes (to CIR and national booking system) expected to be online from 18 August.
	• The national call centre has confirmed it can support from 19 August onwards.
	• Noted that key stakeholders including IMAC are or will soon be contacted re this decision.
	• Next steps include developing a 'change canvas' to provide a high level assessment of the impact of the change on existing programme settings/collateral and to identify any new risks/mitigations.
	
	Decisions of the Steering Group
	
	In relation to the paper *Cabinet 'decision to use': the 12-15 year age cohort implementation requirements dated 16 August 2021*, the Steering Group:
	
	a) **Agreed** that the roll out of the programme to 12 to 15 year olds will not be through a school-based programme in the first instance;
	b) **Noted** the implementation plan to ready the programme to vaccinate the 12 to 15 year old cohort from 18 August 2021;
	c) **Endorsed** the communication plan including the age-appropriate collateral for 12 to 15 year olds;
	d) **Noted** that work to understand the merits of a national invitation strategy for 12 to 15 year olds will commence in accordance with the Cabinet decision;
	e) **Noted** the priority availability of the Careerforce training module to include an informed consent process for 12 to 15 year olds,
	f) **Noted** that a 'change canvas' – a high level assessment of programme impacts – will be completed by 20 August 2021.

6.	**Primary care funding (Dr Joe Bourne) Joe CHECKING on 19/8**
	Paper 9 - General Practice and Pharmacy: COVID-19 Vaccination Programme • CVIP is fundamentally different to other immunisation programmes - size, scope etc. • Most two-dose vaccinations which require client recall are managed through a single setting, e.g. general practice. GP 'per dose' rate therefore includes costs of recall. • Changes were made to the 'per dose' rate for pharmacists in July 2021. • This paper proposes to align GP and pharmacists rates to $36.05 ex GST for ordinary hours, and $48.73 ex GST for 'out of hours' given both do the same job. • Noted that the overall cost is marginal for the programme

	General discussion • Members understood why these rates were begin applied to COVID-19 related activity at this point. However, they were mindful of the need to consider possible adverse influences on other vaccination programmes into the future and suggested this should be a discussion item for a future Steering Group meeting. • Noted that a single dose vaccine would fundamentally change this model. **Decisions of the Steering Group** In relation to paper *9 - General Practice and Pharmacy: COVID-19 Vaccination Programme*, the Steering Group: a) **Endorsed** that the Payment Schedule be simplified for General Practice and Pharmacy, with 'per dose' rates for both General Practice and Pharmacy COVID-19 vaccination being: • ordinary hours - $36.05 exc. GST • out of hours - $48.73 exc. GST; b) **Noted** that it is intended to apply two-dose vaccinations through additional settings not historically used for multi-dose vaccinations; and c) **Noted** that work to engage specific providers to encourage people who have not engaged via the national invitation strategy to book their vaccinations, will be scoped at a later date. ***Action 2: Note 'vaccinator role and payment relativity across the sector' for discussion at a future Steering Group meeting. [Secretariat]***
10.	**Next Meeting** Tuesday 24 August 2021, 4.30 p.m. – 6.00 p.m.

Agenda papers not requiring decision that were not considered at this meeting:

Paper 3 – CVIP Programme update – 15 August 2021
Paper 7 – Transition to Future State (Legacy) – 16 August 2021
Paper 8 – CVIP SRO workshop – 5 August 2021
Paper 10 – CVIP Schedule Summary Update – 16 August 2021
Paper 11 – Communications and engagement support for COVID-19 vaccine rollout
Paper 13 – Primary care vaccination sites – 16 August 2021

MINISTRY OF HEALTH
MANATŪ HAUORA

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 31 August 2021
Time:	4.30 pm – 6.00 pm
Location:	Teams Meeting
Chair:	Dr Ashley Bloomfield
Members Attending:	Dr Dale Bramley (WDHB), Chris Fleming (SDHB), Jo Gibbs, Cathy O'Malley (DHB), Wendy Illingworth, Deborah Woodley,
Other Attendees:	Jo Gibbs, Astrid Koornneef, Dr Ian Town, Allison Bennett, Rachel Mackay, Dr Juliet Rumball-Smith, Caroline Greaney, Dr Joe Bourne, Shayne Hunter, Colin MacDonald, Chris James (Medsafe), Dr Tim Hanlon, David Nalder (Risk), Matt Jones, Andrew Bailey, Grant Pollard, Jason Moses, Michael Dreyer
Apologies:	Keriane Brooking (IIAG Co-Chair)

#	Agenda Item
1.	**Introduction and minutes** • The minutes from the previous meeting on 17 August 2021 were approved. **Apologies** • Keriane Brooking **Matters arising** Chair recognised the Members need to focus on the under 12s in the next couple of months. It was noted the Members are aware and have started early work on this. Governance Group meeting recap - No papers were submitted. Discussion on key items; vaccine supply certainty and achieving equity. Actions from the meeting are under way. **Action tracker consideration** Out of scope **Governance Group** • No changes. **Steering Group** • 210817-02 – **Action**: Add vaccinator role and payment relativity across the sector for discussion at a future Steering Group Meeting. **Update:** Vaccinator role has trained employees on staff, most of these are Maori. Numbers to be sent to PM via the Chair. Action Tracker updated. • No changes to other Actions.
2.	**Standing item on Science and Technical (Dr Ian Town)** • There were two items CVIP asked CV-TAG to consider:

1. Clinical advice regarding the stand down period between 1st vaccine dose and another vaccine.
2. Discussion about bringing the general vaccination programme together in the future, and potentially offering a range of vaccines in a 'one stop shop' scenario.

- Finalised CV TAG advice recommending the intervals between administering the COVID-19 vaccines and other vaccines has been shared with CVIP. Members discussed whether this was something to be considered urgently. Having a gap between vaccines was hardwired into guidelines and pricing so everything else assumes time periods between COVID vaccine and others. Making changes to the existing guidelines and pricing will be a significant piece of work. It was noted that although the second piece of work was to consider all vaccines, this wasn't urgent as flu season was over. It could become urgent in the coming weeks as we ramp up the COVID programme.
- Review of Myocarditis communications. Members reported there are concerns from individual clinicians about Myocarditis risk and how this is being communicated to the public. Members decided the CV-TAG section on the website should be updated.
- s 9(2)(g)(i), s 6(a) [redacted]. A draft protocol to guide potential extension/third dose, in the context of a missed vaccine incident, was shared with CV TAG, for providing some clinical guidelines for incidents where a vaccination may have been missed. In general, individual incidents will be managed under individualised clinical management plans, however guidelines for larger groups, e.g., 40-50 or more individuals, were discussed. The memo is being updated with feedback from CV TAG.
- Members noted they had committed to return to Highbrook people by next Friday 10th September. We are on track to do this and a working plan will sit with the team at NRHCC to operationalise. The timeframe is ed or Thurs next week.
- CV Tag endorsed protocol of extension dose for people who experience this event. No age mentioned. Recommendation 6weeks if in community transmission area. 20 weeks if in low or no community transmission area, 6 weeks if person is moderately or severally immune suppressed.

- Chair thanked all who worked on this.

Decisions of the Steering Group

a) **Agreed** to update the CV-TAG section of the MOH website regarding Myocarditis communications.
b) **Noted** that work to provide Highbrook people with workplan by September 10th is on track.

Action 1: Update CV-TAG section of the MOH website to include information about possible symptoms of myocarditis after COVID-19 vaccination and when to present for medical care. (CVTAG)
Action 2: Ensure Nicky Turner is informed of first item. (Jo Gibbs)
Action 3: Return to Highbrook people by 10th September with a working plan. (Juliet Rumball-Smith)

3. Operational update - Immunisation Programme Update (Jo Gibbs)

- Modelling shows DHBs can continue uncapped delivery if supply is delivered by 12 September. There is a weekend drop in Pfizer vaccinations. This also assumes we don't increase numbers from the previous 3 weeks. NZ cap is a daily delivery of 90,000 averaged across seven days. Can go above this daily but not weekly. We are way above other country levels. Expecting this wave not to continue as we move into level 2 and people go back to work. It is noted that the work MFAT is doing will increase supply.
- Advice has been provided regarding options for front line facing role where vaccinations are required. We are now looking at implications this has for DHBs, including knowing who is and who isn't vaccinated and supporting workers to get vaccinated.
- MOH have made system changes as a result of Highbrook and first incidents. Reluctancy to report from some areas regarding incidents, difficult to support stakeholders around reporting timelines. Have yet to solve. The MOH website is being updated with any incidents to inform public asap. 53% 12 and over have had first dose. High numbers daily. 28% fully vaccinated. 67% either booked or in with first dose. Over 80% for over 40s.

	Decisions of Steering Group a) **Noted** that Ministers are keen for us to commit to protocol when there is an incident that all involved be notified in a timely manner. b) **Noted** incident reporting is an ongoing issue. **Action 1: To discuss at next meeting. Mandating vaccinations for health workers. A paper is being put together. It is complex as employment arrangements to consider. (Secretariat to confirm agenda item for next meeting)**
4.	**Update on vaccine supply (Allison Bennett)**
	• There has been a successful discussion with Europe to secure additional doses. There are a few challenges still involved. Working on regulatory, quality assurance and legalities with crown law and medical council to ensure compliance. On track for first two weeks in September for delivery.
5.	**Policy statement for 12 – 15 year olds (Astrid Koornneef)**
	• Seeking endorsement of policy statements and then upload to Ministry website site supporting message and wider MOH support. **General discussion** • Pacific community is concerned about offering a vaccination without parents knowing. • Discussions around informed consent, competency and formality of consent. Advice being sought to discuss further. • Cautious approach recommended. • Frontline seeing a lot of kids without parents. Encouraging kids to talk to their parents. • Difference noted between school based vaccine programme and community based vaccine programme as a form is sent to parents for consent in school based programme whereas none is required in community based programme. • Noted if running a school based programme then rights of the child still apply. Disability and human rights still prevail over school setting. • At a meeting with Iwi and Ministers there was surprise expressed when notified under 16 year olds can give consent without parents. Have further informed Iwi with guidance of health provider regarding consent 16 year olds can give. • Public may not be aware. If under 12 then assessed at frontline whether can make this decision. We need public communications around this. Fundamental question: Should we require written consent or not? Policy statement seems fine. Quality of communication to health practitioners to enable both worker and child to be protected. • Noting that in clinical setting opportunity to note consultations, side effects available, however in sites outside this setting, not the same level of clinical recording, or ability to match it with clinical record. **Decisions of the Steering Group** a) **Agreed** to communicate expectations with public, including the steps we will take and that we will encourage kids to talk to their parents. b) **Noted** that we trust our health professionals to make an assessment and to record in due fashion.
6.	**Any child under 12 years old receiving a vaccine (Juliet Rumball-Smith)**
	• Have heard under 12 year olds being vaccinated. 2 identified. • Could be kids close to their birthdays. Not the clinical advice. Is a hard line not a choice. Two separate locations. • Both incidents investigated by provider. 1 was a primary carer, 1 unknown. Action to come back to Chair with details.\

	• MOH has expectations and professionals need to meet these. Standard obligations to disclose as soon as possible. **Action 1: Where was the 2nd incident of an under 12 receiving vaccination. Jo Gibbs**
7.	**Risk update (David Nadler)**
	• One incident management response. Immediate response to risk issue and decisions. • The nature of risk hasn't changed just more prominent, particularly around supply. • Going down through alert levels created complexity on the programme. Speaks to sustainability of being able to operate at current levels. • Risk paper discussed supply and programme resourcing. In last stage of programme. • Risks transitioning from programme to future state when CVIP closes. • Pivot to four separate working groups when back in BAU. • Equity issues have investment, Pacific and Maori have additional funding. • Other equity not discussed yet. • Due to stable platform other risks have been mitigated. Other than delivering to scale, focus is on future state. • We are pressing the equity issues. Focus on reaching out to Pacific and Maori populations. Would like to hear of initiatives. • Maori vaccination numbers doubled in August. Numbers will grow as age groups opened. • Other things happening when contacting Maori such as testing, vaccines, hygiene packs, food packs, stronger focus on DHBs getting information on how they're doing, do they need transport? Will take time to see results but currently numbers are shifting. • Communications to Maori under 40s to be considered as many Iwi and Ministers are providing public, positive messages around COVID and vaccinations. We should be utilising this, and that drive throughs are working. • Great momentum in drive through vaccination events. Paper with Ministers to ramp up funding for COVID response. Maori providers also have a paper with Ministers. **Decisions of the Steering Group** **a) Agreed** to continue monitoring equity numbers as the age groups are now opened.
8.	**Any other business and close** • Memo to Minister Hipkins to agree to original plan of 75% uptake, out to end of October. With little Risk we can update website. • Communications plan. Impacted by alert level changes. Captive audience at home so enormous uptake on channels and people looking for information. Last big broad push and lifting intensity with the last age ranges being opened. Moving into parallel workstreams with our community. • PM asked for Pfizer timeframes last week on paediatric indications on lower age ranges. Still evaluating data from beginning of October. Boosters are in global regulatory discussions and a few differences of opinion. Pfizer submitted approval for three doses, transplant patients and immune compromised people. Interim analysis on general boosters in mid-September. Will inform the Members when know more. • Regarding paediatrics, anticipating volume and considering Delta, be prepared to expedite approval, regulatory and cabinet, and how we implement in the programme. Whilst considering school based need to move sooner. • 5-11 year olds will be included next year, with an amendment to supply agreement. Currently 6 under 1s infected in latest outbreak. Able to scale up because of all the time and work implemented in place already . • Chair recognised the great work the team is doing. Would like to highlight Dr Dale Bramley and Chris Fleming for their involvement as invaluable.
9.	**Next Meeting** Tuesday 7 September 2021. 4:30pm – 6:00pm

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 7 September 2021
Time:	4.30 pm – 6.00 pm
Location:	Teams Meeting
Chair:	Dr Ashley Bloomfield
Members Attending:	Jo Gibbs, Cathy O'Malley (DHB SRO), Wendy Illingworth, Deborah Woodley, Caroline McElnay, Dr Ian Town, Jo Gibbs, John Whaanga, Michael Dreyer, Wendy Illingworth
IIAG Co-Chair	Keriana Brooking
Other Attendees:	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)
Apologies:	Dr Juliet Rumball-Smith, Chris Fleming (SDHB), Bridget White, Dr Dale Bramley, Shayne Hunter, Grant Pollard

#	Agenda Item
1.	**Introduction and minutes** • The minutes from the previous meeting on 31 August 2021 were approved. **Apologies** • Dr Juliet Rumball-Smith, Chris Fleming (SDHB), Bridget White, Dr Dale Bramley, Shayne Hunter **Matters arising** **No additional matters arising.** Out of scope [redacted] **Governance Group** • **Action 210827-03:** Add major agenda item for Governance meeting – booster vaccination and third dose vaccination of those who are immune-suppressed. **Update:** Priority remains vaccinating people with two doses and applying intensive effort for younger & vulnerable people. Next focus on vaccinating under 12-year-olds • **All other Actions continuing as is.**

	Steering Group • **Action 210831-05:** Can be marked completed and closed. • **Action 210803-02**: Action included on agenda for today's meeting. Can be marked completed and closed. • **Action 210810-01:** Closed in current form, has been picked up by deliver to scale workstream. • **Action 210831-**04: On agenda for today's meeting. Can be marked completed and closed. • **All other Actions continuing as is.**
2.	**Immunisation Advisory Group update (Keriana Brooking, Te Puea Winiata)**
	The co-Chairs reported that the most recent meeting of IIAG spent a lot of time with the equity team working through an interactive presentation on data. In addition, the meeting: • discussed the vulnerability position of people with disability • discussed thinking about future/booster doses and what the COVID programme will look like going forward • Was briefed on vaccination Passport (confirmation of vaccination status). This is a much broader discussion and there will need to be ongoing discussions • talked about the non-regulated workforce, and the barriers to this workforce being fully activated • Conversations beginning around childhood vaccination. There has been a request from the Ministry for IIAG to review DHB increasing uptake plans. The Ministry will return to IIAG to speak on high-level themes the Ministry has identified across the plans. • 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. • Hard to get teaching resources and there is some challenging working from home situations. Digital programmes and other ways of working are being encouraged. • Key messages from providers on testing, kai and vaccines. Strong Māori provider networks keeping connected with key agencies. • Māori providers are understanding needs for saliva testing. **The Chair highlighted several key points:** 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. The Chair recognised the ongoing support from the IIAG (Implementation Immunisation Advisory Group).
3.	**Operational update – Immunisations Programme Update (Jo Gibbs)**
	• Supply is current focus. Further update to follow in next agenda item. • 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. • 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. • Working closely with DHBs and SROs (Senior Responsible Officers) managing vaccine stock carefully while we get supply sorted. • Milestone of 4,000,000 doses as of today! • 91% over 65s vaccinated! • 75% over 12s booked or had one dose. • Focus on resourcing to ensure no pockets of vulnerability. Jo recognised Glenn and Ambrose and all the good work going on in the last few days, including late nights and logistics planning.

4.	**Vaccine supply update – Decision to use Janssen – September Supply (Allison Bennett)**
	• Bi lateral agreement with Spain ready for Chair to sign. Ensures delivery of s 9(2) Pfizer doses from Spain by Friday. Tight timeline. • Confirmation that batch is regulated for NZ use. • Pfizer is considering 9-month shelf life. • Cabinet paper for consideration to use Janssen vaccine for those who cannot use Pfizer. s 9(2) (b)(• We will need to build considerations regarding storage and operational implications. • 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.
5.	**Future Assurance activities (David Nadler) - Noting**
	• A recap is underway of six assurance reviews undertaken in the programme and why they're important and where they're at. • Contingency planning review is being self-tested live over a couple of weeks using IMT (Incident Management Team) results to inform lessons going forward. 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.
6.	**Health workforce vaccination (Fiona Michel)**
	• Ministerial interest in health sector update. • Auckland DHB health sector workforce: 95% have one dose and 90% two doses vaccinated. • Individual conversations with those not vaccinated discussing risk and their role going forward. • Community workers traveling to clients no different to community nurse's exposure. • Health order for all to be vaccinated will be progressed if required, however it is preferred to work in collaboration first. • 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. **General Discussion** Is there a preference for natural uptake or desire to move to vaccination order as the focus of the approach will be different? • Starting with a requirement to be vaccinated no matter the role and then working from there. • Practical nature would be the sooner the better to make vaccinations mandatory. Easier to mandate broader than specific groups. • 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. • 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. • Policy work sits with Ministry. • Communications will be sent to the sector regarding the direction. • The Ministry notes it is receiving questions on this and providing advice already in this space. **Action: Paper regarding policy perspective, initial consultation, and scope to be presented at next steering group. (Wendy Illingworth)**
7.	**Vaccinator Authorisation and resourcing (Fiona Michel)**
	• Noted the paper is three weeks old. Authorisation timeline has picked up to 3-4 days turnover.

	• Challenging to get peer review and final authorisations. • 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. **Steering Group Decisions:** • **Agreed:** to hire dedicated people.
8.	**`Pharmacy technicians preparing COVID-19 vaccinations (Fiona Michel)**
	• This paper has been overtaken by events, and it is no longer necessary to discuss.
9.	**Update on school-based vaccinations (Rachel Mackay)**
	• As of today, we have communicated with Ministry of Education and Tertiary Institutions that employees are now eligible for priority to be vaccinated. • If Kura and Schools want to provide vaccination services, then the DHB will invite them and consider equity goals. • Recommended that Book my Vaccine not be compulsory for school-based programme run through school-based health providers, as this gives more flexibility. • The Ministry noted there is a 15min observation period required after the COVID vaccine which may impact school-based programmes. • 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. s 9(2)(g)(i) [redacted]
10.	**Equity Data (Jason Moses)**
	• 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. • The Ministry is seeking to understand the data so we can put interventions in place to support this age group to increase uptake. • Committed to weekly presentations of the data unless requested otherwise. • Important to note the numbers are increasing and we want to see this continue. • It is noted this information is used with Iwi and Ministers regarding equity initiatives. • Māori prioritised Kaumatua in the beginning so seeing high numbers there. • Focus on communications for the under 40s age group. • Still some work to be done in areas that aren't green and need to engage with providers to make these a priority. • The Ministry notes the focus is on all ethnicities, however Māori and Pacific people need to be specifically focussed on. The Chair thanks Jason for all his hard work and his contribution to the Equity space in the programme. **Steering Group Decisions:** **Approved** to send presentation to other agencies, DHB Chairs and to publish on MOH website to make it accessible to the public.
11.	**Any other business and close** **a) Communications and Engagement plan (Rachel Lorimer)** • A lot of work on younger age groups. Working with key partners, TPK and Rangatahi coming through from the communications collective.

- 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

Date:	Tuesday, 14 September 2021
Time:	5:00 pm – 6.30 pm
Location:	Teams Meeting
Chair:	Maree Roberts
Members Attending:	Dr Ashley Bloomfield, Jo Gibbs, Cathy O'Malley (DHB SRO), Wendy Illingworth, Deborah Woodley, Dr Ian Town, John Whaanga, Chris Fleming (SDHB) until 6pm.
IIAG Co-Chairs	Keriana Brooking, Te Puea Winiata
Other Attendees:	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)
Apologies:	Bridget White, Dr Caroline McElnay, Rachel Lorimer Chris Fleming left the meeting at 6pm

#	Agenda Item
1.	**Introduction and minutes** • The minutes from the previous meeting on 7 September 2021 were approved. **Apologies** • 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. **Matters arising** • Extension of advice for the border, for people arriving with different vaccines. • More advice will be available in written form, in a week's time, regarding the effectiveness of additional doses. Out of scope **Governance Group** • **Action 210813-12:** Provide specific actions that the programme will take to address gaps in the data in the reports against the success framework. **Update:** Fiona is looking at proxy data on customer experiences. An updated report will be provided at a future meeting. • **Action 210813-**03: Consider if operational guidance should be provided to service providers about the use of the vaccinator workforce. **Update**: 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. **Action moved to Complete.**

	• **No change to other Actions.** **Steering Group** • **No change to current Actions.**
2.	**Science and Technology (Dr Ian Town)** This item was not presented at the meeting as Dr Ian Town had a scheduling conflict and joined the meeting after it had started.
3.	**Operational update – Immunisations Programme Update (Jo Gibbs)**
	• 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. • Working with DHBs regarding capacity planning to end of October. • DHBs are planning for 100% vaccination. Will review throughout the year for potential latent capacity. • 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. • 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. • 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. • 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. • 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. • The wider business sector is looking at introducing mandatory vaccinations for their workforces, not just in the health sector. • 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.
4.	**Vaccination of Healthcare Workforce (Mani Crawford, Wendy Illingworth, Allison Cossar)**
	• We are providing advice on extending the health order to include all health workers. • We currently have good uptake within the workforce and there is a strong public health and rationale to use other levers to maximise uptake. • We are continuing to broaden our scope with other health care areas such as aged residential care, GPs, nurses and prioritising these for consultation. • 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. • The paper needs to be broader to include those that are not clinical practitioners or health professionals, such as cleaners and janitors. • s 9(2)(g)(i) [redacted] . • s 9(2)(g)(i) [redacted] • 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. • The Ministry recognises the complexity of implementation s 9(2)(g)(i) [redacted] . • s 9(2)(g)(i) [redacted]

	• 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. • There is the formal border vaccination order that has exemptions included that we can use as a template. **Action:** Wendy will action a change in the paper being considered to specifically mention those that are not clinical practitioners or health practitioners.
5.	**Reaching Unbooked Population (Rachel Lorimer, Jason Moses, Fiona Michel)**
	5a) Horizons Market Research Briefing July 2021 (Rachel Lorimer) **Note:** Market Research for August was presented as this was this most up to date data available. • The programme is moving into a targeted approach, through market research, with communications and engagement. • 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. • 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. • Rangatahi have provided useful ideas about how to connect with younger age groups. • 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. • 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. • Next phase is to provide people with the right resources so they can have discussions in their own communities. **5b) Equity Data (Jason Moses)** • Maori providers are moving to drive-ins, mobile clinics and school based programmes which include having your whanau vaccinated at the same time. • The Ministry is reviewing data to determine where there are those who have yet to be vaccinated. • Providers would like to use this information to engage locally with those who have not yet engaged with the programme. • 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. **5c) Strategies for Uptake (Fiona Michel)** • Buses on the streets of Auckland will be up and running by Thursday and the team is working well to sort this. • There has been some great analysis on suburbs and where to go. • 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.
6.	**Comms and Engagement Next Phase (Rachel Lorimer)**
	This item was covered in item 5a.
7.	**August Financials (Fiona Smith)**
	• s 9(2)(f)(iv) [redacted]

	• s 9(2)(g)(i) Operational and Delivery support is included. The Text messaging service costs are not included in this paper. • There are some contracts in the immunisation programme such as call centre and some vaccination contracts set until January 2023. • Awaiting further financial information from DHBs as this takes time to come through. s 9(2)(g)(i) • s 9(2)(g)(i) • 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. **Action:** Fiona will work with Michel Dreyer to better understand how to cover the expenditure within other areas of the programme. **Action:** 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.
8.	**Any other business and close**
	• 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. The Meeting closed at 6:30pm
9.	**Next Meeting** Tuesday 21 September 2021. 4:30pm – 6:00pm

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 21 September 2021
Time:	4:30pm – 6:00pm
Location:	Teams Meeting
Chair:	Dr Ashley Bloomfield (until 5:45pm), Deborah Woodley (from 5:45pm-6:00pm)
Members Attending:	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)
IIAG Co-Chairs	Keriana Brooking, Te Puea Winiata
Other Attendees:	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)
Apologies:	Jason Moses. Dr Ashley Bloomfield had to leave the meeting at 5:45pm to attend a meeting with the Prime Minister.

#	Agenda Item
1.	**Introduction and minutes** • The minutes from the previous meeting on 14 September 2021 were approved. **Apologies** • Jason Moses. Dr Ashley Bloomfield had to leave the meeting at 5:45pm to attend a meeting with the Prime Minister. Out of scope [redacted] **Governance Group**

	• **No changes to Actions.** **Steering Group** • **Action 210914-03:** 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. **Update:** Memo regarding funding request to support additional items is being drafted. **(Michael Dreyer)** • **Action 210907-02:** Paper to be submitted to the nest Steering Group Meeting to show how the programme is working with others to engage younger age groups. Update: This is covered in the Strategies for uptake item on today's agenda. **This Action to be moved to complete.** • **Action 210831-01:** 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. Update: This has been done. **This Action to be moved to complete.** • **Action 210831-02:** 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. **This Action to be moved to complete.** • **No changes to remaining Actions.** • **New action:** 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. **(Rachel Lorimer)** **Matters arising** • DHB capacity planning for next year is uncertain due to not knowing numbers of people that may need further support in being vaccinated.
2.	**Immunisation Implementation Advisory Group update** • Keriana Brooking updated the Steering Group regarding the latest IIAG meeting held 17 September 2021.
3.	**Standing item on Science and Technical (Ian Town)**
	• 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. • 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. • The UK is planning booster vaccines for older people and those with underlying conditions especially as they are heading into Winter. • The UK is also planning to provide the flu vaccine alongside COVID-19 vaccinations. • 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. • Pfizer will be sending further data on ages 5-11 year old once they have completed their assessments which may take until October. • Data on boosters from Pfizer may take until October also. • 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. • s 9(2)(g)(i) • The Ministry and MedSafe are not aware of any trials with the Janssen vaccine regarding second doses and is requesting to be followed up. **Action:** 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. **(Dr Ian Town)**
4.	**Operational update – Immunisations Programme Update (Jo Gibbs)**
	• 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. • The Ministry has set up a working group to assist in driving strategies for uptake in the disability sector and bringing in extra resources.

	• Work on production plans for final quarters is underway with clarity on the website they are capacity plans not delivery plans. • 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. • The programme is reporting very high request rates for updates, now we are working with more agencies.
5.	**Pfizer volumes and delivery schedule for 2022 (Allison Bennett)**
	s 9(2)(b)(ii)
6.	**Reaching Unbooked Population (Jason Moses, Fiona Michel)**
	5a) Equity Data (Jason Moses) • This item was not presented at the Steering Group meeting today as Jason Moses had a scheduling conflict and was unable to attend. **5b) Strategies for Uptake (Fiona Michel)** • There is a draft committed paper for the Ministers to review on Friday, at the Vaccine Ministers meeting, on the direction we're going. • There is a partner paper going to Ministers on Friday at the Vaccine Ministers meeting that will reference rangatahi strategy specifically. • We are sharing useful practices of things that are working and new innovations we have in the demographics and using these in our strategies. • 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. • 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. • 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. • 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. • The team is liaising with public health to understand the impact of incentives on uptake and whether they are a good alternative. • Although Māori are at the front end of the strategy, the paper doesn't seem to include specific strategies for disability and equity.

	• 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. 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. The Chair acknowledged the great work Fiona and her team have been doing in this area.
7.	**Concomitant vaccines policy statement (Astrid Koorrneef / Christine Nolan)**
	• The team is working with communications partners. • Focusing on co-administration where people could potentially have their COVID vaccine on a Saturday and then the HPV vaccine on a Tuesday. • Communication campaigns are being reviewed for effectiveness as this approach is a change in thinking. • The Chair notes there may be opportunities for co-administration of other vaccines and would like the Steering Group to consider this. **Recommendation:** To Approve the policy paper and approve for publication. Dr Ashley Bloomfield and Astrid Koornneef are signing off. **Steering Group Decision:** **Approved.** The policy paper and subsequent publication is approved by the Steering Group.
8.	**Risk Update (David Nalder)**
	• There are 36 issues being managed at the moment. • The team is focusing on issues we can work through and complete in a timely manner, others will have a management plan in place.
9.	**Report against the success framework (Petrus Van Der Westhuizen)**
	• Slides were presented and the Steering Group updated regarding findings.
10.	**`Any other business and close**
	• Horizon research highlighted as going in the right direction. Rachel Lorimer is presenting to the Ministers on Friday at the Vaccine Ministers meeting. The Meeting closed at 6:00pm
11.	**Next Meeting** Tuesday 28 September 2021. 4:30pm – 6:00pm

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 28 September 2021
Time:	4:30pm – 6:00pm
Location:	Teams Meeting
Chair:	Dr Ashley Bloomfield
Members Attending:	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)
IIAG Co-Chairs	Keriana Brooking, Te Puea Winiata
Other Attendees:	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)
Apologies:	Astrid Koornneef, Allison Bennett

#	Agenda Item
1.	**Introduction and minutes** • The minutes from the previous meeting on 21 September 2021 were approved. **Apologies** • Astrid Koornneef, Allison Bennett Out of scope [redacted] **Matters arising** It is agreed the Steering Group will move to a fortnightly meeting schedule after the next meeting on 5 October.
2.	**Standing item on Science and Technical (Dr Ian Town)**

	• Policy paper in progress regarding recognition of vaccines offered overseas. **Action:** Clinical advice to clinical leaders regarding CVTAG work. Follow-up to confirm the advice is getting through to the right people. **(Dr Ian Town)**
3.	**Operational update – Immunisation Programme Update (Jo Gibbs)**
	• The team is providing a daily report to show progress towards 90% vaccination rate. • The Chair is sending a letter to colleagues to manage implementation of ideas coming in for strategies for uptake. • 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. **Action:** Matt Jones will follow up with Astrid to confirm the denominator and any differences. Astrid will present at the next meeting. **(Matt Jones, Astrid Koornneef)**
4.	**Forecasting pressures against CVIP provisional funding envelope for Technology (Michael Dreyer)**
	• 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. • 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. • Clarity regarding business requirements, additional requests, and costs, while continuing to deliver is required. • 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. • Plan is to have all delivery sitting on the new National Immunisation Solution by March. • Two suggestions: the programme stops delivering or add more rigour to decision making **Steering Group Decisions** **Approved:** The Steering Group approves the continuation of delivery from Technology with further rigour added to decision making. **Steering Group Actions** **Action:** Paper regarding next steps for COVID-19 vaccinator role to come to Steering Group in the next couple of weeks. **(Fiona Michel)** **Action:** Change and costs analysis, with rapid decision making continued, and support from business processes to complete promptly. **(Fiona Smith, Michael Dreyer, Jo Gibbs)** **Action:** Vaccine Ministers to sight the costs and the risk of overspending associated if we continue with the current delivery model. **(Fiona Smith, Michael Dreyer, Jo Gibbs)**
5.	**2022 delivery schedules for Novavax and AstraZeneca (Laurence Holding)**
	s 9(2)(b)(ii)

	s 9(2)(b)(ii)
6.	**Transport for disabled people (Tamati Sheppard-Wipiiti)**
	• There is significant interest from Ministers regarding this item. • 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. • Whakarongorau could assist here and would link into the existing Auckland solution. • 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. • MSD has mechanisms to pay service providers directly and the Ministry could potentially also work with them when funding these services. • The Ministry notes DHBs are doing great work where there are options available and notes we have work to do in other areas. • 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. • The CVIP team will continue to shape up the options, and keep Ministers informed.
7.	**Reaching the unvaccinated / unbooked population (Fiona Michel, Tamati Sheppard-Wipiiti)**
	Continuing to work on all options previously discussed. Library link will be shared this week. Integrating international learnings into local ideas. **Equity Data (Tamati Sheppard-Wipiiti)** • Weekly focus on quantity data to show correlation in effort each week and uptake results. • Weekly presentation to Steering Group of barometers showing where the programme is at. • Communications campaigns have two main focuses, iwi comms, including rangatahi uptake, and disability comms, to ensure specialised support is available in the community. • DHBs are advising they are calling individuals who have not yet been vaccinated to discuss any barriers and solutions that might be needed. • Ministry is working with providers regarding communications to dispel misinformation comms. • Over 65s being vaccinated in great numbers, working towards continuing this success with other age groups. **Action:** 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)**
8.	**Future state design update (Matt Jones)**
	Planning to a consistent set of assumptions, although this is a cautious approach: • COVID vaccinations next year, returnees, aging into programme, turning 12 year olds or 5 year olds, depending on whether we are vaccinating under 5s. • Rate of COVID system changes, tech and operations should run smoothly and slower next year. • Delivery models mainly in primary care delivery vehicles. • Funding for community vaccination centres and drive throughs if larger volumes are required.

	• Risk of losing workforce as uncertainty regarding who we will need and where exists. • Eligible vaccinator workforce will have capacity for further deployment. • 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. • Continuing good relationships developed this year and leveraging into the next year. • Ministerial scrutiny will increase as we've been running the programme for a while so should be experts now. • 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. • Vaccine boosters and Flu vaccination delivery plans should begin with working collaboratively with equity connections. • Messaging intent is crucial, not delivery intent. The Ministry should be clear on the commissioning intent principles that lead us to delivery models. **Action:** Please reflect Māori and Pacific providers beyond primary care settings on every page of the plan. **(Matt Jones)**
9.	**`Any other business and close**
	Communications and Engagement (Rachel Lorimer, Jo Gibbs) • Prioritising younger age groups and myth busting prevalent myths. Three priorities this week: • Campaigns for rangatahi and rangatahi Māori. • Tackling hesitancy from those with questions and ant-vaccinators. • Urgency to have one dose completed by Christmas. The Meeting closed at 6:00pm
10.	**Next Meeting** Tuesday 5 October.2021. 4:30pm – 6:00pm

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 5 October 2021
Time:	4:30pm – 5:30pm
Location:	Teams Meeting
Chair:	Maree Roberts
Members Attending:	Jo Gibbs (until 5pm), Cathy O'Malley (DHB SRO), Dr Juliet Rumball-Smith, Dr Ian Town, John Whaanga, Bridget White, Dr Caroline McElnay
IIAG Co-Chairs	Keriana Brooking
Other Attendees:	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 Koornneef, Allison Bennett, Christine Nolan, Tamati Shepard-Wipiiti (until 5pm) Helen Francis (Secretariat)
Apologies:	Dr Ashley Bloomfield, Wendy Illingworth, Te Puea Winiata, Dr Joe Bourne, Deborah Woodley, Megan McCoy, Chris Fleming (SDHB), Chris James (Medsafe)

#	Agenda Item
1.	**Introduction and minutes** • s 9(2)(b)(ii) [redacted] • The minutes from the previous meeting on 28 September 2021 were approved with the above change. Out of scope [redacted] **Steering Group** **Request to combine the following Actions:** **Action 210928-04:** Vaccine Ministers to sight the costs and risk of overspending associated if we continue with the current technology delivery model. **Action 210914-02:** Work with Michael to better understand how to cover expenditure within other areas of the programme.

	Combined to Action 211005-01: 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. **(Michael Dreyer)** **Request to separate the following Action into two Actions:** **Action 210921-03:** 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. **Separated into:** **Action 211005-02:** Further advice requested regarding overseas visitors to NZ having had two doses and whether additional doses will be required. **(Dr Ian Town)** **Action 2110005-03:** Further advice requested for 5-11 year old age groups doses required. **(Dr Juliet Rumball-Smith)** **Action 210831-02:** Ensure s 9(2)(a) is informed of changes to the side effect page of the website to include Myocarditis. **This item is Complete.** • No changes to other Actions. **Matters arising** • No matters arising.
2.	**Immunisation Advisory Group update (Keriana Brooking, Te Puea Winiata)**
	Keriana updated the Steering Group regarding the latest IIAG meeting held Friday 1st October 2022. See note as part of meeting papers.
3.	**Standing item on Science and Technical (Dr Ian Town)**
	• Responding to requests from the community regarding further doses. • Certificate updates and demonstration of the tech available. • Advice provided for arriving workers from Vanuatu. • Discussions regarding mandatory vaccination of health workers and significant evidence base. • 300 Māori and Pacific people participating in immunogenicity project. • Study beginning regarding the length of needles in giving vaccinations and meeting the deltoid muscle. • Reviewing the clinical advice for the interval between vaccination doses. **Action:** Mandatory vaccination evidence base to be presented to the Steering Group at the next meeting. **(Dr Ian Town)**
4.	**Operational update – Immunisation Programme Update (Jo Gibbs)**
	• Super Saturday event gaining momentum. • Working with the Office of the Privacy Commissioner regarding data sharing and requests from Whānau Ora Commissioning Agency. • We regularly have data sharing requests from providers. • There is public interest in data sharing with district health boards and understanding employee vaccination rates. • Two different types of data requests, population data and employee data.
5.	**Third primary dose policy statement (Astrid Koornneef, Christine Nolan)**
	• Clinical advice requested from CVTAG which will form the basis for the implementation plan for a third primary dose for those who are immunocompromised. • Clinical guidance requested from CVTAG on how to access third primary dose for the immunocompromised. • Implementation plan is key to successful access to third doses for immunocompromised people. • Focus is on assisting people to understand this is available and to make sure it can be prescribed, and any risks understood.

	Steering Group Decision: **Approved.** Third primary dose policy statement and publishing on Ministry of Health website.
6.	**Sharing CVIP data from CIR with Whānau Ora Commissioning Agency, iwi, and non-health providers (Jim Brown)**
	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.
7.	**Future of the COVID-19 Vaccinator role (Fiona Michel)**
	• This paper was shared for an early discussion rather than a decision. • Considering extending the skillset of this role to make it sustainable for the future. • Significant Māori participation in vaccinator role. • Support from groups, including IIAG to continue the role and expand scope. • Legacy from the programme contributing to the system. • Current review of programme workforce and COVID strategy in progress, could integrate into transformation programme. • Looking to create opportunities rather than guaranteeing the position. • Once we move into raising immunisation across the wider programme will have an existing role. • The role mandate will return to the Steering Group for approval in the future. **Steering Group Decision** **Approved.** Continue investigating the expansion of the vaccinator role to make it sustainable for the future.
8.	**Reaching the unvaccinated / unbooked population (Fiona Michel, Tamati Sheppard-Wipiiti)**
	• 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. • 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. • DHB regional activities progressing. • Production plans submitted and we continue to collaborate with DHBs where further support is required. • Current phase of the programme is to ensure DHBs have capacity to vaccinate all of the population. • Engaging directly with regional areas where uptake strategies need further support. • 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. • Mass numbers have come through recently, our focus is on how we can do things differently to provide engagement opportunities. • Considering social marketing and motivational strategies to reach those who aren't vaccinated. • Still looking for ideas on how to get people along to be vaccinated. **8a) Equity data (Tamati Sheppard- Wipiiti)** This item was not presented as Tamati Sheppard-Wipiiti had a scheduling conflict with a Ministerial meeting.
9.	**Risk summary – top 12 risks across the workgroups (David Nadler)**
	• There are 12 risks across the workgroups and these themes represent the focus of the programme. • Ultimate risk to programme is the loss of public confidence and low uptake. • Risk focus is on two main risks outlined on page 3 of the paper provided. • Four areas of uncertainty are being managed and are outlined on page 4 of the paper provided. • Working to define exit criteria and hand over once the programme ends.

	• 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. • Discussions regarding future state of the programme are progressing. • Internal workshop this week to define how the current programme fits into the National Immunisation Programme. • My Covid certificate app announced today. Expecting huge uptake. RealMe affected by number of new users. • 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. **Recommendation:** To engage the sector in the workshops to define how the programme will fit into the National Immunisation Programme. **Action:** Will provide details regarding My COVID certificate app regarding uptake at the next meeting. **(David Nalder)**
10.	**Any other business and close** There is no other business to consider. The Meeting closed at 5:30pm
11.	**Next Meeting** Tuesday 19 October.2021. 4:30pm – 6:00pm

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 19 October 2021
Time:	4:30pm – 6.00pm
Location:	Teams Meeting
Chair:	Dr Ashley Bloomfield (until 6pm), Jo Gibbs (until 6.15pm)
Members Attending:	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
IIAG Co-Chairs	Keriana Brooking
Other Attendees:	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 Koornneef, Tamati Shepard-Wipiiti Helen Francis (Secretariat)
Apologies:	Te Puea Winiata, Shayne Hunter

#	Agenda Item
1.	**Introduction and minutes** • The minutes from the previous meeting on 5 October 2021 were approved. Out of scope [redacted] **Governance Group** **Action 210827-02:** Note the changing narrative required if a vaccine other than Pfizer is secured. **Update:** This item is Complete. **Action 210910-03:** Return to PLG with resourcing requests. **Update:** This item is Complete. • No changes to other Actions. **Steering Group** **Action 211005-02:** Further advice requested from the Steering Group regarding overseas visitors to NZ having had two doses elsewhere and whether additional doses will be required. **Update:** 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.

	Action 210921-04: Changes to Minutes from the Steering Group Meeting 21/09/21. **Update:** This item is Complete. • No changes to other Actions. **Matters arising** • No matters arising.
2.	**Immunisation Advisory Group update (Keriana Brooking)**
	Keriana, Tamati and Caroline updated the Steering Group regarding the latest IIAG meeting held Friday 15 October 2021. **Items of note from the update:** • The Ministry position on data sharing is supported by the IIAG. • Creating a legacy role for vaccinators particularly in Māori and Pacific providers is a high priority. • Understanding how, future state planning for flu, childhood vaccinations and the wider vaccination programme, will work for Māori is a high priority. • Addiction and mental health services issues in accessibility to vaccinations are the same as the disability and rainbow community's accessibility issues. **Action:** 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. **(Angie Lawrie)**
3.	**Standing item on Science and Technical (Dr Ian Town)**
	3a)5-11 year olds & 3b) Boosters • Boosters are a work in progress. Written submission due next week. • Data dossier to Medsafe from Pfizer will arrive second week of November. Medsafe will assess as a priority. • Boosters will be offered to immunocompromised people as an alternative for those that need it. • Booster decisions may need to go to expert advisory committee. Providing accurate timeframes regarding who, what, where and when decisions, will give people certainty. • Booster process and timelines will be taken to Vaccine Ministers. • Information regarding the country's position on boosters is hard to find to answer questions. • 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. • Best protection for those who are immunocompromised is for everyone to have two doses. • Current Programme messaging, and the need to continue with this phase of the programme, hasn't changed. • Need to prepare so that boosters are ready to implement subject to any conditions outlined by approval conditions. • Possibility of prioritising for front line workers. **Action:** Return to Steering Group with more detail on boosters once approved by MedSafe. **(Dr Ian Town)**
4.	**Operational update – Immunisation Programme Update (Jo Gibbs, Allison Bennett, Astrid Koornneef)**
	4a) Implementing AstraZeneca • s 6(a) [redacted] • 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. • If AstraZeneca alternative will reach another 1% of Māori then encouraging for it to be widely available, although there will be limited distribution. • s 9(2)(b)(ii) [redacted]

	• s 9(2)(b)(ii) [redacted] • s 9(2)(b)(ii) [redacted] **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 31st. • 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***

	Steering Group Decisions: • to establish a Whaiora Whānau Vaccination support service • to resource the $2m Whaiora Whānau Vaccination support service from the COVID-19 budget • Further details have been requested by the Steering Group including where the funds will be best utilised. **Action:** 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. **(Tamati Shepard-Wipiiti)** The Chair highlighted the value and usefulness of the data gathered and thanked the Data Team for their work in providing this. The Chair also acknowledged the fabulous achievement of Super Saturday, and highlighted Tamati Shepard-Wipiiti as playing a fundamental role.
7.	**Exit criteria (David Nalder)**
	• The Ministry recognises the need for a good process to confirm when the CVIP is complete and clarity regarding any deliverables remaining. • Summary of decisions made will be included and used to build on from current workstreams and any outstanding issues. • The Ministry is currently focussed on the transitioning of the programme, bringing clarity to ongoing tasks. • Any work outstanding will be included in the National Immunisation Programme.
8.	**Risk update (David Nalder)**
	• The Ministry will ensure there is focus on equity uptake and related risks as we move into transitioning the programme. • The Ministry is streamlining the risk process, separating risks relating to one another. There are two main areas of focus: 1. Risk associated with transitioning out of the current programme. 2. CVIP into National Immunisation Programme.
9.	**Any other business and close** Chairs of DHBs are interested in the vaccination uptake mapping. **Action:** Jo Gibbs and Luke Fields will attend the DHB Chairs meeting, with Keriana Brooking, to assist in informing them of the mapping available. **(Jo Gibbs, Luke Fields)** The Meeting closed at 6:15pm
10.	**Next Meeting** Tuesday 2nd November 2021 4:30pm – 6:00pm

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 2 November 2021
Time:	4:30pm – 6.00pm
Location:	Teams Meeting
Chair:	Dr Ashley Bloomfield (until 5:30pm), Maree Roberts (from 5:30pm)
Members Attending:	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
Other Attendees:	Andrew Bailey, Rachel Mackay, Caroline Greaney, Matt Jones, Jo Williams, Fiona Michel, Allison Bennett, Christine Nolan, Dr Joe Bourne, Rawa 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 Eaqub (Social Welfare Agency) Helen Francis (Secretariat)
Apologies:	Te Puea 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.	**Introduction and minutes** • The minutes from the previous meeting on 19 October 2021 were approved. **Apologies** Dr Ashley Bloomfield was unable to attend the full meeting due to a media briefing with Hon Hipkins at 6:00pm Out of scope [redacted] **Governance Group** **Action 210812-02:** Provide specific actions that the programme will do differently to address gaps in the data in the report against the success framework. **Update:** This action will be incorporated into other work being carried out regarding customer experiences. **This item is Complete.** There are no actions outstanding. **Steering Group** **Action 211019-02:** Return to Steering Group with more detail on boosters, once approved by MedSafe. **Update:** This item is on the agenda for today's meeting. **This item is Complete.**

	Action 211019-03: MedSafe to confirm age groups that will be offered AstraZeneca vaccine, and inform Steering Group at a future meeting. **Update:** This item is on the agenda for today's meeting. **This item is Complete.** **Action 211005-01:** 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. **Update:** This item is on the agenda for today's meeting. **This item is Complete.** **Action: 211005-02:** Further advice requested from the Steering Group regarding overseas visitors to NZ having had two doses and whether additional doses will be required. **Update:** This item is on the agenda for today's meeting. **This item is Complete.** **Action 211005-03:** Further advice requested from the Steering Group for 5–11-year-old age groups doses required. **Update:** This item is on the agenda for today's meeting. **This item is Complete.** **Matters arising** • There were no matters arising. 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.
2.	**Immunisation Advisory Group update (Keriana Brooking)**
	The Co-Chair of the IIAG, Keriana Brooking, updated the Steering Group regarding the latest IIAG meeting held Friday 29 October 2021. 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. **Items of note from the update:** s 9(2)(g)(i)
3.	**Standing item on Science and Technical (Dr Ian Town)**
	• Working with CVTAG on complex issues. • Currently considering the decision to use AstraZeneca. • Medical exemptions appear straight forward as there aren't many grounds for these. • As other vaccines become available there will be other clauses around the availability of these. • 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.

	• 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. **Steering Group Discussion** • s 9(2)(g)(i) [redacted] • Awaiting Medsafe's determination if six months after second dose is long enough before a booster. • 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. • 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. • Prescribing additional doses of the vaccine, and any boosters required, will be the responsibility of the issuing providers. • 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. • A small working group will be convened to review all the advice from Pfizer, regarding vaccine boosters and additional doses, once it arrives. • 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? • It is understood that one week from the second dose of the vaccine means a person is fully vaccinated. • 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? • 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. **Action:** 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. **(Astrid Koornneef)** **Action:** Update recommendations on the Ministry website to include immunocompromised people,, and the language in recommendations has also changed since first discussed. **(Dr Ian Town)**
4.	**Operational Update (Jo Gibbs)**
	This item was added to the agenda at the time of the meeting. • Items on the agenda will cover todays update. • s 9(2)(b)(ii), s 9(2)(j) [redacted]. • Decision to use Astra Zeneca and the complexities are to be considered. 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.
5.	**Reaching the unvaccinated/unbooked population (Fiona Michel)**
	• Work is with teams delivering items. • The equity team is actively reviewing gaps in the reaching the unvaccinated/unbooked population.

	• A calendar of all things, delivering until the end of the year, has been created by the equity team. • Further funding is available for the Māori health directorate. • 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. • 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.
6.	**Office of the Attorney General (OAG) response update (David Nalder, Jo Williams)**
	• An OAG request for information was made three weeks ago. • We formally wrote back regarding the performance of the work done earlier in the year. • 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. • The Ministry is working on capturing all of the programme work for the last 18 months in a concise way. **Steering Group Discussion:** • 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. • 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. • 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. • Understanding what the OAGs definition of equity is would be helpful in answering their questions. • It is noted that the Ministry, Steering Group and IIAG were advised by the OAG in early 2020 regarding an equity approach to the vaccination programme. • 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. • As the programme progressed, we have been able to address challenges and learn from the community, and adapt the programme as needed. • The programme has been in a constant learning environment because of the speed of the work and meeting deadlines. • The Ministry was charmed with building an approach that would double vaccinate the whole population. **Steering Group Recommendations:** • The Steering Group recommends interviewing current and previous members of the IIAG 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)**
7.	**Consumer channel scope change (Michael Dreyer)**
	• 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. • 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. • 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. • A paper will be submitted to the PLG explaining the finance approval process and the process for funding the programme next year.

	Action: 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. **(Michael Dreyer, Jo Gibbs)**
8.	**Overseas vaccinations (Astrid Koornneef)**
	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. 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. 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. • 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. • There is potential for CDC when a covid pass is enabled and people are anxious about how this might impact them. • 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. • The Ministry is interested in the process of deciding what is sufficient proof of vaccination. • Managing risk in these areas is front of mind for the Ministry team. **Steering Group Recommendation:** 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. **(Astrid Koornneef)** **Steering Group Decisions:** **Approved:** The Steering Group approved both requests. 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. 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. **Action:** 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. **(Astrid Koornneef)**
9.	**Astra Zeneca decision to use (Astrid Koornneef)**
	The Steering Group is asked to approve the proposed approach for the Astra Zeneca programme outlined in the paper presented. **Steering Group Discussion:** • There is a cabinet decision pending and the Ministry is proceeding with work assuming the decision to use will be approved. • 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. • Implementation, logistics and operations are on track at this time. Implementation date is 25 November at this stage. • s 9(2)(b)(ii) [redacted] • The Ministry will use processes that don't create barriers including ensuring accessibility and equity are a focus. • 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.

	• 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. • 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. • The IIAG 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. • The Steering Group highlighted the potential for false medical exemptions and the need for clarity regrading responsibility for integrity of exemptions. • 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. • 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. **Steering Group Decision:** **Approved:** The Steering Group approves the proposed approach for the decision to use Astra Zeneca programme outlined in the paper presented. **Action:** Provide further details to Chris Fleming, regarding responsibility for the integrity of exemptions and how the Ministry will prioritise the applications for exemptions. **(Astrid Koornneef)** **Action**: Have an offline discussion on how the Ministry will deal with the decision to use Astra Zeneca and the complexities involved. **(Dr Ashley Bloomfield/Jo Gibbs)**
10.	**CVIP Pfizer/BioNTech vaccine temporary medical exemption policy statement and clinical guidance (Astrid Koornneef, Christine Nolan, Olivia Payne)**
	There are two key points: 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. 2. Policy statement will cover the transition process as we work through who, as health professionals, will be responsible for managing exemptions. • The team is looking for guidance from the Steering Group regarding best practice when granting exemptions. • 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. • 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. • 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. • There is a sense of urgency regarding the exemption process as the Ministry is aware of requests for exemptions from primary health care providers. • 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. s 9(2)(g)(i) [redacted] nyone with an unofficial exemption would not be able to bypass the system.

	• If the Ministry agrees to centralise the exemptions process, this may provide better protection of the process and reduce pressure to primary care providers. 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? **Steering Group Decision:** **Deferred:** 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. **(Astrid Koornneef, Jo Gibbs)** **Action:** Complete a risk assessment 3 November regarding managing exemptions centrally and return to the Steering Group at a future meeting. **(Astrid Koornneef, Jo Gibbs)** **Action**: Integrate into the exemption order, the differences between exemptions and exceptions, and their different acceptance criteria and processes. **(Astrid Koornneef)** **Action: 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. **(Astrid Koornneef)** 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.
11.	**Denominator for vaccination uptake (Luke Fields)**
	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: 1. Approve adoption of HSU approach going forward. 2. Timeline of when to make the changes. **Note:** 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. • 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. • 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. • The Ministry is aware that changing the denominator may cause confusion with the public when viewing vaccination population data. • 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. • The Steering Group acknowledges the messaging to the public will be important to convey making a change to the denominator is a natural occurrence. • 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. • The Steering Group notes this item will be presented to Vaccine Ministers once the Steering Group has made its decision. **Steering Group Decision:** **Deferred:** 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. **(Luke Fields)**

	Action: Add 'changes to the denominator' as an agenda item for the next Steering Group meeting. Presented by Luke Fields. **(Angie Lawrie)**
12.	**IDI analysis (Renee Graham, Alistair Mason, Tahia Eaqub (Social Welfare Agency))**
	• The Social Welfare Agency is analysing data to inform us about the unvaccinated population. • 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. • New insights are GP connections to health system locations and connections within the social sector such as housing, ethnicity, and age. • The next step for the Social Welfare Agency is caring for communities and sharing with the Steering Group for further discussion. • We have teams working on cluster analysis, workplace regression analysis and what we might be able to do over time to show improvements. • 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. • The Minster for disability is keen to interrogate the data available.
13.	**Any other business and close** The Meeting closed at 6:30pm
14.	**Next Meeting** Tuesday 9 November 2021 4:30pm – 6:00pm

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 9 November 2021
Time:	4:30pm – 6.10pm
Location:	Teams Meeting, 1N.3
Chair:	Jo Gibbs (until 4:45pm) Maree Roberts (from 4:45pm)
Members Attending:	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
Other Attendees:	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)
Apologies:	Shayne Hunter, Ian Costello, Dr Dale Bramley, Bridget White, Salli Davidson, Caroline Greaney, Fiona Michel, Tamati Shepard-Wipiiti

#	Agenda Item
1.	**Introduction and minutes** • The minutes from the previous meeting on 2 November 2021 were approved. Out of scope **Steering Group** **Action 211102-01:** Add clarity to the exemptions order regarding the differences between exemptions and exceptions. Will take feedback to the team witing the order to ensure this is included. **Update:** This item is Complete. **Action 211102-02:** Update recommendations on the Ministry website to include immunocompromised people, and the language in recommendations has also changed since first discussed. **Update:** The redraft will be ready 10 November. **Action 211102-03:** 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. **Update:** Work is progressing in finding an appropriate independent reviewer. **Action 211102-04:** 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. **Update:** Separate this Action.

	Action 211102-05: 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. **Update:** This item is Complete. **Action 211102-06:** Have an offline discussion on how the Ministry will deal with the decision to use Astra Zeneca and the complexities involved. **Update:** This item is Complete. **Action 211102-07:** 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. **Update:** This item is Complete. **Action 211102-08:** Integrate the differences between exemptions and exceptions, and their different acceptance criteria and processes into the exemption order. **Update:** This item is Complete. **Action 211102-09:** 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. **Update:** This item is on the agenda today and is Complete. **Action 211102-10:** Add 'changes to the denominator' as an agenda item for the next Steering Group meeting. Presented by Luke Fieldes. **Update:** this item is on the agenda today and is Complete. **Action 210928-07:** 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. **Update:** This item is Complete. All other actions are in progress. **Matters arising** • There are no matters arising.
2.	**Operational Update (Jo Gibbs, Andrew Bailey)**
	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. **Plan on a page (Andrew Bailey)** • Key activities and milestones are included in the plan on a page. • Feedback from the Steering Group would be appreciated regarding upcoming items and dates. • We have six workstreams. • Maximising uptake to 90% and upwards is our key focus. **Steering Group Discussion:** *Vaccination mandates* • There isn't a general mandated vaccination order item in the plan. • 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. • The Ministry is working on a service disruption panel to consider and recommend approval for applications where critical services may disrupt PCBUs. • Any employer can bring their service disruption to this panel for continuity in all sectors, there will also be an appeal process available. • 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. • An imminent pathway would be appreciated for the CEs meeting tomorrow. *Data sharing* • 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.

	• 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. • 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. • 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. *Vaccination Certificates* • 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. • 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. • 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. • 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: 1. We note we will need prioritisation of outstanding items to complete these well. 2. We need to keep programme resources to complete items into 2022. 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. **Action:** Discuss the potential for service risk regarding staff shortages, as the mandatory vaccination order goes live. **(Chris Fleming, Jo Gibbs)**
3.	**Standing item on Science and Technical (Dr Ian Town)**
	• 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. • 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. • Boosters will be focussed on people in high-risk situations, especially health workers. • 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. • 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. • The suggested timeline to receive a booster shot is six months from the date of the second dose. The Director General acknowledged and thanked CV-TAG for the great work they are doing.
4.	**CV-TAG recommendations – Definition of fully vaccinated in NZ and recognition of overseas administered vaccinations (Maria Cotter)**
	• 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. • 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.

	• 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 9(2)(b)(ii) 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 in 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 wil 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 brining 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.

	• There are some clinics within Whanau Ora areas who are working to change the commissioning model to delivery clinics differently to encourage more vaccinations. • 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. • Our funding model of pay per vaccination is also offering a per dose hourly rate for providers. Those who give between30-69 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.
6.	**HSU proposed denominator update (deferred from 2 November) (Luke Fieldes)**
	s 9(2)(f)(iv) [redacted]

	Deferred: 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) [redacted] **Action:** Return to Steering Group with further analysis of the HSU. **(Luke Fieldes)**
7.	**Exemptions for vaccination order (Rachel MacKay)**
	7a) Funding medical / nurse practitioner consultations for people applying for an exemption Medical exemptions criteria and process to be approved. 1. Funding consultations with health practitioners. 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. **Steering Group Discussion:** • 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. • Interesting to see how funding for conversations, consultations, application, and exemptions works moving forward. • The Ministry will collate the data of these interactions and monitor the uptake as we progress. **Steering Group Decision:** **Approved:** Agreement to conduct discussions with SROs, regarding the single fee funding model for consultations, regarding requests for exemptions. **Approved:** Jo Gibbs to provide final sign off whatever funding model the SROs agree. **7b) Members of Temporary Medical Exemptions Panel** • Potential temporary medical exemptions panel members have been identified and a list produced with 13 names in total. • There will be a Chair, a Māori Health Advisor, and up to four clinicians on the panel. • 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. The Director General recognised the great work being done in setting up the temporary panel. **7c) ToR for Service Disruption Panel** • 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. **Steering Group Recommendation:** • Engage a DHB Occupational Therapist as a disruption of service panel member as they have credibility within the DHB network. **Action:** 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)** The Chair recognises thanks the team for the great work done in setting up the Service Disruption Panel.

8.	**Janssen and Astra Zeneca decision to use 2022 (Allison Bennett)**
	• The Ministry is importing 100,000 Astra Zeneca doses as an alternative to the Pfizer vaccine. • We will decide the delivery model for Astra Zeneca early in 2022. • s 9(2)(j) [redacted] • We will be importing Jansseen into the country and decide whether to use at a later date. • We will decide whether to donate our vaccination supplies as we have more options in 2022. • s 9(2)(j) [redacted] • The decisions to use Astra Zeneca and Jansseen will be sent through to Vaccine Ministers for consideration. • 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. • s 9(2)(j) [redacted] • 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. • 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. • s 9(2)(j) [redacted] **Steering Group Decision:** s 9(2)(j) [redacted]
9.	**Request to pause PVSC post vaccine system check and future state (Dr Tim Hanlon)**
	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.. • The PVSC will provide further confidence once booster doses have been rolled out. • There is potential to use this kind of technology for childhood immunisations. • 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. **Steering Group Decision:** **Approved:** The Steering Group is comfortable with the redrafting of the PVSC post vaccine system check.
10.	**Any other business and close** **Horizon's report – September summary (Noting paper attached)** • 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. • We are seeing an increase in uptake with people making a concerted effort to reach the 90 and above vaccination target. **Equity data (Noting paper attached)** This paper was submitted as read and not discussed further. The Meeting closed at 6:10pm
11.	**Next Meeting**

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

Minutes

COVID-19 Vaccine and Immunisation Programme Steering Group

Date:	Tuesday, 16 November 2021
Time:	4:30pm – 6pm
Location:	Teams Meeting
Chair:	Dr Ashley Bloomfield
Members Attending:	Maree Roberts, Jo Gibbs, Cathy O'Malley (DHB SRO), , Dr Ian Town, Dr Caroline McElnay, Keriana Brooking
Other Attendees:	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)
Apologies:	Fiona Michel, John Whaanga, Wendy Illingworth, Te Puea Winiata, Chris Fleming (SDHB), Bridget White

#	Agenda Item
1.	**Introduction and minutes** • Dr Ashley Bloomfield welcomed the members and attendees to today's meeting. • One change was indicated from the previous minutes. Maree Roberts indicated she has changes that she will provide to the Secretariat. • The minutes from the previous meeting on 9 November 2021 were approved with the above change. **Action tracker considerations** **Steering Group** **Action 211109-04:** Discuss the potential for service risk regarding staff shortages, as the mandatory vaccination order goes live. **Update:** This item is Complete. **Action 211019-07:** Attend the DHB Chairs meeting to discuss vaccination uptake mapping available. **Update:** This item is Complete. **Action 211102-02:** Update recommendations to the Ministry website to include immunocompromised people, and the language in the recommendation has also changed since first discussed. **Update:** This is more complicated than initially thought. A redraft is in progress and an update will return to the next Steering Group meeting. **Action 211102-03:** 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. **Update**: **Change the Action to:** 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. **Update:** There are important assets to consider for future work as the CVIP tech may be

	used in other programmes. The scope of the independent review will return to the Steering Group for approval. • No changes to other Actions. **Matters arising** • No matters arising.
2.	**Immunisation Advisory Group Update (Keriana Brooking)**
	Keriana updated the Steering Group regarding the latest IIAG meeting held Friday 12 November. **Items to note:** • Never-ending pursuit of better by Tātou Whaikāha. IIAG continues to support Dr Tristram Ingham as IIAG works alongside to uplift uptake. The work Dr Tristram Ingham is doing is broad and directly impacts the disabled community. • IIAG 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. **Steering Group Discussion:** • The Steering Group notes the ongoing legacy items that are leading from the programme. • The use of the IDI to review population stats and access to helpful good insights. • 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. • 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. The Chair continues to recognise the great work being done by the IIAG and Tātou Whaikāha.
3.	**Operational update – Immunisation Programme Update (Jo Gibbs, Rachel Lorimer, Caroline Greaney, Matt Jones)**
	3a) Data Sharing (Caroline Greaney) The Ministry is working through two items in parallel. 1. 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. 2. 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. • 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. **Steering Group Recommendation:** 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. **3b) Modelling (Matt Jones)** • 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.

- 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)**

	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.
4.	**Standing item on Science and Technical (Dr Ian Town)**
	CV-TAG adopted guidelines provided from overseas regarding 5-11 year old Pfizer vaccinations, and hadn't incorporated New Zealand specific advice. • s 9(2)(g)(i) . • CV-TAG has had feedback from colleagues and will be discussing with sub specialist disciplines to finalise the re-writing of the guidelines. • A strong equity focus is needed, and CV-TAG will be getting further advice from specialist Māori paediatricians. • 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. • The guidelines will be finalised by Thursday or Friday this week at the latest and reissued. • The Ministry will need to update policy guidelines. • 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. • 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. • 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. • 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.
5.	**Policy Statements for Endorsement (Christine Nolan, Astrid Koornneef)**
	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. **5a) Astra Zeneca** • 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. • Astra Zeneca is prescribed as a second line vaccine, Pfizer being the first line. • Written consent is our approach to ensuring proof of informed consent is recorded. • 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. • 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. • 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. **Steering Group Decision:** **Approved:** The Steering Group endorses the policy statement for the Astra Zeneca vaccine. **5b) Boosters** • Boosters are seen as straight forward. • 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.

	• 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. • 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. **Steering Group Decision:** **Approved:** The Steering Group endorses the policy statement for booster vaccinations. 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.
6.	**Vaccination Mandates (Rachel MacKay)**
	• The vaccination mandate came into effect at 11:59pm Monday 15 November • The service disruption panel is up and running and embedding in as it has been stood up quickly. • We are working to get the border worker registry modified for the health and education workforce. • 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. • 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. • 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. • s 9(2)(b)(ii) 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. • We have organised a training session with Corrections including an online seminar. • DHB SROs and TAS are working closely with DHBs to ensure there are no concerns regarding service disruption. The Ministry notes the number of exemption applications is within expectations, 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.
7.	**Vaccine Certificates (Michael Dreyer)**
	• 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. • The EU has approved the vaccine certificates for use in Europe. • The rollout is being supported by a media briefing release and the 1pm stand up as part of broader messaging. • We are working through the technology process for offshore acceptance, and the way the legislation is written. • With a massive effort from teams involved we are working closely to become operationally ready for tomorrow. 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.
8.	**Reaching the Unbooked/Unvaccinated Population. (Matt Jones, Tamati Sheppard- Wipiiti)**
	• We are doing work with the equity team to reach vulnerable groups. • 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. • We are having daily stand ups with these six DHBs and meeting with SROs and CEOs as well. • Our focus is on first doses of the vaccine, and we are seeing a 32-day average between first and second doses. • We are working with gangs to increase vaccination rates and are seeing messages from mature members encouraging others to be vaccinated.

	• The Ministry recognises that having data available every week opens up our ability to target communities to increase vaccination rates. • 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. • 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. • All DHBs have plans in place in case of a significant outbreak and have emergency responses prepared in case they are required. • We are expecting to see lower numbers of vaccinations over the Christmas public holidays. • Pharmacies in and outside malls will be providing vaccination services where other options are not available over Christmas. • The Ministry will have an emergency leadership roster available over the Christmas shut down period, in case support is needed.
10.	**Any other business and close** There is no other business to consider. The Meeting closed at 5:45pm
11.	**Next Meeting** Tuesday 23 November 2021. 4:30pm – 6:00pm