From: 9 (2) (b) (ii)
Sent: Tuesday, 1 March 2022 10:43 AM
To: 9 (2) (b) (ii) Andrew Oliver; 9 (2) (b) (ii) 9 (2) (b) (ii) 9 (2) (b) (ii) 9 (2) (b) (ii)
Cc: Joshua Cronin-Lampe; Aasha Parle; Toni Broome
Subject: Re: Reminder: Urgent: Request for clinical advice - Influenza vaccine access criteria

Dear Andrew,

This is certainly a complex issue. I am supportive o 9 (2) (b) (ii) comments. I note that we were not supplied with appropriate evidence to make the decision we are addressing, that no doubt reflexes the need for a rapid decision for this year.

A key issue is certainly the sectors ability to deliver this. We are in the beginning of the Omicron surge and this is going to stretch primary care like never before, as 9 (2) (b) (ii) has clearly indicated. For secondary care already we have seen the reduction of all non-urgent surgery and out patient appointments in Auckland – this will quickly happen in other areas as the Omicron surge increases. While this frees up capacity in the secondary services to cope with Omicron it puts additional pressure back on primary care and emergency departments (who are already dealing with major surges and stressors). The delivery of the regular national immunisation programme is critical on primary care engagement. Thus we need very clear simple messaging. Any decision needs to be very respective of these issues.

An issue that has not been addressed is the paediatric vaccination of school age children. There is very good evidence (we saw no evidence in the information provided) from the UK regarding the benefits of this approach both to protect the children themselves, but also reduce transmission and disease burden across all age groups. A paediatric programme targeting the high risk groups (Māori, Pacific, over-crowding, socio-economically disadvantaged) is going to be a key part of a universal strategy going forward for influenza. We have certainly learnt a lot regarding how to get vaccination into traditionally hard to reach areas with COVID.

Currently Māori and Pacific rates for influenza vaccination are lower in those >65 years compared to non-Māori and Pacific, this is also the case in those who can access to influenza vaccination for the at risk groups aged <65 years. Fundamentally this is a resource issue, the health system is not targeting enough resources to allow this population to access vaccination (lots of people are doing great work – just not enough of them, or the same degree of coordination that was seen with COVID). Reducing the age to 55 will mean greater numbers of Māori and Pacific will be vaccinated against flu, it should also reduce the equity gap in those aged 55-65 who are "at risk." However as Nikki highlights there are problems with targeting and this last point is not a guaranteed, yet it is this group that we are interested in (55-65 with comorbidities).

I think 9 (2) (b) (ii) has addressed the issues regarding need nicely. Of note, we are uncertain as to what will happen this year with regards to influenza. I agree that we are at increased risk due to the public health measures that we have instituted with regards to COVID-19. Thus we are more likely to see increase disease, rather than what happened with influenza in the Northern Hemisphere. However, some of that depends on what "public health measures" against COVID-19 are still in place, and the populations acceptability (compliance) with these.

Priority ranking:

1. Universal coverage (initially this could start by reducing the >65 age for all, as this may be easier for the sector to digest and implement, but with the proviso that we work towards targeting equity in delivery across all groups – if we have a system that effectively delivers vaccination for Māori and Pacific we will have a system that delivers vaccination for all in an equitable way)

2. All children
3. Māori and Pacific 50-65
4. Ring fencing

Importantly, the delivery, getting it to the right people in the right place, and what the sector is able to cope with currently is critical. I am happy to let those closer to the front line of this comment on it.

Ngā mihi,
9 (2) (b) (ii)
9 (2) (b) (ii)

From: 9 (2) (b) (ii)
Date: Tuesday, 1 March 2022 at 8:59 AM
To: 9 (2) (b) (ii), Andrew Oliver <andrew.oliver@pharmac.govt.nz> 9 (2) (b) (ii)
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Cc: Joshua Cronin-Lampe <josh.cronin-lampe@pharmac.govt.nz>, Aasha Parle <aasha.parle@pharmac.govt.nz>, Toni Broome <toni.broome@pharmac.govt.nz>
Subject: Re: Reminder: Urgent: Request for clinical advice - Influenza vaccine access criteria

Hi Andrew

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I also agree it would be good to link the COVID and influenza messaging so that people protect themselves against as many respiratory viruses as possible. However it is important to recognize that the burden of disease for children with COVID is very different to influenza. In the <5 year olds we should be encouraging influenza vaccination but in my view we do not need to create a need for COVID vaccination at this age.

Best wishes

9 (2) (b) (ii)

9 (2) (b) (ii) [redacted]

From: 9 (2) (b) (ii) [redacted]
Sent: 01 March 2022 8:38 AM
To: Andrew Oliver <andrew.oliver@pharmac.govt.nz>; 9 (2) (b) (ii) [redacted]
9 (2) (b) (ii) [redacted]
9 (2) (b) (ii) [redacted]
9 (2) (b) (ii) [redacted]
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Cc: Joshua Cronin-Lampe <josh.cronin-lampe@pharmac.govt.nz>; Aasha Parle <aasha.parle@pharmac.govt.nz>; Toni Broome <toni.broome@pharmac.govt.nz>
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3.Thirdly what can the sector cope with, in terms of further rapid change. Logistically we are about a month away from rolling out the flu campaign. Primary care and our communities servicing high needs populations are currently

the busiest and most stressed they have ever been. Any considerations have to focus on the pragmatism of what is fair and feasible for the primary health care and community services. I also note importantly that they are also overloaded with excessive amounts of communications on changing issues. Capacity to take on board new plans and new communications at this point is minimal. Alongside this we are already seeing real temporary staffing shortages with sickness with COVID.

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These three options leave out other high risk groups - and I importantly reflect mental illness, drug and addiction and high social needs. If there was going to be a targeting approach then potentially using the CSC as an approximate measure for high needs is likely to be more effective than an age based approach for many
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This is not an ideal solution, but if delivered with minimal change to current services and extra targeting resources available for any service that recognises need this may be a temporary benefit rather than none.
Any change this year must be as simple as possible with minimal disruption to services.

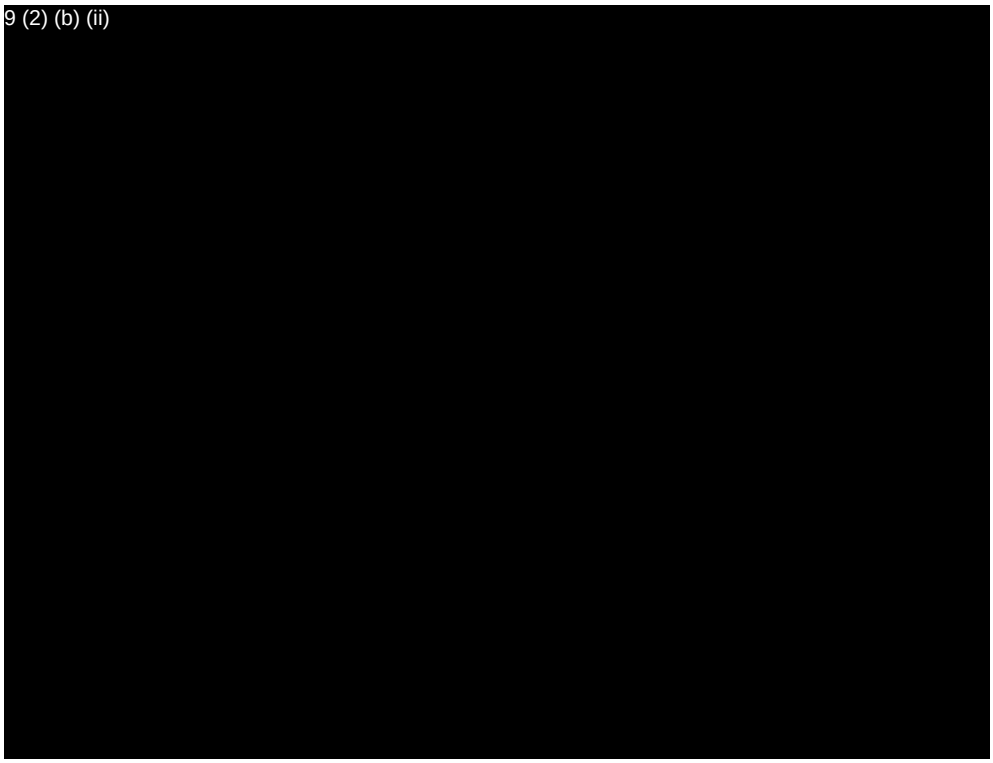
Sector issues and Vaccination
There are lots of learnings from the COVID vaccination programme and the potential to use these learnings. The newly developed broader vaccination workforce groups should be encouraged and promoted, and appropriately resources included the VHWs.
Currently challenges with conversion from existing and new workforces (VHWs, PVFC and those enrolled in bridging programmes) should be streamlined as quickly as possible.
Pharmacy has capacity to delivery high volume of vaccination with good access for many and should be actively encouraged to engage as much as they are able in flu vaccination delivery.

Flu and COVID vaccination planning together

And finally going forward influenza vaccination and COVID vaccination need to be considered alongside each other, While it still remains unclear of the future direction of COVID vaccinations it is clear the groups at highest risk are the same for flu and COVID and this needs to be considered and planned going forward. I recommend taking a broader respiratory virus protection approach that considers them together going forward – both for vaccination programmes and public health measures.

I hope this is a bit helpful and keen to continue the dialoge

9 (2) (b) (ii)



9 (2) (b) (ii) [redacted]

From: Andrew Oliver <andrew.oliver@pharmac.govt.nz>
Sent: Monday, 28 February 2022 5:11 pm
9 (2) (b) (ii) [redacted]
9 (2) (b) (ii) [redacted]
9 (2) (b) (ii) [redacted]
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Cc: Joshua Cronin-Lampe <josh.cronin-lampe@pharmac.govt.nz>; Aasha Parle <aasha.parle@pharmac.govt.nz>; Toni Broome <toni.broome@pharmac.govt.nz>
Subject: Reminder: Urgent: Request for clinical advice - Influenza vaccine access criteria

Dear Immunisation Advisory Group Members,

I haven't seen any responses come through about the options for widened access criteria for influenza vaccine, so a reminder in case it has slipped down your busy inboxes. I appreciate they are not quick and easy questions to answer, but your best efforts are appreciated!

Responses are due by 5pm tomorrow, Tuesday 1 March 2022. (Responses to questions can be given in-line in the email below).

Ngā mihi
Andrew

Andrew Oliver | Senior Therapeutic Group Manager/Team Leader

Pharmac | Te Pātaka Whaioranga | PO Box 10 254 | Level 9, 40 Mercer Street, Wellington
9 (2) (b) (ii) [redacted]
9 (2) (b) (ii) [redacted]
9 (2) (b) (ii) [redacted]
9 (2) (b) (ii) [redacted]

From: Andrew Oliver
Sent: Wednesday, 23 February 2022 4:35 pm
9 (2) (b) (ii) [redacted]

9 (2) (b) (ii)

[redacted]

Cc: Joshua Cronin-Lampe <josh.cronin-lampe@pharmac.govt.nz>; Aasha Parle <aasha.parle@pharmac.govt.nz>; Toni Broome <Toni.Broome@pharmac.govt.nz>
Subject: Urgent: Request for clinical advice - Influenza vaccine access criteria

Dear Immunisation Advisory Group Members,

We seek your advice in relation to options for widened access criteria for influenza vaccine.

Please reply by:
As we are very close to the start of the 2022 influenza season, we would appreciate your response by **5.00pm Tuesday 1 March 2022.**

A short discussion paper is attached for your consideration. It contains some questions to members, which are repeated below in this email. Please provide your responses by editing the email text below and using 'Reply All' to share your view with other members and Pharmac staff. The second attachment (ESR report) is 'Appendix One' for the discussion paper.

Questions to Committee Members:

We seek Members views on the following questions. Pharmac staff will collate feedback from the Committee to form a record of advice received.

Health Need

1. What are the unmet health needs relating to influenza for:
    a. Māori and Pacific peoples aged 55 to 64 years
    b. children aged 6 months to 5 years
    c. eligible people and their whānau who live in the same dwelling
2. Would this also apply in future years (irrespective of COVID-19 impact)?
3. Do members have any comments on the potential risks for the 2022 influenza season outlined by ESR (opening borders, lack of natural boosting due to little circulating influenza, other returning seasonal viruses)?
4. What are the influenza related health inequities experienced by any of the proposed groups? Please identify the group and describe the inequity

Health Benefits

5. What are the key health benefits that influenza vaccination would provide to the person, family, whānau or wider society for:
    a. Māori and Pacific peoples aged 55 to 64 years
    b. children aged 6 months to 5 years
    c. eligible people and their whānau who live in the same dwelling
6. What potential risks or unintended consequences may arise from expanding access to these groups for 2022 or in future years (e.g. would inequities reduce or increase, impact on childhood vaccinations)?

7. In light of the supply constraints and the risk of currently eligible high-risk groups missing out on doses in the event that demand exceeds supply, please rank the proposed groups in order of priority for expanded access relative to available vaccine:
    a. Māori and Pacific peoples aged 55 to 64 years
    b. children aged 6 months to 5 years
    c. whānau of currently eligible people who live in the same dwelling

Costs and Savings

8. Are the estimates of group size, uptake and additional doses reasonable for:

a. Māori and Pacific peoples aged 55 to 64 years?
b. children aged 6 months to 5 years?

9. What is your estimate of the group size and likely uptake for whānau of currently eligible people who live in the same dwelling?

Recommendations

10. Do you support widening access to influenza vaccine for the 2022 season for:
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Pharmac | Te Pātaka Whaioranga | PO Box 10 254 | Level 9, 40 Mercer Street, Wellington
DDI: +9 (2) (b) (ii)
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From: 9 (2) (b) (ii)
Sent: Tuesday, 1 March 2022 10:02 AM
To: 9 (2) (b) (ii)
9 (2) (b) (ii)
9 (2) (b) (ii)
9 (2) (b) (ii)
Cc: Joshua Cronin-Lampe; Aasha Parle; Toni Broome
Subject: RE: Reminder: Urgent: Request for clinical advice - Influenza vaccine access criteria

Hello Andrew,

I fully support the points made by 9 (2) (b) (ii). A universal approach is the most pragmatic and equitable strategy to pursue at this time. Particularly in the context the imminent Flu campaign and the deadlines and impossible time pressure for the work that would be required to even properly consider any targeted strategy.

The opening of our borders is going to significantly impact the quiescent Flu status that we have benefitted from in the last years and irrespective of the effectiveness of the current flu vaccines, some benefit w a will still be derived. This can be maximised a universal approach.

A universal approach will avoid the complex messaging required that any targeted strategy may come up with – particularly important in the ultra-stressed primary care vaccine delivery front-line.

The current COVID vaccine delivery infrastructure, framework and messaging provides an ideal setting to take lessons and messaging from and to consider a universal implementation pathway.

9 (2) (b) (ii)

From: 9 (2) (b) (ii)
Sent: Tuesday, 1 March 2022 8:59 am
To: Nikki Turner <n.turner@auckland.ac.nz>; Andrew Oliver <andrew.oliver@pharmac.govt.nz>; Michael Tatley <m9 (2) (b) (ii)
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9 (2) (b) (ii)

[redacted]

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Sent: Monday, 28 February 2022 5:11 pm
9 (2) (b) (ii)

[redacted]

Cc: Joshua Cronin-Lampe <josh.cronin-lampe@pharmac.govt.nz>; Aasha Parle <aasha.parle@pharmac.govt.nz>; Toni Broome <toni.broome@pharmac.govt.nz>
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Pharmac | Te Pātaka Whaioranga | PO Box 10 254 | Level 9, 40 Mercer Street, Wellington
9 (2) (b) (ii) www.pharmac.govt.nz

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    c. eligible people and their whānau who live in the same dwelling
6. What potential risks or unintended consequences may arise from expanding access to these groups for 2022 or in future years (e.g. would inequities reduce or increase, impact on childhood vaccinations)?

7. In light of the supply constraints and the risk of currently eligible high-risk groups missing out on doses in the event that demand exceeds supply, please rank the proposed groups in order of priority for expanded access relative to available vaccine:
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Costs and Savings

8. Are the estimates of group size, uptake and additional doses reasonable for:
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Recommendations

10. Do you support widening access to influenza vaccine for the 2022 season for:
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    b. children aged 6 months to 5 years?
    c. whānau of currently eligible people who live in the same dwelling?

Ngā mihi
Andrew

Andrew Oliver | Senior Therapeutic Group Manager/Team Leader

Pharmac | Te Pātaka Whaioranga | PO Box 10 254 | Level 9, 40 Mercer Street, Wellington
9 (2) (b) (ii) | www.pharmac.govt.nz

From: 9 (2) (b) (ii) (2) (b) (ii)
Sent: Tuesday, 1 March 2022 4:46 PM
To: 9 (2) (b) (ii)
9 (2) (b) (ii)
9 (2) (b) (ii)
9 (2) (b) (ii)
Cc: Joshua Cronin-Lampe; Aasha Parle; Toni Broome
Subject: RE: Reminder: Urgent: Request for clinical advice - Influenza vaccine access criteria

Hi all
I agree with 9 (2) (b) (ii) primary care's capacity to deliver the annual flu programme. We are under a tsunami of positive covid cases at the moment in our enrolled population of 5000 in Manurewa, South Auckland. This morning there were 150 positive covid cases in the inbox to be allocated to clinicians to assess. We have been assured that the system will allow patients to triage themselves shortly. There is also the issue of health prof capacity as we are seeing our staff testing positive with this new omicron surge.

1. I agree with universal coverage starting with Māori and Pacific peoples and using the strategies to reach Māori and Pasifika that have been used for the Covid vaccination programme
2. All under 5's first as they are at greater risk of hospitalisation (particularly Māori and Pacific children) and then all children …….referring to the evidence from the UK.

Good public health messaging about flu is vital. There is much confusion and worry from parents about their covid positive children

Noho ora mai
9 (2) (b) (ii)

9 (2) (b) (ii)

From 9 (2) (b) (ii) 9 (2) (b) (ii)
Sent: Tuesday, 1 March 2022 10:43 am
9 (2) (b) (ii)

Cc: Joshua Cronin-Lampe <josh.cronin-lampe@pharmac.govt.nz>; Aasha Parle <aasha.parle@pharmac.govt.nz>; Toni Broome <toni.broome@pharmac.govt.nz>
Subject: Re: Reminder: Urgent: Request for clinical advice - Influenza vaccine access criteria

Dear Andrew,

This is certainly a complex issue. I am supportive of 9 (2) (b) (ii) omments. I note that we were not supplied with appropriate evidence to make the decision we are addressing, that no doubt reflexes the need for a rapid decision for this year.

A key issue is certainly the sectors ability to delive We are in the beginning of the Omicron surge and this is going to stretch primary care like never before, as 9 (2) (b) (ii) has clearly indicated. For secondary care already we have seen the reduction of all non-urgent surgery and o ient appointments in Auckland – this will quickly happen in other areas as the Omicron surge increases. While this frees up capacity in the secondary services to cope with Omicron it puts additional pressure back on primary care and emergency departments (who are already dealing with major surges and stressors). The delivery of the regular national immunisation programme is critical on primary care engagement. Thus we need very clear simple messaging. Any decision needs to be very respective of these issues.

An issue that has not been addressed is the paediatric vaccination of school age children. There is very good evidence (we saw no evidence in the information provided) from the UK regarding the benefits of this approach both to protect the children themselves, but also reduce transmission and disease burden across all age groups. A paediatric programme targeting the high risk groups (Māori, Pacific, over-crowding, socio-economically disadvantaged) is going to be a key part of a universal strategy going forward for influenza. We have certainly learnt a lot regarding how to get vaccination into traditionally hard to reach areas with COVID.

Currently Māori and Pacific rates for influenza vaccination are lower in those >65 years compared to non-Māori and Pacific, this is also the case in those who can access to influenza vaccination for the at risk groups aged <65 years. Fundamentally this is a resource issue, the health system is not targeting enough resources to allow this population to access vaccination (lots of people are doing great work – just not enough of them, or the same degree of coordination that was seen with COVID). Reducing the age to 55 will mean greater numbers of Māori and Pacific will be vaccinated against flu, it should also reduce the equity gap in those aged 55-65 who are "at risk." However as Nikki highlights there are problems with targeting and this last point is not a guaranteed, yet it is this group that we are interested in (55-65 with comorbidities).

I think 9 (2) (b) (ii) has addressed the issues regarding need nicely. Of note, we are uncertain as to what will happen this year with regards to influenza. I agree that we are at increased risk due to the public health measures that we have instituted with regards to COVID-19. Thus we are more likely to see increase disease, rather than what happened with influenza in the Northern Hemisphere. However, some of that depends on what "public health measures" against COVID-19 are still in place, and the populations acceptability (compliance) with these.

Priority ranking:

1. Universal coverage (initially this could start by reducing the >65 age for all, as this may be easier for the sector to digest and implement, but with the proviso that we work towards targeting equity in delivery across all groups – if we have a system that effectively delivers vaccination for Māori and Pacific we will have a system that delivers vaccination for all in an equitable way)
2. All children
3. Māori and Pacific 50-65
4. Ring fencing

Importantly, the delivery, getting it to the right people in the right place, and what the sector is able to cope with currently is critical. I am happy to let those closer to the front line of this comment on it.

9 (2) (b) (ii)

From: 9 (2) (b) (ii)
Date: Tues ay, are a .

9 (2) (b) (ii)

Cc: Joshua Cronin-Lampe <josh.cronin-lampe@pharmac.govt.nz>, Aasha Parle <aasha.parle@pharmac.govt.nz>, Toni Broome <toni.broome@pharmac.govt.nz>
Subject: Re: Reminder: Urgent: Request for clinical advice - Influenza vaccine access criteria

Hi Andrew

I agree with 9 (2) (b) (ii) thoughts on this - in my view we need to move towards a universal programme for the highest risk age groups as this is likely to provide the most equitable outcomes. Prioritising ethnic groups in terms of eligibility for free vaccine is not the way forward and we should aim for universal access with focus on high-risk groups in the delivery e.g. community based delivery at marae, churches etc. It is a community disease.

I also agree it would be good to link the COVID and influenza messaging so that people protect themselves against as many respiratory viruses as possible. However it is important to recognize that the burden of disease for children with COVID is very different to influenza. In the <5 year olds we should be encouraging influenza vaccination but in my view we do not need to create a need for COVID vaccination at this age.

Best wishes

9 (2) (b) (ii)

From: 9 (2) (b) (ii)
Sent: 01 March 2022 8:38 AM
To: Andrew Oliver <andrew.oliver@pharmac.govt.nz>; 9 (2) (b) (ii)
9 (2) (b) (ii)
9 (2) (b) (ii)
9 (2) (b) (ii)
9 (2) (b) (ii)
9 (2) (b) (ii)
9 (2) (b) (ii)

Cc: Joshua Cronin-Lampe <josh.cronin-lampe@pharmac.govt.nz>; Aasha Parle <aasha.parle@pharmac.govt.nz>; Toni Broome <toni.broome@pharmac.govt.nz>
Subject: RE: Reminder: Urgent: Request for clinical advice - Influenza vaccine access criteria

Hi Andrew and all
I wouldn't normally send my response to all to flood your emails but as I am aware this is a very tight deadline for feedback and the urgency of the issue I am replying all, in case others want to add comments to mine, if that is helpful

Below is my cut and paste thoughts and I also attach the same in word – I hope they are helpful. I think a month out from the flu campaign alongside the current COVID situation we are all in, to do anything in a tidy, planned and resourced, thoughtful approach that doesn't just completely 'piss off' our sector is almost impossible so here are my pragmatic thoughts….

10. **Do you support widening access to influenza vaccine for the 2022 season for:**
    a. **Māori and Pacific peoples aged 55 to 64 years?**
    b. **children aged 6 months to 5 years?**
    c. **whānau of currently eligible people who live in the same dwelling?**
11. **Do you support widening access to influenza vaccine for future seasons:**
    a. **Māori and Pacific peoples aged 55 to 64 years?**
    b. **children aged 6 months to 5 years?**
    c. **whānau of currently eligible people who live in the same dwelling?**

Three key issues

1.Firstly I think it is important to establish what is the strategic intention for the influenza campaign
Is it to protect to reduce severe disease in high risk, or is it to reduce transmission to reduce the overall burden of flu for our community? I would suggest it is likely to be a mixture of both of these issues but it is important to consider both these issues in a strategy. As part of this question it is important to be aware that current flu vaccines are not particularly effective (if at all) in many at most risk of flu i.e. the elderly and those with significant comorbidities , so strategies to ring protect around them, and universal approaches are likely to be as effective, potentially more effective, than individual vaccination.

2.Secondly for any recommendation how does it work for equity issues. In immunisation programmes any targeted approaches are a lot more challenging to deliver than taking a universal approach and run a higher risk of missing high needs. To further target, rather than move to a universal approach does not necessarily succeed in achieving equitable outcomes.

3.Thirdly what can the sector cope with, in terms of further rapid change. Logistically we are about a month away from rolling out the flu campaign. Primary care and our communities servicing high needs populations are currently the busiest and most stressed they have ever been. Any considerations have to focus on the pragmatism of what is fair and feasible for the primary health care and community services. I also note importantly that they are also overloaded with excessive amounts of communications on changing issues. Capacity to take on board new plans and new communications at this point is minimal. Alongside this we are already seeing real temporary staffing shortages with sickness with COVID.

Equity

The most equitable approach would be a universal flu vaccination programme. Any targeted programme is more likely to get the worried well. Age and ethnicity-based targeting may make it a bit easier, but it is still very difficult for programmes to single out targeting and effectively reach those who are at highest risk.
These three options leave out other high risk groups - and I importantly reflect mental illness, drug and addiction and high social needs. If there was going to be a targeting approach then potentially using the CSC as an approximate measure for high needs is likely to be more effective than an age based approach for many

I do support the concept of broadening to lower ages for Maori and Pacific, children under 5 and ring protection to those living with high risk. However all of these are challenging to implement alone, particularly within less than a month, as they come with a range of policy and logistic issues for providers.

Logistics

Primary care is currently under the greatest stress I have ever seen it as we are in the upswing of an Omicron surge. And this is across the whole sector, both in terms of busyness, rapid change, flooded with communications and staff shortages.

It is important to remember that general practice perceptions previous challenges with the flu programme were extremely negative – any alteration to policy and direction with short notice is likely to be hugely difficult . I take a few pertinent quotes from a bit of qualitative work undertaken by the IMAC COVID evaluation team in Feb 2021 (Dowell, Stubbe et al, University of Otago)

How are GPs going to cope with the extra work load in an already stretched primary care sector (Feb 2021)

Vaccine rollout ‘’*requires a truly co-ordinated approach thus avoiding the flu debacle (of 2020): it caused us so much extra work PLEEESE I don't want out staff or patients to go through this again*

Potential solution

In the long term it seems the fair and equitable solution would be to move towards universal access. To do this well requires effective resourcing and planning to ensure a focus on access for Maori and Pacific populations , those at high risk of flu and those interacting /living with high risk people, the disability sector, and those with high medical and social needs.

With barely a month to start the flu campaign for 2022 it is not feasible to introduce any new complex recommendations to the sector as this time.

A temporary intermediate step that could potentially be feasible with very tight logistics and minimal time period to deliver for 2022 and depending on flu vaccination supplies for the public programme:

- Offer free access for < 5 yrs and > 55 years for all, and widespread encouragement/promotion of paid access for 5-55 year olds.

- Broadening the offer of free flu to all close contacts of high risk (those on the current high needs list) as per recommendation would definitely be worth considering as the likely greater gain for protection. This would need to be a loose recommendation that does not include any form of enforcement or oversight but gives individual vaccinators/providers to deliver at their discretion.

- Within the age group 5 – 55 years distribute targeted extra resourcing where possible for Māori and Pacific populations, and high social needs populations directly to allow where possible free vaccine. CSC card can be used as a proxy as they are now universally recorded on general practice databases.

This is not an ideal solution, but if delivered with minimal change to current services and extra targeting resources available for any service that recognises need this may be a temporary benefit rather than none.

Any change this year must be as simple as possible with minimal disruption to services.

Sector issues and Vaccination

There are lots of learnings from the COVID vaccination programme and the potential to use these learnings. The newly developed broader vaccination workforce groups should be encouraged and promoted, and appropriately resources included the VHWs.
Currently challenges with conversion from existing and new workforces (VHWs, PVFC and those enrolled in bridging programmes) should be streamlined as quickly as possible.
Pharmacy has capacity to delivery high volume of vaccination with good access for many and should be actively encouraged to engage as much as they are able in flu vaccination delivery.

Flu and COVID vaccination planning together

And finally going forward influenza vaccination and COVID vaccination need to be considered alongside each other, While it still remains unclear of the future direction of COVID vaccinations it is clear the groups at highest risk are the same for flu and COVID and this needs to be considered and planned going forward. I recommend taking a broader respiratory virus protection approach that considers them together going forward – both for vaccination programmes and public health measures.

I hope this is a bit helpful and keen to continue the dialoge

Nga mihi nui
9 (2)
(b) (ii)

From: Andrew Oliver <andrew.oliver@pharmac.govt.nz>
Sent: Monday, 28 February 2022 5:11 pm
9 (2) (b) (ii) [redacted]
Cc: Joshua Cronin-Lampe <josh.cronin-lampe@pharmac.govt.nz>; Aasha Parle <aasha.parle@pharmac.govt.nz>; Toni Broome <toni.broome@pharmac.govt.nz>
Subject: Reminder: Urgent: Request for clinical advice - Influenza vaccine access criteria

Dear Immunisation Advisory Group Members,

I haven't seen any responses come through about the options for widened access criteria for influenza vaccine, so a reminder in case it has slipped down your busy inboxes. I appreciate they are not quick and easy questions to answer, but your best efforts are appreciated!

Responses are due by 5pm tomorrow, Tuesday 1 March 2022. (Responses to questions can be given in-line in the email below).

Ngā mihi
Andrew

Andrew Oliver | Senior Therapeutic Group Manager/Team Leader

Pharmac | Te Pātaka Whaioranga | PO Box 10 254 | Level 9, 40 Mercer Street, Wellington
9 (2) (b) (ii) [redacted]

From: Andrew Oliver
Sent: Wednesday, 23 February 2022 4:35 pm
9 (2) (b) (ii) [redacted]
Cc: Joshua Cronin-Lampe <josh.cronin-lampe@pharmac.govt.nz>; Aasha Parle <aasha.parle@pharmac.govt.nz>; Toni Broome <Toni.Broome@pharmac.govt.nz>
Subject: Urgent: Request for clinical advice - Influenza vaccine access criteria

Dear Immunisation Advisory Group Members,

We seek your advice in relation to options for widened access criteria for influenza vaccine.

Please reply by:
As we are very close to the start of the 2022 influenza season, we would appreciate your response by **5.00pm Tuesday 1 March 2022.**

A short discussion paper is attached for your consideration. It contains some questions to members, which are repeated below in this email. Please provide your responses by editing the email text below and using 'Reply All' to share your view with other members and Pharmac staff. The second attachment (ESR report) is 'Appendix One' for the discussion paper.

Questions to Committee Members:

We seek Members views on the following questions. Pharmac staff will collate feedback from the Committee to form a record of advice received.

Health Need

1. What are the unmet health needs relating to influenza for:
    a. Māori and Pacific peoples aged 55 to 64 years
    b. children aged 6 months to 5 years
    c. eligible people and their whānau who live in the same dwelling
2. Would this also apply in future years (irrespective of COVID-19 impact)?
3. Do members have any comments on the potential risks for the 2022 influenza season outlined by ESR (opening borders, lack of natural boosting due to little circulating influenza, other returning seasonal viruses)?
4. What are the influenza related health inequities experienced by any of the proposed groups? Please identify the group and describe the inequity

Health Benefits

5. What are the key health benefits that influenza vaccination would provide to the person, family, whānau or wider society for:
    a. Māori and Pacific peoples aged 55 to 64 years
    b. children aged 6 months to 5 years
    c. eligible people and their whānau who live in the same dwelling
6. What potential risks or unintended consequences may arise from expanding access to these groups for 2022 or in future years (e.g. would inequities reduce or increase, impact on childhood vaccinations)?

7. In light of the supply constraints and the risk of currently eligible high-risk groups missing out on doses in the event that demand exceeds supply, please rank the proposed groups in order of priority for expanded access relative to available vaccine:
    a. Māori and Pacific peoples aged 55 to 64 years
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Costs and Savings

8. Are the estimates of group size, uptake and additional doses reasonable for:
    a. Māori and Pacific peoples aged 55 to 64 years?
    b. children aged 6 months to 5 years?
9. What is your estimate of the group size and likely uptake for whānau of currently eligible people who live in the same dwelling?

Recommendations

10. Do you support widening access to influenza vaccine for the 2022 season for:
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Ngā mihi
Andrew

Andrew Oliver | Senior Therapeutic Group Manager/Team Leader

Pharmac | Te Pātaka Whaioranga | PO Box 10 254 | Level 9, 40 Mercer Street, Wellington
9 (2) (b) (ii) [redacted]
9 (2) (b) (ii) [redacted]
9 (2) (b) (ii) [redacted]
9 (2) (b) (ii) [redacted]

From: 9 (2) (b) (ii)
Sent: Monday, 28 February 2022 5:44 PM
To: Andrew Oliver
Subject: Re: Reminder: Urgent: Request for clinical advice - Influenza vaccine access criteria

I have had a comment from 9 (2) (b) (ii) ho notes that there is almost no data upon which to base an opinion. I explained that this is more to do with a vulnerability question should NZ follow suit with seasonal outbreaks of non-COVID viral infections. I think he will provide some feedback.

My own perspective on this is pretty simple - any estimate of influenza case rates for 2022 are a complete guess but, yes, Māori and Pacifica will be vulnerable and should be encouraged to become vaccinated, and at a lower age than their non-Māori, non-Pacifica counterparts.

On Mon, 28 Feb 2022 at 5:11 PM, Andrew Oliver <andrew.oliver@pharmac.govt.nz> wrote:

> Dear Immunisation Advisory Group Members,
>
> I haven't seen any responses come through about the options for widened access criteria for influenza vaccine, so a reminder in case it has slipped down your busy inboxes. I appreciate they are not quick and easy questions to answer, but your best efforts are appreciated!
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>
> Ngā mihi
>
> Andrew
>
> Andrew Oliver | Senior Therapeutic Group Manager/Team Leader
> Pharmac | Te Pātaka Whaioranga | PO Box 10 254 | Level 9, 40 Mercer Street, Wellington
> 9 (2) (b) (ii) | www.pharmac.govt.nz
>
> **From:** Andrew Oliver
> **Sent:** Wednesday, 23 February 2022 4:35 pm
> **To:** 9 (2) (b) (ii)
> 9 (2) (b) (ii)
> 9 (2) (b) (ii)
> 9 (2) (b) (ii)

<9 (2) (b) (ii)
9 (2) (b) (ii)
Cc: Joshua Cronin-Lampe <josh.cronin-lampe@pharmac.govt.nz>; Aasha Parle <aasha.parle@pharmac.govt.nz>; Toni Broome <Toni.Broome@pharmac.govt.nz>
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Health Benefits

5. What are the key health benefits that influenza vaccination would provide to the person, family, whānau or wider society for:
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Costs and Savings

8. Are the estimates of group size, uptake and additional doses reasonable for:
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Recommendations

10. Do you support widening access to influenza vaccine for the 2022 season for:
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    a. Māori and Pacific peoples aged 55 to 64 years?
    b. children aged 6 months to 5 years?
    c. whānau of currently eligible people who live in the same dwelling?

Ngā mihi

Andrew

Andrew Oliver | Senior Therapeutic Group Manager/Team Leader

Pharmac | Te Pātaka Whaioranga | PO Box 10 254 | Level 9, 40 Mercer Street, Wellington
9 (2) (b) (ii) | www.pharmac.govt.nz

Questions to Committee Members Re: Options for expanding access criteria to influenza vaccine

Response [redacted]

28th February 2022

Health Need:

1. Māori and Pacific peoples, along with all young children are at increased risk from seasonal influenza. The burden of disease among and the health need for these groups has been well documented and discussed previously by PTAC-IAC. Influenza vaccine coverage for Māori and Pacific peoples is behind that for other New Zealanders and is very poor in young children. For eligible people and their whanau, barriers to health care access are recognised.
2. Yes, seasonal influenza will become re-established and return to its characteristic variable seasonal epidemiology.
3. New Zealand is at increased risk from influenza as significant influenza virus activity has not occurred since 2019, hence the overall level of population immunity will have decreased. Although seasonal influenza vaccination has occurred in 2020 and 2021, population coverage is low at ~28% and vaccine effectiveness in older individuals diminishes at ~8% per month. New Zealand is entering its usual winter influenza season, and although Northern Hemisphere increased seasonal activity has not occurred as anticipated, we cannot expect the same to happen in the Southern Hemisphere. By July/August, peak COVID-19 activity is likely to have passed, leaving a potential vacuum for the entry of influenza and the increased activity of other seasonal influenza viruses as international travel re-establishes.
4. Hospitalisation from influenza related pneumonia and other respiratory disease is higher in Pacific peoples and Māori than Europeans, while young children and the older aged groups are at increased risk from influenza. Influenza vaccine coverage for Māori and Pacific peoples is behind that for other New Zealanders and is extremely poor in young children.

Health Benefits

5. The health benefits for Māori and Pacific peoples from receiving influenza vaccine would be a decreased burden of influenza disease, hospitalisation and mortality. For children, there would also be a reduced burden of disease and hospitalisation, but in addition, vaccination would contribute to reduced virus transmission in schools and into their whanau. Te health benefits for eligible people and their whanau, additional to a reduced burden of disease and possible increased protection from virus circulation for those at greatest risk, would be possible improved access to health care.
6. An unintended consequence from this approach to include whanau of eligible people (Māori) will be increased inequity perceived by other communities. A 'ringfencing' approach to influenza vaccination has previously been turned down by PHARMAC.
7. Priority ranking: 1. Children; 2: Māori and Pacific peoples; 3 Whanau in same dwelling. I do not believe that supply constraints should be influence the priority ranking. This may become an implementation issue which should be addressed and managed when the supply issue arises.

Cost and Savings

8. Estimates are reasonable
9. ?

Recommendations:

10. a) Māori and Pacific peoples; Expanding influenza vaccine access to Māori and Pacific peoples is strongly supported, however I note that no evidence is provided which supports the choice of the age of 55 years? Re-visiting burden of disease data for Māori and Pacific peoples suggests a lower age for increasing hospitalisation. 50 years of age may be a better choice as there is good evidence that with aging, cell mediated immunity, an important for protection against influenza, starts to wane from 50 years of age. I strongly request PHARMAC to review the evidence around the lower age choice of 55 years and that of 50 years.
    b) Children 6 months to 5 years. There is well established disease burden data for supporting the use of influenza vaccines in this age group. However, uptake in children has been poor to date, and new approaches such as the use of LAIV, previously recommended by PTAC-IAC, should be re-considered.
    c) Whanau of currently eligible people who live in the same dwelling; This proposal has merits, especially as it builds on outreach strategies developed to widen the COVID-19 vaccine coverage in these hard-to-access communities. However, it sounds like a proposal for "Universal Vaccination" for Māori and could be perceived as inequity.
11. As regard to widening access to influenza vaccine for future seasons, this is strongly recommended. Not addressed in the ESR Report is the fact that the impact of seasonal influenza accumulates with each seasonal epidemic, with the overall burden of disease far exceeding any Influenza Pandemic.

Comment:

12. I understand that seeking feedback on these options for expanding the seasonal influenza vaccination program, which is very amiable. However, the options proposed give the appearance of a potentially messy piece-meal approach to expanding the program. We currently have a "Universal Vaccination" approach for protection of New Zealanders against COVID-19, which is likely to continue until true endemicity is established by this virus. Now is the right time to move to "Universal Vaccination" against influenza, as the burden of disease and especially mortality for influenza is likely to rapidly surpass that of COVID-19.

From: 9 (2) (b) (ii) [redacted]
Sent: Monday, 28 February 2022 5:31 PM
To: Andrew Oliver; 9 (2) (b) (ii) [redacted]
Cc: Joshua Cronin-Lampe; Aasha Parle; Toni Broome
Subject: Re: Reminder: Urgent: Request for clinical advice - Influenza vaccine access criteria

Why not make it available free to all?
Why to anybody?

The case for flu vaccine is fairly weak. Compared to perfect protection we have had for 2 years from border control. And the unknown risks this brings as the Australians bring this, rsv, and others in from tomorrow.

Should we not reflect before acting? There is no time for reflection.
When in doubt safest to give vaccine. Until we show that respiratory protections are more effective.

Thanks 9 (2) (b) (ii) [redacted]

From: Andrew Oliver <andrew.oliver@pharmac.govt.nz>
Sent: Monday, February 28, 2022 5:11:13 PM
To: 9 (2) (b) (ii) [redacted]
Subject: Reminder: Urgent: Request for clinical advice - Influenza vaccine access criteria

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Dear Immunisation Advisory Group Members,

I haven't seen any responses come through about the options for widened access criteria for influenza vaccine, so a reminder in case it has slipped down your busy inboxes. I appreciate they are not quick and easy questions to answer, but your best efforts are appreciated!

Responses are due by 5pm tomorrow, Tuesday 1 March 2022. (Responses to questions can be given in-line in the email below).

Ngā mihi
Andrew

Andrew Oliver | Senior Therapeutic Group Manager/Team Leader

Pharmac | Te Pātaka Whaioranga | PO Box 10 254 | Level 9, 40 Mercer Street, Wellington
9 (2) (b) (ii) www.pharmac.govt.nz

From: Andrew Oliver
Sent: Wednesday, 23 February 2022 4:35 pm
To: 9 (2) (b) (ii)
9 (2) (b) (ii)
9 (2) (b) (ii)
9 (2) (b) (ii)
9 (2) (b) (ii)
9 (2) (b) (ii)
Cc: Joshua Cronin-Lampe <josh.cronin-lampe@pharmac.govt.nz>; Aasha Parle <aasha.parle@pharmac.govt.nz>; Toni Broome <Toni.Broome@pharmac.govt.nz>
Subject: Urgent: Request for clinical advice - Influenza vaccine access criteria

Dear Immunisation Advisory Group Members,

We seek your advice in relation to options for widened access criteria for influenza vaccine.

Please reply by:
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We seek Members views on the following questions. Pharmac staff will collate feedback from the Committee to form a record of advice received.

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9 (2) (b) (ii) [redacted] www.pharmac.govt.nz

From: 9 (2) (b) (ii)
Sent: Monday, 28 February 2022 11:39 PM
To: Andrew Oliver
Subject: RE: Reminder: Urgent: Request for clinical advice - Influenza vaccine access criteria [EXTERNAL SENDER]
Attachments: Questions response_Feb_2022.docx

Hi Andrew,
Yes, keeping active with plenty of cycling etc.
Attached are my thoughts on your request. I have attempted to address your questions, however I think that 9 (2) (b) (ii) has reached a similar conclusion, but in fewer words???
Good luck,

9 (2) (b) (ii)
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9 (2) (b) (ii)

From: Andrew Oliver <andrew.oliver@pharmac.govt.nz>
Sent: Monday, 28 February 2022 5:32 PM
9 (2) (b) (ii)
Subject: RE: Reminder: Urgent: Request for clinical advice - Influenza vaccine access criteria [EXTERNAL SENDER]

Thanks 9 (2) (b) (ii) uch appreciated!
Trust you are eeping well.
Andrew

Andrew Oliver | Senior Therapeutic Group Manager/Team Leader

Pharmac | Te Pātaka Whaioranga | PO Box 10 254 | Level 9, 40 Mercer Street, Wellington
DDI: 9 (2) (b) (ii) | www.pharmac.govt.nz

From: 9 (2) (b) (ii)
Sent: Monday, 28 February 2022 5:28 pm
To: Andrew Oliver <andrew.oliver@pharmac.govt.nz>
Subject: RE: Reminder: Urgent: Request for clinical advice - Influenza vaccine access criteria [EXTERNAL SENDER]

Thanks Andrew,
Will be with you this evening.
9 (2) (b) (ii)

9 (2) (b) (ii)

9 (2) (b) (ii) [redacted]

From: Andrew Oliver <andrew.oliver@pharmac.govt.nz>
Sent: Monday, 28 February 2022 5:11 PM
To: 9 (2) (b) (ii) [redacted]
Cc: Joshua Cronin-Lampe <josh.cronin-lampe@pharmac.govt.nz>; Aasha Parle <aasha.parle@pharmac.govt.nz>; Toni Broome <toni.broome@pharmac.govt.nz>
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PHARMAC
TE PĀTAKA WHAIORANGA

MEMORANDUM FOR THE IMMUNISATION ADVISORY COMMITTEE

Options for expanding access criteria to influenza vaccine

(confidential)

To: Immunisation Advisory Committee

From: Senior Therapeutic Group Manager

Date: February 2022

QUESTIONS TO COMMITTEE MEMBERS

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PURPOSE OF THIS PAPER

Pharmac is working with the Ministry of Health to increase equitable uptake and consider wider access to publicly funded influenza vaccines for the 2022 season. This is in the context of the potential risks associated with both influenza and COVID-19 (particularly Omicron) circulating in the community.

We seek the Committee's view on possible options to expand access criteria for 2022 and outyears and seek your view on the relative priority of these options in regard to possible available supply and funding. These options are discussed in more detail below:

- Option A – Māori and Pacific peoples aged 55 to 64 years old
- Option B – Children aged 6 months to 5 years
- Option C – A whānau based approach

DISCUSSION

Background

COVID-19 restrictions in place since early 2020 (including border quarantine, physical distancing, and hygiene measures) have led to a decline in the circulation of influenza and other common seasonal respiratory viruses. In its 2021 report[1], ESR considers that there is a risk that the reduced circulation of these viruses has resulted in increased population susceptibility to them due to a reduction in seasonal naturally induced population immunity, and for influenza, a lack of boosting of immunity to seasonal influenza vaccination which also wanes over time.

While global seasonal influenza virus activity continues to be reported at lower-than-expected levels of activity, the relaxation of COVID-19 restrictions, including the planned opening of our international border, would likely increase the risk of influenza and other respiratory illnesses circulating in New Zealand.

With COVID-19 (particularly Omicron) case numbers continuing to increase, a significant rise in the incidence of influenza-related illness would place further demands on the New Zealand health and disability system. As was seen with the recent respiratory syncytial virus (RSV) outbreak, this would put strain on our health services, perpetuate social and health inequities, and could impact the sector's ability to care for people with other illnesses.

Pharmac is working with the Ministry of Health to consider potential options for expanding the eligible population for the 2022 influenza immunisation programme, in addition to focusing resources towards increasing the coverage of the approximately 1.5 million high-risk individuals currently eligible for a publicly funded influenza vaccination. Pharmac is also very interested in considering potential options for expanding access longer-term and seek the Committee's view on this for the groups discussed.

Option A - Include Māori and Pacific peoples aged 55 to 64 years old.

Coverage of Māori and Pacific peoples 65 years of age and over receiving the influenza vaccine has historically been lower than other populations (50% for Māori and 62.4% in Pacific peoples in 2021, compared to 65% in the non-Māori, non-Pacific population). We seek the Committee's advice on the benefit of reducing the eligible age to 55 years for Māori and Pacific peoples.

Lowering the age of eligibility for Māori and Pacific peoples could remove some of the barriers to access for these populations, including for people who may already be eligible due to existing risk factors. It could also serve to mobilise greater numbers of eligible patients to get vaccinated through network effects.

This option was previously considered by the Immunisation Advisory Committee in 2018 and was recommended for decline based on the view that improving low coverage rates in the eligible Māori and Pacific populations would be a more effective approach to addressing the observed higher mortality rates in these populations from influenza. The Committee considered '*that current coverage of targeted groups is not high, so expanding eligibility to Māori and Pacific from a younger age does not address the low coverage. The*

[1] ESR (2021). Priority disease threats to consider when opening New Zealand borders (Appendix A).

Subcommittee considered that increasing coverage was likely to be the best way to protect more Māori and Pacific people.'

In 2021, Pharmac staff estimated that the number needed to treat (NNT) to prevent one influenza-related hospitalisation in the Māori and Pacific populations to be 1,488 and 1,429 respectively.

Modelling indicates that widening access to this group could create demand for an additional 40,000 doses, based on 40% uptake.

Option B –Include all children aged 6 months to 5 years

Current funded access for influenza vaccine in children is limited to those at high risk. In 2021, coverage reduced to 8.3% (17,623 eligible children were vaccinated) from 20% (42,625 children) in 2020. Prior to COVID-19 coverage was usually around 12-13%. We seek the Committee's advice on the benefit of expanding access to include all children aged 6 months to 5 years of age.

Immunising children has the benefit of protecting them as individuals as well as reducing influenza transmission across the entire population. This is particularly relevant in Māori and Pacific peoples, where children are more likely to live in multigenerational family homes and in large households.

This Committee in 2018 considered that vaccination of primary school age children contributes to herd immunity, protecting high risk individuals who may respond less well to vaccines, despite the fact that there is not a particularly high disease burden in school based children (record can be found here, p.6).

The Committee considered that a universal childhood influenza vaccination programme would only be achievable using a live attenuated influenza vaccine, which is not currently available in New Zealand and does not have Medsafe approval.

Pharmac staff note that there has been historically low uptake for children who are most at risk and who are already eligible for a funded vaccine (for example children with respiratory illnesses, immunocompromised, diabetes etc). We would expect vaccination would primarily be managed in primary care and we would not anticipate any school-based programme in 2022.

Both the Ministry and Pharmac consider that using an age-based approach poses the risk of detracting from the focus on continuing to improve uptake of childhood immunisations such as Measles Mumps and Rubella (MMR), particularly for Māori and Pacific children.

Pharmac and the Ministry estimate that extending the current eligibility to include children aged 6 months to 5 years would create an increase in demand of approximately 100,000 doses, assuming an uptake rate of approximately 26% and assuming 20% of this group would be vaccine naive and require a second dose.

Option C - Whānau based approach

The third option being explored is to employ a whānau-based approach, drawing on the insights (and increased uptake rates) of the Māori Influenza and Measles Vaccination Programme (MIMVP). The whānau-based approach would permit those who are currently eligible to bring whānau members living in the same household with them to the vaccination site, where they can be offered a funded vaccine as well.

The Ministry considers that this approach has been successfully implemented through the COVID-19 Vaccine and Immunisation programme and that providers are already able to target whānau and identify who would be eligible for publicly funded influenza vaccinations.

Pharmac staff consider that the number of additional doses potentially needed to service this option is very difficult to estimate. Currently 1.5 million New Zealanders are eligible for funded influenza vaccination, with just over 50% uptake. Pharmac staff estimate that the number of doses required could easily exceed the available vaccine that could be secured before the start of the influenza season on 1 April 2022.

We seek the Committee's advice on evidence supporting the health benefits and risks of this approach.

Supply side considerations

Pharmac has worked with Seqirus to secure 1.7 million doses Afluria Quad and 15,000 doses of Afluria Quad Junior into both the public and private markets. This is based on observed demand from the 2021 and 2020 seasons (1.5 million and 1.7 million doses respectively) and factoring in possible risk that co-circulating COVID-19 could result in increased demand for influenza vaccines.

Pharmac is working with Seqirus to investigate the possibility of securing further doses to support improved coverage of eligible groups or potential widened access.

It may be possible to source additional supply of Afluria Quad Junior or an alternative brand suitable for those aged 6 months to 35 months. Currently we have enough stock for approximately 10% coverage of this age cohort. While we are aware that there is likely to be an additional supplier in the private market, it is unlikely that the aggregate supply of vaccine would support a significantly higher coverage than assumed in Option B (children aged 6 months to 5 years).

In light of the supply constraints and the risk of currently eligible high-risk groups missing out on doses in the event that demand exceeds supply, we seek the Committee's advice on which of the options for expanding eligibility would provide the greatest public health benefits.

THE FACTORS FOR CONSIDERATION

Factors are presented here in the order they appear in the paper, without implying any ranking or relative importance.

NEED

- The health need of the person
- The availability and suitability of existing medicines, medical devices and treatments
- The health need of family, whānau, and wider society
- The impact on the Māori health areas of focus and Māori health outcomes
- The impact on the health outcomes of population groups experiencing health disparities
- The impact on Government health priorities

HEALTH BENEFITS

- The health benefit to the person
- The health benefit to family, whānau and wider society
- Consequences for the health system

SUITABILITY

- The features of the medicine or medical device that impact on use by the person
- The features of the medicine or medical device that impact on use by family, whānau and wider society
- The features of the medicine or medical device that impact on use by the health workforce

COSTS AND SAVINGS

- Health-related costs and savings to the person
- Health-related costs and savings to the family, whānau and wider society
- Costs and savings to pharmaceutical expenditure
- Costs and savings to the rest of the health system

Date: Wed, 23 Feb 2022 3:35:00 AM (UTC)

Sent: Wed, 23 Feb 2022 3:35:23 AM (UTC)

Subject: Urgent: Request for clinical advice - Influenza vaccine access criteria

From: Andrew Oliver

To: [redacted]

CC: Joshua Cronin-Lampe <josh.cronin-lampe@pharmac.govt.nz>; Aasha Parle <aasha.parle@pharmac.govt.nz>; Toni Broome <Toni.Broome@pharmac.govt.nz>;

Attachments: 2022-02 Options for expanding access criteria to influenza vaccine.pdf; 2021-08 ESR Priority disease threats to consider when reopening NZ borders.pdf

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