



9 August 2022

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Katie

By email: [fyi-request-19887-793c7e4a@requests.fyi.org.nz](mailto:fyi-request-19887-793c7e4a@requests.fyi.org.nz)

Ref: H2022007397

Tēnā koe Katie,

### Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (Ministry of Health) on 12 July 2022. You requested:

*“Regarding the paediatric Pfizer mRNA COVID-19 vaccine, please provide all:  
1) memoranda of advice; and  
2) meeting minutes,  
by/from the COVID-19 Vaccine Technical Advisory Group since 1 November 2021.”*

Please note that many COVID-19 Vaccine Technical Advisory Group (CV TAG) memos are available at: [www.health.govt.nz/about-ministry/leadership-ministry/expert-groups/covid-19-vaccine-technical-advisory-group-cv-tag](http://www.health.govt.nz/about-ministry/leadership-ministry/expert-groups/covid-19-vaccine-technical-advisory-group-cv-tag).

You may be particularly interested in the below published memos:

- December 2021 memo titled *Decision to use the Pfizer mRNA COVID-19 vaccine for children aged 5-11 years: COVID-19 Vaccine Technical Advisory Group (CV TAG) recommendations*; and
- March 2022 memo titled *Third primary dose of the paediatric Pfizer mRNA COVID-19 vaccine for immunocompromised 5–11-year-olds: COVID-19 Vaccine Technical Advisory Group (CV TAG) recommendations*.

I have identified one document within scope of your request. This document contains excerpts from CV TAG Meeting Minutes from 2 November 2021 to 21 June 2022. These excerpts have been released in accordance with section 16(1)(e) of the Act, with information deemed out of scope of your request excluded. Some information has also been withheld under section 9(2)(g)(i) of the Act to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers and officers and employees of any public service agency. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

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I trust this information fulfils your request. Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: [xxxx@xxxxxxxxx.xxxxxxxxxx.xx](mailto:xxxx@xxxxxxxxx.xxxxxxxxxx.xx) or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: [www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests](http://www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests).

Nāku noa, nā

A handwritten signature in blue ink that reads "Gill Hall". The signature is written in a cursive, flowing style.

Gill Hall  
**Group Leader, Intelligence, Surveillance and Knowledge  
Public Health Agency, Ministry of Health**

## Excerpt from COVID-19 CV TAG Meeting Minutes: 1 November 2021

<b>12.0</b>	<p><b>Any Other Business</b></p> <p>Decision to Use for 5-11-year-olds</p> <ul style="list-style-type: none"> <li>An initial discussion occurred on the Pfizer vaccine for 5–11-year-olds.</li> <li>The recent clinical trial occurred among a relatively small sample of ~2000 children. Rare adverse events cannot be evaluated in a clinical trial of that size. New Zealand would be able to wait for the real-world data of the vaccine rollout internationally to evaluate safety and effectiveness.</li> <li>The <u>benefit:risk</u> ratio was not as obvious for this group as for older populations, as COVID-19 presents as a mild disease in this age group and there appears to be an increased risk of myocarditis after vaccination in younger age groups.</li> <li>Concern was also expressed on including 5–11-year-olds under vaccine certificates and mandates, with potential effects on education and wellbeing.</li> <li>However, different risks for Māori and 5-11-year-olds vulnerable to severe COVID-19 or immunocompromise should be considered</li> <li>A subgroup of CV TAG will be meeting to draft recommendations in the coming days.</li> </ul>
<b>13.0</b>	<p><b>Agenda items for next meeting</b></p> <p>Booster doses</p> <p>Decision to use for 5-11-year-olds</p>

### Open Actions:

#	Agenda item	Actions	Action Owner	Updates
67	Decision to Use 5–11-Year-Olds	Convene subgroup to compile evidence and discuss equity considerations	Science and Technical Advisory	19/10 – Action raised
68	Decision to Use 5–11-Year-Olds	Review Pfizer's application for 12-to-15-year olds for evidence on dosages.	Medsafe	19/10 – Action raised

## Excerpt from COVID-19 CV TAG Meeting Minutes: 9 November 2021

<b>3.0</b>	<p><b>Research in Children</b></p> <p>The Science and Technical Advisory team provided an update on vaccine candidates for children:</p> <ul style="list-style-type: none"> <li>There is new clinical trial data on the safety and efficacy of the Pfizer vaccine in 5-11-year-olds. A favourable safety profile is evident with most reactions being mild, self-limiting, and <u>similar to</u> adults. The US CDC has stated that clinical trial vaccine efficacy against symptomatic lab-confirmed COVID-19 was 90.9%.</li> </ul>
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<b>6.0</b>	<p><b>Vaccination in 5–11-year-olds</b></p> <ul style="list-style-type: none"> <li>• In general, a cautious approach to wait for more data was agreed, and this has been communicated to the Director-General and Prime Minister. ATAGI is also taking this approach.</li> <li>• Some vulnerable 5-11-year-old groups may need protection. Individual risk factors such as comorbidities and pre-existing conditions were discussed, as well as the importance of broader social determinants of health, crowded or intergenerational households, and protection for Māori and Pacific Peoples.</li> <li>• The indirect impacts of exclusions from school or recreation were also noted as being significant, and children's role in transmission.</li> <li>• The STA team will collate information on the risks and benefits, and this will be brought back to CV TAG for discussion.</li> </ul>
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<b>13.0</b>	<b>New Action Items Raised During Meeting</b>			
	<b>#</b>	<b>Agenda item</b>	<b>Actions</b>	<b>Action Owner</b>
	74	Booster doses	Update and finalise memo, and circulate to Director-General	Science and Technical Advisory
	75	Vaccination in 5-11-year-olds	Compile evidence on risk and benefits of vaccination in this age group	Science and Technical Advisory

**Open Actions:**

#	Agenda item	Actions	Action Owner	Updates
68	Decision to Use 5–11-Year-Olds	Review Pfizer's application for 12-to-15-year-olds for evidence on dosages.	Medsafe	19/10 – Action raised
75	Vaccination in 5-11-year-olds	Compile evidence on risk and benefits of vaccination in this age group	Science and Technical Advisory	09/11 – Action raised

**Excerpt from COVID-19 CV TAG Meeting Minutes: 23 November 2021**

<b>5.0</b>	<p><b>Vaccination in 5–11-year-olds</b></p> <p>The Science and Technical Advisory team provided an update on COVID-19 and vaccination in 5-11 year old and discussion followed.</p> <ul style="list-style-type: none"> <li>• Children are at a low risk of severe disease, although the risk is higher in some groups</li> <li>• There is limited vaccine safety and efficacy data in this age group. With a reported 2 million plus doses administered in this age group in the US, real world data is expected to help inform the advice</li> <li>• Equity is an important factor in this group, and consideration will be given to prioritisation for certain vulnerable groups</li> <li>• Any future advice regarding vaccine certificates or mandates in this younger group, would need to be considered separately to the advice on the decision to use.</li> </ul>
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<b>9.0</b>	<p><b>Any Other Business</b></p> <ul style="list-style-type: none"> <li>• Final versions of advice will be shared with members and any amendments post-CV TAG sign-off will be communicated as verbal updates.</li> </ul> <p>With regards to modelling studies, CV TAG requested modelling regarding:</p> <p><b>Out of scope</b></p> <ul style="list-style-type: none"> <li>• The effect of boosters vs. effect of vaccinating 5-11s <u>i.e.</u> no boosters (waning immunity) and vaccinating 5-11, vs boosters (less waning) and no vaccination in 5-11</li> </ul>
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**Open Actions:**

#	Agenda item	Actions	Action Owner	Updates
68	Decision to Use 5–11-Year-Olds	Review Pfizer's application for 12-to-15-year-olds for evidence on dosages.	Medsafe	19/10 – Action raised

**Closed Actions Since Last Meeting:**

#	Agenda item	Actions	Action Owner	Updates
75	Vaccination in 5-11-year-olds	Compile evidence on risk and benefits of vaccination in this age group	Science and Technical Advisory	09/11 – Action raised 23/11 - Draft RfA shared and discussed with CV TAG. Action closed.

## Excerpt from COVID-19 CV TAG Meeting Minutes: 30 November 2021

<b>2.0</b>	<p><b>Pfizer Vaccination in 5-11 year-olds</b></p> <p>The Science and Technical Advisory team provided an update on COVID-19 and vaccination in 5-11 year olds and discussion followed:</p> <ul style="list-style-type: none"> <li>• There is concern that if implemented this will need to be very carefully considered in the context of our current national immunisation schedule, particularly with respect to equity of delivery of all childhood vaccines.</li> <li>• Noted that including numbers needed to treat to prevent disease and death in children and in 5-11 year olds would be valuable, noting this is a commonly used statistic</li> <li>• Noted that children at high risk of severe illness should be prioritised for COVID-19 vaccines</li> <li>• Identified that a longer than three week interval between doses would be preferable</li> <li>• STA will continue to assess the evidence and bring it back to CV TAG for discussion</li> </ul>
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<b>12.0</b>	<p><b>Any Other Business</b></p> <p>As raised above, there was discussion around not wanting to require 12-15 year olds to be required to have two doses of vaccine:</p> <ul style="list-style-type: none"> <li>• Noted the gazette notice can be amended to reflect this but the order itself is more complex</li> <li>• Policy and Health Legal can be engaged around how the order is interpreted in practice</li> <li>• CV TAG noted that an issue currently front of mind was for young people being required to get two vaccinations after a SARS-CoV-2 infection</li> </ul> <p>ACTION: Science and Technical Advisory to draft a memo making CV TAG's stance on mandating two doses for under 18s</p>
<b>13.0</b>	<p><b>Agenda items for next meeting</b></p> <ul style="list-style-type: none"> <li>• Pfizer Vaccination in 5-11 year-olds</li> </ul>

<b>14.0</b>	<b>New Action Items Raised During Meeting</b>			
	<b>#</b>	<b>Agenda item</b>	<b>Actions</b>	<b>Action Owner</b>
	78	Any other business – issue of requiring two doses of vaccine for 12-15 year olds	Draft a memo outlining CV TAGs position on requiring two doses for under 18s	Science and Technical Advisory

### Open Actions:

#	Agenda item	Actions	Action Owner	Updates
68	Decision to Use 5–11-Year-Olds	Review Pfizer's application for 12-to-15-year-olds for evidence on dosages.	Medsafe	19/10 – Action raised

78	Any other business – issue of requiring two doses of vaccine for 12-15 year olds	Draft a memo outlining CV TAGs position on requiring two doses for under 18s	Science and Technical Advisory	30/11 – Action raised
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**Excerpt from COVID-19 CV TAG Meeting Minutes: 7 December 2021**

5.0	<p><b>Pfizer Vaccination in 5-11 year-olds</b></p> <p>Guests were welcomed by the Chair and provided an overview of their affidavit to the Waitangi Tribunal about the expected impacts to tamariki Māori and their whānau with the planned shift to the COVID-19 protection framework.</p> <p>An update was provided on vaccination in 5-11 year olds and discussion followed:</p> <ul style="list-style-type: none"> <li>• STA outlined the timeline for decision to use for 5-11 year olds and advised Cabinet will make their decision on 23 December, pending Medsafe approval</li> <li>• The contribution to the Waitangi Tribunal claim was outlined, noting that tamariki Māori do not always have their views represented due to the small numbers of experts and advocates involved in decision making</li> <li>• It was noted that if decisions were made for the majority or the average but tamariki Māori were not considered then the health inequities that already exist will be exacerbated</li> <li>• It was noted that tamariki Māori do not have the same standard of health as other children, as they bear the burden more heavily with co-morbidities, which are linked with poorer outcomes as a result of SARS-CoV-2 infection</li> <li>• The Māori population is younger and has on average more tamariki in an average household</li> <li>• Tamariki Māori have a right to an intervention that protects them against a direct harm from a preventable disease, and the right to participate in protecting the people around them</li> <li>• It was felt that if we do not make the vaccine available we will have rolling outbreaks in tamariki Māori, resulting in isolation, sick caregivers, and whānau in hospital</li> <li>• The te ao Māori understanding of tamariki as being a part of a whānau and community was highlighted, rather than solely as an individual with only individual benefit</li> <li>• Additional points were raised from the literature indicating that non-white children are likely to disproportionately be affected by COVID-19 with respect to MIS-C, as well as the loss of a parent/caregiver</li> <li>• It was outlined that including 5-11 year olds in the vaccination program can strengthen efforts to immunise older Māori people - noting whānau will get vaccinated together</li> <li>• Operational suggestions for the rollout were discussed, and this will be taken to the implementation group with regards to the national immunisation programme</li> </ul>
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	<ul style="list-style-type: none"> <li>• Delivery of successful vaccinations for 5-11 year olds need to be with Māori health providers and networks and iwi and hapu</li> <li>• The suggestion of a Māori paediatrician(s) joining CV TAG as a continuing member was made, and supported by the group</li> <li>• STA will develop a draft memo with recommendations for CV TAG to consider next week</li> </ul> <p>Guests were thanked by the Chair and left the meeting</p> <p>ACTION: CV TAG chair to consider co-opting additional members to CV TAG for 2022</p>
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<b>8.0</b>	<b>Agenda Items for Next Meeting</b>			
	<ul style="list-style-type: none"> <li>• Pfizer Vaccination in 5-11 year-olds</li> </ul>			
<b>9.0</b>	<b>New Action Items Raised During Meeting</b>			
	<b>#</b>	<b>Agenda item</b>	<b>Actions</b>	<b>Action Owner</b>
	79	Pfizer Vaccination in 5-11 year-olds	Consider a Māori paediatrician/s to become a standing member of CV TAG	Chair

**Open Actions:**


#	Agenda item	Actions	Action Owner	Updates
68	Decision to Use 5–11-Year-Olds	Review Pfizer’s application for 12-to-15-year-olds for evidence on dosages.	Medsafe	19/10 – Action raised
79	Pfizer Vaccination in 5-11 year-olds	Consider a Māori paediatrician/s to become a standing member of CV TAG	Chair	07/12 – Action raised



## Excerpt from COVID-19 CV TAG Meeting Minutes: 20 January 2022

<b>1.0</b>	<b>Welcome and Previous Minutes</b> <p>Ian Town welcomed all Members and Attendees and Guests in his capacity as Chair of the COVID-19 Vaccine Technical Advisory Group (CV TAG).</p> <p>Minutes of the last meeting (07 December 2021) were accepted subject to the following changes to Item 2.0 CV TAG Draft Recommendations on Vaccination in 5-11-year-olds</p> <ul style="list-style-type: none"><li>• The previous minutes note: <i>It was felt very strongly that CV TAG do not want vaccines mandated (formally or informally) in this age group and ensuring there are no unintended consequences for children if they are not vaccinated, even as a matter of choice, due to the lack of clear benefit for the child.</i> The “lack of clear benefit” was in relation to mandates and not vaccines and this should be clarified in revised minutes.</li></ul>
	<b>2.2 Vaccine certificates for under 18s</b> <p>Discussion point: Is this clinically appropriate and aligned with advice for 5-11-year-olds? What steps have been taken from Policy?</p> <ul style="list-style-type: none"><li>• Concern was expressed that COVID-19 vaccine certificates (CVCs) for those aged under 18 might seek two adult doses three-weeks apart when clinically another option may be better, and concern was also expressed about the impact that restrictions would have on this group when vaccines provide good protection.</li><li>• There is a need for flexible guidance on what is considered well protected and of clinical benefit to the individual, with variations by age, clinical considerations, history of infection etc. These guidelines could allow for longer intervals and lower (paediatric) second doses, rather than a rigid framework.</li><li>• It was noted that this would have implications for CVCs and mandatory vaccine orders that need to be worked through and is in line with the broader National Immunisation Schedule.</li><li>• A formal policy statement is needed to ensure CVCs are not used among 5-11-year-olds due to concern of the impact of social restrictions.</li><li>• CVIP Clinical with STA support will develop a framework for CV TAG’s consideration and endorsement in conjunction with Policy.</li></ul>

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8.0	<b>Decision to Use for 5–11-Year-Olds Final Memo</b> This item was noted.														
9.0	<b>Rollout Data on Myocarditis in 5–11-year-olds</b> This item was noted.														
10.0	<b>CV TAG work for 2022</b> <p>Out of scope</p>  <ul style="list-style-type: none"> <li>• Second dose for 5–11-year-olds – full safety review required in early February</li> <li>• Boosters for 12-15-year-olds and 5-11-year-olds <ul style="list-style-type: none"> <li>○ It was noted that initial caution is required that the use of boosters in this population is not a certainty, and currently there is a lack of evidence for their need.</li> </ul> </li> </ul>														
14.0	<b>New Action Items Raised During Meeting</b> <table border="1" data-bbox="316 869 1369 1184"> <thead> <tr> <th data-bbox="316 869 373 927">#</th> <th data-bbox="373 869 699 927">Agenda item</th> <th data-bbox="699 869 1166 927">Actions</th> <th data-bbox="1166 869 1369 927">Action Owner</th> </tr> </thead> <tbody> <tr> <td data-bbox="316 954 373 1061">85</td> <td data-bbox="373 954 699 1061">Alternative schedule: Paediatric dose after adult dose</td> <td data-bbox="699 954 1166 1061">Protocol to be developed to ensure access to paediatric doses of the vaccine are available to those who may benefit from it.</td> <td data-bbox="1166 954 1369 1061">CVIP Clinical with support from STA</td> </tr> <tr> <td data-bbox="316 1061 373 1184">86</td> <td data-bbox="373 1061 699 1184">Alternative schedule: Paediatric dose after adult dose</td> <td data-bbox="699 1061 1166 1184">Advice to be sought on the impact on CVCs</td> <td data-bbox="1166 1061 1369 1184">STA</td> </tr> </tbody> </table>			#	Agenda item	Actions	Action Owner	85	Alternative schedule: Paediatric dose after adult dose	Protocol to be developed to ensure access to paediatric doses of the vaccine are available to those who may benefit from it.	CVIP Clinical with support from STA	86	Alternative schedule: Paediatric dose after adult dose	Advice to be sought on the impact on CVCs	STA
#	Agenda item	Actions	Action Owner												
85	Alternative schedule: Paediatric dose after adult dose	Protocol to be developed to ensure access to paediatric doses of the vaccine are available to those who may benefit from it.	CVIP Clinical with support from STA												
86	Alternative schedule: Paediatric dose after adult dose	Advice to be sought on the impact on CVCs	STA												

Excerpt from COVID-19 CV TAG Meeting Minutes: 25 January 2022

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

<b>7.0</b>	<p><b>5–11-year-olds safety data</b></p> <p>An update on the vaccination rollout of boosters and paediatric doses was given:</p> <ul style="list-style-type: none"> <li>• A breakdown of doses administered by age and ethnicity was requested by CV TAG, and this will be a formal agenda item next week for discussion.</li> <li>• Some small groups have filed affidavits to halt the rollout programme but have not been successful. The Ministry team have been providing advice to Crown law, and if CV TAG members are approached about the injunction, they are welcome to refer queries to the Ministry of Health.</li> <li>• Concern was also raised that insufficient vaccinators feel confident to administer the paediatric vaccine, and further mentoring is required. This would be exacerbated in provincial and rural areas where access to the paediatric formulation and trained vaccinators was understood to be lower. Pharmacists have also never vaccinated this population.</li> <li>• A school-based rollout targeting Decile 1 to 4 schools <u>was seen as</u> an option to reach more Māori and Pacific 5-11-year-olds, alongside an increase in communication relevant to communities.</li> <li>• Some CV TAG members mentioned that parents are requesting their children have access to a second dose earlier than 8 weeks, and formal communication or guidance from the Ministry was requested prior to the formal safety review in February. No children should be receiving second doses.</li> <li>• Some high-risk children may benefit from an earlier second dose, so these children could be prioritised, however, clear guidance on which groups are considered high risk is required.</li> <li>• A statement on 5-11-year-olds and the protection provided by two doses is being written by the Science and Technical Advisory team to pre-empt calls for booster doses in this age group.</li> </ul>
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<b>11.0</b>	<b>New Action Items Raised During Meeting</b>			
	<b>#</b>	<b>Agenda item</b>	<b>Actions</b>	<b>Action Owner</b>
	92	5–11-year-olds safety data	Request data on age and ethnicity of current uptake.	STA
	93	5–11-year-olds safety data	Draft statement on 5-11-year-olds and need for boosters	STA
	94	5–11-year-olds safety data	Collate evidence of high-risk children who may benefit from a shortened interval	STA

**Open Actions:**

#	Agenda item	Actions	Action Owner	Updates
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92	5–11-year-olds safety data	Request data on age and ethnicity of current uptake.	STA	25/01 – Action raised
93	5–11-year-olds safety data	Draft statement on 5-11-year-olds and need for boosters	STA	25/01 – Action raised
94	5–11-year-olds safety data	Collate evidence of high-risk children who may benefit from a shortened interval	STA	25/01 – Action raised

**Excerpt from COVID-19 CV TAG Meeting Minutes: 1 February 2022**

<b>5.0</b>	<p><b>Priority groups for shortened interval among 5-11-year-olds</b></p> <p>The vaccination rollout in 5-11-year-olds was discussed and it was noted that no significant safety concerns have been identified to date. It was noted that in general, immunogenicity tends to be higher with a longer interval and we want to provide children with the best chance for prolonged immunity.</p> <p>CV TAG re-iterated their recommendation that the dose interval for 5–11-year-olds be 8 weeks to provide long term protection. This topic will be under ongoing review by CV TAG, and consideration will be given as to whether there are any priority groups that should receive an earlier second dose.</p> <p>A formal memo will be issued to the Director-General following next week's meeting.</p>
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<b>11.0</b>	<b>New Action Items Raised During Meeting</b>			
	<b>#</b>	<b>Agenda item</b>	<b>Actions</b>	<b>Action Owner</b>
	98	Priority groups for shortened interval among 5-11-year-olds	Memo to incorporate Medsafe data before finalising	STA

**Open Actions:**

#	Agenda item	Actions	Action Owner	Updates
98	Priority groups for shortened interval among 5-11-year-olds	Memo to incorporate Medsafe data before finalising	STA	1/02 – Action raised

**Closed Actions:**

#	Agenda item	Actions	Action Owner	Updates
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92	5–11-year-olds safety data	Request data on age and ethnicity of current uptake.	STA	25/01 – Action raised 31/01 – Action closed.
93	5–11-year-olds safety data	Draft statement on 5-11-year-olds and need for boosters	STA	25/01 – Action raised 1/02 – STA drafting memo. Action closed.
94	5–11-year-olds safety data	Collate evidence of high-risk children who may benefit from a shortened interval	STA.	25/01 – Action raised 1/02 – RfA provided to CV TAG. Action closed.

**Excerpt from COVID-19 CV TAG Meeting Minutes: 8 February 2022**

2.0	<p><b>Vaccine Rollout</b></p> <p>An update was provided on the vaccine rollout.</p> <p><b>Out of scope</b></p> <ul style="list-style-type: none"> <li>Equity concerns in the paediatric rollout were highlighted. A conversation will be organised between CV TAG and the CVIP equity team/ Māori health providers.</li> </ul>
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7.0	<p><b>Priority Groups for Shortened Interval Among 5-11 year-olds</b></p> <p>A discussion of the safety of second doses and any need for a shortened interval occurred:</p> <ul style="list-style-type: none"> <li>Data available for this age group are limited. But general safety signals have been reassuring to date.</li> <li>Medsafe/ CARM/ ISMB processes and data will be summarised for the next memo draft.</li> <li>Consideration was given to shortening the interval in this age group, and whether it would help to address the current Omicron outbreak. <u>However</u> it was considered there is a strong rationale to continue recommending the 8 week interval between doses for this group, based on the generally lower severity of disease in this age group, the protection provided by the first dose, and potentially better protection and reduced side effects with a longer interval.</li> <li>It was noted that, because Medsafe approval is for a 3-week interval in this age group, there is no basis to refuse a shorter interval if individual parents were to insist.</li> </ul>
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12.0	<b>New Action Items Raised During Meeting</b>			
	#	Agenda item	Actions	Action Owner
	105	Priority Groups for Shortened Interval Among 5-11-year-olds	Request safety data	STA
	106	Priority Groups for Shortened Interval Among 5-11-year-olds	Revise recommendations for next CV TAG	STA

### Open Actions:

#	Agenda item	Actions	Action Owner	Updates
98	Priority groups for shortened interval among 5-11-year-olds	Memo to incorporate Medsafe data before finalising	STA	1/02 – Action raised
105	Priority Groups for Shortened Interval Among 5-11-year-olds	Request safety data	STA	08/02 – Action raised
106	Priority Groups for Shortened Interval Among 5-11-year-olds	Revise recommendations for next CV TAG	STA	08/02 – Action raised

### Excerpt from COVID-19 CV TAG Meeting Minutes: 15 February 2022

3.0	<b>Equity and the Vaccine Rollout</b> <ul style="list-style-type: none"><li>Representatives from the disability and equity teams at the Ministry of Health summarised some of the challenges in the vaccine rollout and specifically for 5-11-year-olds, and their approaches to address these issues.</li><li>The significantly lower uptake among tamariki Māori was very concerning to CV TAG, particularly given the assurances given.</li></ul>
	<ul style="list-style-type: none"><li>Approximately 26% of tamariki Māori are vaccinated, which is markedly lower than the national 5-11-year-old coverage of 45%. Pacific 5-11-year-olds have a coverage of around 36%. The rates varied between regions.</li></ul>

### Closed Actions Since Last Meeting:

#	Agenda item	Actions	Action Owner	Updates
105	Priority Groups for Shortened Interval Among 5-11-year-olds	Request safety data	STA	08/02 – Action raised 14/01 – Action closed
106	Priority Groups for Shortened Interval Among 5-11-year-olds	Revise recommendations for next CV TAG	STA	08/02 – Action raised 14/02 – Action closed

### Excerpt from COVID-19 CV TAG Meeting Minutes: 1 March 2022

7.0	<b>CV TAG Recommendation Memos</b> <p>The latest finalised memos included in agenda for noting:</p> <ul style="list-style-type: none"><li>Use of boosters in 12-17-year-olds</li><li>Second dose and interval for 5-11-year-olds</li></ul>
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Closed Actions Since Last Meeting:

98	Priority groups for shortened interval among 5-11-year-olds	Memo to incorporate Medsafe data before finalising	STA	01/02 – Action raised 15/12 – Final memo to be circulated next agenda 28/02 – Memo in agenda. Action closed
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Excerpt from COVID-19 CV TAG Meeting Minutes: 8 March 2022

6.0	<p><b>Third Dose in Severely Immunocompromised 5-11-year-olds</b></p> <p>Advice was requested on the need for a third primary dose in severely immunocompromised 5-11-year-olds.</p> <ul style="list-style-type: none"> <li>• A rapid review of the evidence showed no safety data, however based on first principles and the benefit it has provided to severely immunocompromised older populations, the UK, US, Canada and Australia have recommended a third primary dose be given. Most of these have been at a 4–8-week interval, however ATAGI recommended it be given 2-6 months after the first two doses, with consideration given to timing of treatment.</li> <li>• It was noted that generally children have a good immune response, however emerging data suggests this may wane rapidly against infection, and this would be higher among the severely immunocompromised.</li> <li>• CV TAG members noted emerging data shows an increased waning of immunity in this age group, while still protecting against severe disease and discussed how the current interval for children in NZ might enable greater protection. However, if offered to older immunocompromised individuals it should be available to this age group as well.</li> <li>• It was agreed that a third dose should be made available, however this should be limited to those who need it without clinical discretion to avoid wider availability.</li> </ul> <p><b>ACTION:</b> STA will draft a memo with CV TAG's recommendations and circulate.</p>
7.0	<p><b>Pre-print on Pfizer vaccine in 5-11-year-olds</b></p> <p>A call was made for initial reaction and comments from a preprint exploring data in New York which shows that vaccine effectiveness against infection in this age group wanes rapidly:</p> <ul style="list-style-type: none"> <li>• CV TAG noted that protection against severe disease was maintained longer, which is the primary goal of immunisation. New Zealand's longer interval between doses suggests duration of protection may be longer than the 3 weeks in the study. The waning may be due to the smaller dose given.</li> <li>• Further data is required before any changes would be made to recommendations however it emphasises the importance of other public health measures such as mask wearing, ventilation etc.</li> <li>• The implications for the public health rationale for vaccinating this age group was raised, noting one aspect in the decision was preventing further transmission to whānau and within the community. However, this was only a small factor in decision making.</li> </ul>

11.0	<b>New Action Items Raised During Meeting</b>			
	#	Agenda item	Actions	Action Owner
	113	Third Dose in Severely Immunocompromised 5-11-year-olds	Memo to be drafted and brought to CV TAG	STA

**Open Actions:**

#	Agenda item	Actions	Action Owner	Updates
113	Third Dose in Severely Immunocompromised 5-11-year-olds	Memo to be drafted and brought to CV TAG	STA	08/03 – Action raised

**Closed Actions Since Last Meeting:**

98	Priority groups for shortened interval among 5-11-year-olds	Memo to incorporate Medsafe data before finalising	STA	01/02 – Action raised 15/12 – Final memo to be circulated next agenda 28/02 – Memo in agenda. Action closed
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**Excerpt from COVID-19 CV TAG Meeting Minutes: 29 March 2022**

2.0	<p><b>Vaccine Rollout</b></p> <ul style="list-style-type: none"> <li>An update was provided on the vaccine rollout. Approximately 2.55 million booster doses have been administered and ~40,400 paediatric 2<sup>nd</sup> does.</li> <li>It was noted that the uptake in 5–11-year-olds has slowed, and thoughts on the reasons for this were discussed.</li> </ul>
	<ul style="list-style-type: none"> <li>CV TAG encouraged more active use of the National Immunisation Register to recall and follow-up with children who have had their first dose and not their second.</li> </ul>

4.0	<p><b>Third Dose for Severely Immunocompromised 5-11-year-olds</b></p> <ul style="list-style-type: none"> <li>Draft recommendations were presented to CV TAG for discussion and endorsement on the usage, timing (8 weeks post second dose) and who is considered severely immunocompromised.</li> <li>While there is no data on the safety or effectiveness of a third primary dose, this can be inferred from the data in adolescents. Australia, the UK, Canada, and the US have recommended this group receive a third primary dose, with timing ranging from 4 to 8 weeks after the second dose.</li> <li>CV TAG recommended a third primary dose be offered to severely immunocompromised 5-11-year-olds. This would be the same list and at the same interval as was given for adolescents and adults, with clinical guidance from the IMAC handbook, noting that this may be reviewed over time.</li> </ul>
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<b>8.0</b>	<p><b>Any Other Business</b></p> <p><b>Vaccination after infection</b></p> <ul style="list-style-type: none"> <li>Advice on this has been issued today. Further nuance should be included on 5-11-year-olds, namely that for this age group, 3 months rather than a shorter interval is preferred.</li> </ul>
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**Closed Actions Since Last Meeting:**

#	Agenda item	Actions	Action Owner	Updates
113	Third Dose in Severely Immunocompromised 5-11-year-olds	Memo to be drafted and brought to CV TAG	STA	08/03 – Action raised 21/03 – Memo added to the 22/03 agenda 22/03 - advice issued. Action Closed.

**Excerpt from COVID-19 CV TAG Meeting Minutes: 29 March 2022**

<b>4.0</b>	<p><b>Vaccine Rollout</b></p> <p>An update was given on the vaccine rollout.</p> <ul style="list-style-type: none"> <li>Out of scope</li> <li>The current rate of vaccination in 5–11-year-olds is at 54%. Further work on understanding the drivers of low uptake is underway.</li> </ul>
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<b>7.0</b>	<p><b>CV TAG Recommendation Memos</b></p> <p>The latest finalised memos were included in agenda for noting:</p> <p>Out of scope</p> <ul style="list-style-type: none"> <li>Third primary dose in immunocompromised 5-11-year-olds</li> </ul>
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**Closed Actions Since Last Meeting:**

#	Agenda item	Actions	Action Owner	Updates
113	Third Dose in Severely Immunocompromised 5-11-year-olds	Memo to be drafted and brought to CV TAG	STA	08/03 – Action raised 21/03 – Memo added to the 22/03 agenda 22/03 - advice issued. Action Closed.

## Excerpt from COVID-19 CV TAG Meeting Minutes: 26 April 2022

<b>2.0</b>	<b>Active Monitoring - Post Vaccine Symptom Check - Update on Results</b> <ul style="list-style-type: none"><li>• An update was presented by the Post Event team on Pfizer vaccination side-effects in the New Zealand population. This survey is conducted in addition to CARM and done so through push text messaging, with a focus on over sampling minority populations.</li><li>• Results:<ul style="list-style-type: none"><li>○ Side effects seen in the general population:<ul style="list-style-type: none"><li>▪ A similar number of reported events were seen with the booster compared to the second primary dose (41% reported for booster and 42% for dose 2)</li><li>▪ No increase in myocarditis symptoms were reported after the booster dose relative to dose 1 and 2 of the primary vaccination cause.</li></ul></li><li>○ Side effects seen in 5–11-year-olds:<ul style="list-style-type: none"><li>▪ A low rate of events was reported with 18% for dose 1 and 24% for dose 2</li><li>▪ For most tamariki, the reported side effects were often only minor such as injection site pain.</li><li>▪ A low proportion of children who presented with side effects, missed school (2% after dose 1 and 4% after dose 2). This was usually only 1 day or less.</li></ul></li></ul></li><li>• CV TAG noted the wording around “side effects”, suggesting “symptoms” is more appropriate. Post Event team to follow up with provider about the wording of questions</li></ul>
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<b>4.0</b>	<b>Vaccine Rollout</b> <p>An update on the vaccination rollout was given.</p> <ul style="list-style-type: none"><li>• Approximately 2.6 million boosters have been administered with ~23% of 5–11-year-olds are fully vaccinated.</li><li>• A plateauing has been seen across all age groups of the vaccine roll out. This is most prominent within the 5–11-year-old age group.</li><li>• Concern was raised that the vaccination numbers across all groups will not see a substantial increase.</li><li>• The vaccine roll out has been actively supported by Māori providers and schools.</li></ul>
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## Excerpt from COVID-19 CV TAG Meeting Minutes: 10 May 2022

<b>2.0</b>	<b>Vaccine Rollout</b> <ul style="list-style-type: none"><li>• Approximately 2.45 million booster doses have been administered to date and ~119,000 tamariki have been fully vaccinated. Doses continues to increase but incrementally.</li></ul> <p>s 9(2)(g)(i)</p> <ul style="list-style-type: none"><li>• A fourth dose (second booster) is still only available when prescribed by medical practitioners. The Government is working to establish a legal mechanism for wider availability.</li><li>• It was noted that the equity gap seen throughout the vaccine rollout will require a full system examination.</li></ul> <p><b>ACTION:</b> Clarify with Public Health regarding when the Pfizer meeting is scheduled.</p>
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<b>5.0</b>	<p><b>Definitions of Fully Vaccinated</b></p> <ul style="list-style-type: none"> <li>The definition of up-to-date (fully vaccinated) for vaccination was discussed, with draft guidance provided around: <ul style="list-style-type: none"> <li>How long after infection SARS-CoV-2 someone is considered up-to-date with vaccination</li> <li>The maximum time from a previous dose someone would be considered up-to-date with vaccination.</li> <li>Which overseas schedules (primary and booster) could be considered up-to-date.</li> </ul> </li> </ul> <p>s 9(2)(g)(i)</p> <ul style="list-style-type: none"> <li>Policy, NIP and STA representatives will meet to clarify the purposes for which the definition of 'up-to-date' for vaccination might be used and consequently what the definition should provide. Ongoing discussion will occur with CV TAG to answer these questions.</li> <li>A request was made by DPMC for rapid provision of this advice (on 17<sup>th</sup> May, for same day advice). This has been postponed until advice is finalised.</li> </ul>
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**Excerpt from COVID-19 CV TAG Meeting Minutes: 24 May 2022**

<b>2.0</b>	<p><b>Vaccine Rollout</b></p> <ul style="list-style-type: none"> <li>An update was provided on the vaccine rollout. Approximately 2.65 million booster doses have been administered and ~122,000 2<sup>nd</sup> paediatric doses, roughly one quarter of all eligible tamariki are fully vaccinated.</li> </ul> <p>s 9(2)(g)(i)</p> <ul style="list-style-type: none"> <li>A request was made to provide more information around levels in some key populations at risk of severe COVID-19.</li> </ul> <p><b>ACTION POINT:</b> Breakdown data in vaccine report to show booster uptake among individuals aged 65 years and over, and Māori and Pacific people, aged 50 years and over.</p>
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**Excerpt from COVID-19 CV TAG Meeting Minutes: 21 June 2022**

<b>1.0</b>	<p><b>Welcome and Previous Minutes</b></p> <p>Daniel Bernal welcomed all Members and Attendees and Guests in his capacity as acting Chair of the COVID-19 Vaccine Technical Advisory Group (CV TAG). Minutes of the last meeting (24 May 2022) were accepted.</p> <p><b>Updates:</b></p> <p>The Chair provided an update on MedSafe providing provisional approvals for:</p> <ul style="list-style-type: none"> <li>Moderna as primary course for those aged 12+</li> <li>Comirnaty (Pfizer/BioNTech) booster vaccine for 12-15 year olds</li> <li>Nuvaxovid as a second booster (homologous and heterologous) after at least 6 months after primary course</li> </ul> <p>CVTAG endorsement of Nuvaxovid as a booster (through email consultation) was discussed, noting:</p> <ul style="list-style-type: none"> <li>It's use as a booster should be acceptable</li> <li>This is likely to be considered as an option by a very small sub-set of the population</li> <li>Acknowledgment of limited safety data, particularly for rare systemic side effects.</li> <li>Use of Nuvaxovid as second booster should be acceptable as pragmatically there is no suggestion of an increased risk from the first to second booster dose.</li> </ul>
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<b>6.0</b>	<p><b>Booster Eligibility for 5-11s</b></p> <p>Item not addressed due to time constraints and deferred to a later time.</p>
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