

# Health Report

## Report on the supply and distribution of influenza vaccine and planning for the 2021 Annual Influenza Immunisation Programme

<b>Date due to MO:</b>	12 August 2020	<b>Action required by:</b>	24 August 2020
<b>Security level:</b>	IN CONFIDENCE	<b>Health Report number:</b>	20201294
<b>To:</b>	Hon Julie Anne Genter, Associate Minister of Health		
<b>Copy to:</b>	Hon Chris Hipkins, Minister of Health		

### Contact for telephone discussion

Name	Position	Telephone
<b>Deborah Woodley</b>	Deputy Director-General, Population Health and Prevention	s 9(2)(a)
<b>Kath Blair</b>	Manager Immunisation, Population Health and Prevention	s 9(2)(a)

### Action for Private Secretaries

**Return** the signed report to the Ministry of Health.

**Date dispatched to MO:**

# Report on the supply and distribution of influenza vaccine and planning for the 2021 Annual Influenza Immunisation Programme

## Purpose of report

This report outlines the Ministry's response to a report commissioned from PricewaterhouseCoopers (PWC) to identify improvements to the supply and distribution of influenza vaccine to support the influenza immunisation programme for the 2021 season and outyears.

## Key points

- Influenza has a significant impact on the health of New Zealanders with approximately 10-20 percent of New Zealanders infected every year with influenza-like infections.
- The Ministry of Health's (the Ministry) annual influenza immunisation programme is important for protecting populations with higher risks of influenza morbidity and mortality, including older people and those with underlying health conditions.
- The 2020 influenza immunisation programme has been significantly impacted by the COVID-19 pandemic, unprecedented public demand for vaccine, and supply and distribution issues. These factors hampered the effective delivery of the influenza immunisation programme and impacted on public confidence.
- One of the changes made to the programme in 2020 was a period of prioritisation for people eligible to receive a funded vaccine and healthcare workers. The Ministry will seek advice on whether a similar period should be considered for the 2021 programme.
- In May 2020, the Ministry commissioned a report to examine the supply and distribution of influenza vaccines and identify improvements for the 2021 flu season and beyond (Appendix 1). The Ministry plans to proactively release this report on its website by 24 August 2020.
- The report highlights ten areas of focus grouped into the following themes of the authorising and political environment, the strategic goals of the programme, and the organisation and system capabilities. In response to the report, and as part of wider work to improve the immunisation system, the Ministry has a range of actions underway or planned.
- Examples of short-term actions include:
  - redeveloping the influenza vaccine promotional campaign with a focus on increasing equitable immunisation coverage for Māori and other groups
  - working with the Pharmaceutical Management Agency (PHARMAC) to boost the number of vaccines available for the 2021 season
  - increasing the number of health workers able to deliver vaccines through the accelerated vaccination training programme delivered by IMAC
  - working with PHARMAC and the current private provider to examine risk sharing arrangements to maximise vaccine supply and utilisation.

- The Ministry also has longer-term work underway including:
  - developing and implementing a National Immunisation Solution that will greatly enhance vaccine administration and information about coverage
  - s 9(2)(g)(i)
  - implementing report recommendations regarding sector planning and a forward strategic work programme.
- The Ministry will also use the findings and leverage work underway to deliver improvements following an independent review into the 2019 measles outbreaks (HR20200956 refers) and the ongoing evaluation of the Māori Influenza Vaccination Programme.

## Recommendations

The Ministry recommends that you:

- |  |                 |
|--|-----------------|
| a) <b>Note</b> the report of the supply and distribution of influenza vaccine and the Ministry's response outlined in this Health Report.                        |                 |
| b) <b>Agree</b> to proactively publish this Health Report alongside the report commissioned by the Ministry with appropriate redactions.                         | <b>Yes / No</b> |
| c) <b>Agree</b> to the Ministry undertaking the following actions ahead of the 2021 Annual Influenza Immunisation Programme:                                     |                 |
| i) seek clinical advice on a period of prioritisation  | <b>Yes / No</b> |
| ii) redevelop the promotional campaign to target Māori, Pacific and Asian peoples eligible to receive a funded vaccination                                       | <b>Yes / No</b> |
| iii) explore a risk-share agreement with the 2021 influenza vaccine supplier and PHARMAC to support the availability of influenza vaccine for the funded market. | <b>Yes / No</b> |

Deborah Woodley  
Deputy Director-General  
**Population Health and Prevention**

Hon Julie Anne Genter  
**Associate Minister of Health**  
Date:

## Background

### The annual influenza immunisation programme

1. Influenza has a significant impact on the health of New Zealanders with approximately 10-20 percent of New Zealanders infected every year with influenza-like infections.
2. The annual influenza immunisation programme (the programme) aims to protect populations with higher risk of influenza associated morbidity and mortality. Funded vaccines are available for people eligible for public healthcare aged 65 years and over, pregnant women, those with certain chronic or serious conditions (such as heart disease, cancer, and serious asthma), and young children with a history of serious respiratory illness.
3. The Ministry is responsible for implementation of the programme, working closely with PHARMAC who is responsible for the procurement of the influenza vaccine and setting the eligibility criteria for funded influenza vaccination.
4. The supply of influenza vaccines each year is composed of the volume of vaccine committed by PHARMAC's preferred supplier of the funded vaccine (Seqirus will be the supplier for the 2021 programme) in addition to any vaccines made available to the private market by Seqirus and other manufacturers.
5. The Ministry established a regular start date for the programme of 1 April in 2019. Previously, vaccination began as soon as vaccine was available, which varied between late February and early April.

### Impact of COVID-19 on the 2020 programme

6. The 2020 Annual Influenza Immunisation Programme was significantly impacted by the COVID-19 pandemic, resulting in changes to the programme start date and planned implementation, and supply chain issues in the context of significantly increased demand.
7. Most influenza vaccination is administered during April and early May, with a million doses usually distributed to providers by mid-May. In 2020, one million doses were distributed to providers by mid-April.
8. The increased demand and impact of COVID-19 on air freight resulted in difficulty distributing the influenza vaccine to providers. It is necessary to build and restore public and health sector trust in the system ahead of any planned vaccination strategy for COVID-19.

### Influenza vaccine supply and demand

9. 

s 9(2)(b)(ii)
10. The 2021 programme is likely to continue to experience increased demand for influenza vaccination due to the ongoing COVID-19 pandemic, a raised awareness of immunisation and the increased demand from employers wanting to protect their staff by vaccinating against influenza.

## Report on supply and distribution of influenza vaccine

11. Due to the increased demand for influenza vaccination and the distribution issues in 2020, the Ministry commissioned a report from PWC on the supply and distribution of influenza vaccine (**Appendix 1**). As part of the report process, a range of stakeholders from across the sector were interviewed on their experiences during the 2020 season.
12. The report identified ten themes across three key areas:
  - a. authorising and political environment
  - b. strategic goals of the programme
  - c. organisation and system capabilities.

## Ministry work to respond to the report

13. The Ministry has established a project team to deliver changes to the programme based on the recommendations of the report on supply and distribution. Some changes will be made ahead of the 2021 programme while others will take longer for example policy work on roles and responsibilities.

## Authorising and political environment

14. A stakeholder workshop will be held in mid-September with those who contributed to the report. This will provide an opportunity to discuss the planned changes for the 2021 programme and ensure all parties understand their current roles and responsibilities within the programme.
15. s 9(2)(g)(i)  
[Redacted text block]

## Strategic goals of the programme

16. As part of our response to COVID-19, our work on the National Measles Campaign and our work to strengthen the immunisation sector, the Ministry has:
  - a. provided funding for the 2020 Māori-led Influenza Vaccination Programme
  - b. worked with the Immunisation Advisory Centre to develop an accelerated vaccinator training course to increase the vaccinator workforce
  - c. enabled pharmacists to administer influenza vaccine to eligible people under the age of 65
  - d. enabled DHBs to deliver outreach services to a wider age range
  - e. removed barriers to offsite vaccination, including reducing wait times post vaccination and eliminating the need to carry oxygen.

17. It is expected that the 2020 Māori Influenza Vaccination programme and the National Measles Immunisation Campaign will provide a platform for similar approaches next year. Evaluations on the effectiveness of these programmes are currently underway and will be completed later this year.
18. The Ministry will develop a strategic communications plan which will include the early communication of changes to the programme with a mitigation plan for emerging issues.
19. The report highlighted that service providers need to track ordered vaccines to enable workloads and public expectations to be better managed. A system which enables this will also provide the Ministry with visibility of where vaccines are, and how much has been used, across providers. This will also be beneficial for any COVID-19 vaccination programme. The Ministry will explore options as part of its COVID-19 immunisation approach.

#### *Redevelopment of the promotional campaign*

20. We are starting to see an improvement in influenza vaccination coverage for Māori aged 65 years and over (45 percent in 2019 and 58 percent to 31 July 2020, compared to 57 percent for the total population in 2019 and 67 percent for the same group to 31 July 2020). This improvement is in part attributable to the 2020 Māori Influenza Vaccination Programme, however, coverage for Māori people aged 65 years and over remains lower than for non-Māori, non-Pacific people.
21. Coverage for Asian people aged 65 years and over is also low (51 percent in 2019 and 51 percent to 31 July 2020, compared to 57 percent for the total population in 2019 and 67 percent for the same group to 31 July 2020).
22. The Ministry contracts the Immunisation Advisory Centre (IMAC) to promote influenza immunisation and will work with them to redevelop the campaign to reach Māori and Asian communities, as these communities experience lower coverage rates compared to their non-Māori, Pacific and Asian counterparts. This work will need a co-design approach with the communities it aims to reach.

#### **Organisation and system capabilities**

23. To support governance and sector engagement with the programme, the Ministry will establish a working group by 15 September 2020 with representatives from across the sector.
24. The Ministry does not have complete information on who has been vaccinated because the current National Immunisation Register (NIR) does not support access for all providers (ie, occupational health).
25. Work on the development of a National Immunisation Solution (NIS) to replace the NIR is underway, with a business case for joint Ministers due 31 August 2020 (subject to support from central agencies).
26. Improved access for health professionals is unlikely to be delivered before the 2021 Annual Influenza Programme, as the focus will be readiness for a COVID-19 immunisation programme.

### *Demand planning and risk-sharing*

27. The Ministry has engaged with PHARMAC and the supplier (Seqirus) to provide additional data for the forecasting process, including new data on the number of children hospitalised with respiratory conditions over recent years. We will continue to meet regularly with both parties to support planning.

28. s 9(2)(b)(ii) [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED] [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED] [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

31. On the Ministry's suggestion, PHARMAC has estimated the number of people eligible to receive a funded vaccination by considering the numbers of people using medications that indicate an eligible condition. PHARMAC estimates that 1.775 million New Zealanders are eligible to receive a funded vaccine, including 835,000 people aged 65 years and over.

32. The Ministry will work with PHARMAC and the supplier to explore options to share the commercial risk.

### *Prioritisation of people eligible to receive a funded vaccine*

33. In 2019, the Ministry established a regular start date for the funded influenza programme on 1 April each year to support service planning and reduce the chances of the vaccine's efficacy waning before the peak of influenza season in July or August.

34. On advice from the Ministry's Immunisation Technical Advisory group, and in response to COVID-19, a period of prioritisation for people eligible to receive a funded vaccine and healthcare workers was introduced in 2020. s 9(2)(g)(i) [REDACTED]  
[REDACTED]  
[REDACTED]

35. Any prioritisation period would need to be agreed with the supplier and providers would need to be made aware by December 2020 to support planning.

36. s 9(2)(g)(i) [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

### *Distribution*

37. There were distribution challenges in 2020 due to the unprecedented demand for the influenza vaccine, and the need to make rapid prioritisation decisions due to COVID-19.

s 9(2)(g)(i)

The Ministry and Pharmac will work with the sector group to assist the supplier and distributor with planning for orders across the 2021 influenza programme.

### **Next steps**

38. The Ministry will continue to work with stakeholders to put the changes outlined here into effect ahead of the 2021 programme and progress work on the longer-term changes.

**ENDS.**