Please note, some numbers within this document are indicative and should be considered point in time estimates. They are refined on an ongoing basis following Cabinet decisions.

In Confidence

Office of the Minister for COVID-19 Response

Office of the Minister of Health

Cabinet

Updated approach to the Sequencing Framework for COVID-19 vaccines

Proposal

1 This paper seeks agreement to the updated Sequencing Framework, following on from Cabinet's discussions on 1 March 2021. The Sequencing Framework will guide the initial focus for the COVID-19 Immunisation Programme.

Relation to government priorities

2 New Zealand's ability to recover from the COVID-19 pandemic requires obtaining safe and effective vaccines to implement our preferred immunisation programme at the earliest possible time. The Sequencing Framework will guide the use of COVID-19 vaccines to support the COVID-19 Elimination Strategy, in order to ensure that everyone continues to be protected as the COVID-19 Immunisation Programme is rolled out.

Executive Summary

3 The COVID-19 Vaccine and Immunisation Programme aims to vaccinate as many people as possible to support the COVID-19 Elimination Strategy. Vaccinations are well underway for the border and managed isolation and quarantine (MIQ) workforces. Vaccinations will also begin for their household contacts from 8 March, starting in South Auckland. We will next be shifting our focus to frontline (non-border) health workers who could potentially be exposed to COVID-19 while providing care (Tier 2a).

4 Based on Cabinet and Ministerial discussions following the advice in the paper to Cabinet on 1 March 2021, we propose a number of updates to the next groups for focus in the Sequencing Framework. These changes will streamline the approach so that we can move to nationwide rollout for older people and other at-risk groups sooner.

5 On this basis, Tier 2 (b) would be focused on:

5.1 Frontline healthcare workers who may expose people, who are more at risk of severe health outcomes, to COVID-19

5.2 Certain groups living in settings or locations that are "high risk", including:

5.2.1 older people and people with relevant health conditions in the Counties Manukau District Health Board (DHB) district;

5.2.2 people in long-term residential care where a high proportion of residents are at-risk of severe health outcomes if they contract COVID-19 (such as aged residential care); and

5.2.3 older people living in a whānau environment in hard to reach places, and their household. This is because they face a similar risk to those in aged residential care. This group will be supported by Māori and Pacific providers, and we recommend an initial allocation of 40,000 courses to Māori and Pacific providers to distribute.

6 Subsequently, we propose that Tier 3 would be focused on the following at-risk groups nationwide:

6.1 Tier 3 (a) – people aged 75 years and above

6.2 Tier 3 (b) – people aged 65 years to 74 years

6.3 Tier 3 (c) – disabled people and people with relevant underlying health conditions.

7 The COVID-19 Immunisation Programme will partner with Māori and Pacific providers to deliver vaccinations in their communities. They will be provided with vaccine supplies from Tier 2(b) onwards. This is to ensure they are resourced to meet their needs of the communities. In addition, we will support them to meet vaccination demand beyond their enrolled populations, such as through targeted investments into related capital infrastructure, workforce capability and general readiness for delivering vaccinations.

8 It is expected that the Sequencing Framework will be used as a broad guide for delivery focus, and we propose that providers will have flexibility to adjust their approach to maximise uptake and minimise wastage. This includes directing them to adopt a whānau-centred approach during Tier 2 (b) and Tier 3.

Background

On 1 March 2021 Cabinet received an update on the Sequencing Framework and endorsed the groups included in Tier 2(a)…

9 The COVID-19 Immunisation Sequencing Framework guides our focus where vaccine supplies are limited.

10 Cabinet has previously endorsed the proposed approach for Tier 1 of the Sequencing Framework, which is tightly focused on border and MIQ workers who are covered under the COVID-19 Public Health Response (Required Testing) Order 2020 (the Testing Order), and their household contacts [CAB-21-MIN-001 refers]. People in Tier 1 are at the greatest risk of infection and transmission because of their proximity to cases coming through the border, so vaccination can be an additional safeguard for them and their wider community.

11 Vaccinations are well underway for these workers and will begin for their household contacts from 8 March 2021, starting in South Auckland.

12 Note we are currently working through changes to the Testing Order, which broadens the definition on who is included within Tier 1(a).

13 On 1 March 2021, we reported back to Cabinet with an update on the Sequencing Framework. Cabinet agreed that that Tier 2 (a) should be frontline (non-border) health workers potentially exposed to COVID-19 while providing care [CAB-21-MIN-0040 refers]. This group includes an estimated 57,000 staff[1] who are at the frontline and directly interacting with patients such as GPs, nurses, pharmacists and people working in our testing centres.

…and we now seek agreement to the subsequent groups included in the Sequencing Framework

14 Cabinet invited Ministers to report back with further advice on the Sequencing Framework. This paper responds to this invitation and seeks confirmation of who will be included in the Sequencing Framework.

15 Fundamentally, the COVID-19 Immunisation Programme is a key part of our COVID-19 Elimination Strategy, as it will help to manage the impact of COVID-19 on our communities and response systems by:

15.1 protecting people from the potential harm of contracting COVID-19;

15.2 potentially reducing the risk of transmission in the community; and

15.3 supporting the health system's readiness and resilience if there is an outbreak, both by vaccinating certain health workers early and by vaccinating the groups most at risk of severe illness if they contract COVID-19.

Analysis

We have streamlined the Sequencing Framework to help us move to a national rollout as quickly as possible

16 Our team of five million has been fundamental to our response to COVID-19, and we want to be able to provide the opportunity for all New Zealanders to be vaccinated as soon as possible. We have purchased enough COVID-19 vaccines for everyone to have access over time. However, while supplies are initially limited there is a need to target specific population groups and communities who are at increased risk.

17 This includes older people and people with other health conditions that put them at-risk of serious illness from COVID-19.

18 Given this, we have streamlined the Sequencing Framework to be more tightly focused on those most at-risk. The changes since the version considered by Cabinet on 1 March 2021 are:

[1]Note these numbers are approximate and are constantly being refined as we work with delivery partners.

18.1 streamlining the workforces that will receive early access to the COVID-19 vaccine, focusing more tightly on frontline health workforces

18.2 refining who is considered to live in "high risk" settings or locations, including providing early access for certain at-risk groups in the Counties Manukau DHB district

18.3 simplifying Tier 3 of the Sequencing Framework to focus on people progressively based on their risk of severe health outcomes.

19 On this basis, the expansion of the COVID-19 Immunisation Programme would be phased to focus on the following at-risk groups after Tier 2 (a):

Tier 2 (b)

19.1 Frontline healthcare workers who may expose more vulnerable people to COVID-19

19.2 People living in settings or locations that are "high risk" in terms of:

19.2.1 the likelihood of exposure and/or transmission, and

19.2.2 the likelihood that residents will experience severe health outcomes if they contract COVID-19.

Tier 3

19.3 Tier 3(a) - people aged 75 years and above

19.4 Tier 3 (b) - people aged 65 years to 74 years

19.5 Tier 3 (c) - disabled people and people with relevant underlying health conditions.

20 A more detailed outline of who we propose to include in each Tier is provided at the **Appendix One**. **Appendix Two** illustrates the indicative COVID-19 Vaccine Rollout Plan, noting that it will need to be updated following Cabinet decisions.

21 Below we discuss our advice on the updated Sequencing Framework changes in more detail, including who else would be included in Tier 2 (b) alongside people in long-term residential care where a high proportion of residents are at risk of severe health outcomes if they contract COVID-19.

Given that people in South Auckland are at a high risk of exposure, we recommend including at-risk people living there in Tier 2(b)

22 Tier 2(b) is focused on people who are living in settings where there is a high risk of transmission and there are residents at risk of severe health outcomes if they contract COVID-19. Likewise, we know that there are communities whose residents face an increased risk of being exposed to COVID-19.

23 Counties Manukau has recently experienced a number of COVID-19 cases and has a high proportion of Māori and Pacific people (16 percent and 22 percent respectively), as well as a significant Asian population. These cases reflect that a significant proportion of the MIQ workforce is living in South Auckland. This puts their at-risk population at an increased risk of harm from COVID-19, and has flow-on implications to their social, cultural and economic wellbeing.

24 Given this, we recommend that Tier 2(b) includes anyone in the Counties Manukau DHB district who is aged 65 years or has a relevant underlying health condition. Counties Manukau DHB will work with its Māori and Pacific providers to help identify and reach the relevant population groups.

25 Planning is underway to enable wider community wide rollout in the Counties Manukau DHB district (i.e., to people not included in Tier 3 or Tier 2(b)) as soon as possible, and potentially alongside the Tier 3 rollout. We will report back to Cabinet on this as planning progresses.

We will partner with Māori and Pacific providers to help reach those at-risk and maximise uptake of COVID-19 vaccination…

26 All providers are responsible for the immunisation of the Māori and Pacific people in their community. However, we know that Māori and Pacific providers will be crucial for maximising uptake and achieving equitable coverage for Māori and Pacific people. They hold trusted relationships with the whānau they serve and are acutely aware of the disparities that whānau in their community experience across all outcomes and services, including health, education and employment. These providers can:

26.1 leverage strategic relationships to quickly draw on capability in the community

26.2 rapidly increase the capacity of health and social services to provide localised whānau-centred support

26.3 mobilise services to go where whānau gather (i.e. temporary clinics such as marae, churches, workplaces) and live (i.e. home, residential care, shelters), and bring whānau into services (i.e. providing transport to clinics), and

26.4 deliver strengths-based communications to individuals and whānau, with critical feedback loops to inform changes to the national response.

27 The COVID-19 Immunisation Programme will partner with Māori and Pacific providers so that they can deliver tailored and targeted approaches to their communities as part of the wider community rollout.

28 We expect that Māori and Pacific providers may extend their reach to beyond their enrolled population. This will mean that there will need to be a process for them to access additional vaccines (when available) if their allocation runs out and they have identified further demand. Officials are working to take account of this through distribution planning and operational guidelines.

29 To support these partnerships, the Ministry will work through what direct investment is needed to help build provider infrastructure and workforce capability. This presents an opportunity for Māori and Pacific provider development that is likely to have a lasting impact beyond the COVID-19 vaccination programme.

…including through providing supplies of COVID-19 vaccines for Tier 2(b) and beyond

30 One mechanism for partnering with Māori and Pacific providers is through providing dedicated COVID-19 vaccine supplies to reach at-risk people living in the community.

31 We propose that for Tier 2(b) there is an allocation of an initial 40,000 courses to these partners, to support them to reaching older people living in whānau environments in hard to reach places rather than aged residential care. Note that depending on delivery schedules, and the needs of the Māori and Pacific providers, we would expect this allocation to be smoothed over a number of weeks.

32 This process of providing dedicated COVID-19 vaccine supplies to Māori and Pacific providers will continue into Tier 3, as we need to support providers to build the momentum early to maximise uptake in their communities.

Tier 3 would see us move to nationwide rollout for older people, disabled people and people with relevant health conditions

33 We know that the risk of a person experiencing severe illness, hospitalisations and death if they contract COVD-19 increases significantly with age. It has been estimated that those aged 65 years and older have a five-fold increase in risk of severe health outcomes, and this increases with age.

34 Tier 2(b) already includes older people living in high-risk settings. Following this, we propose that Tier 3 first focuses on older people nationwide.

35 Subsequently, it would focus on other groups who also have an increased risk of severe health outcomes. There is evidence that certain conditions increase risk, such as coronary heart disease, hypertension, stroke, diabetes, chronic obstructive pulmonary disease/chronic respiratory conditions, kidney disease, cancer and pregnancy.

36 Disabled people generally have poorer health and wellbeing than non-disabled people and some fare even worse, particularly tāngata whaikaha (Māori disabled people), Pacific disabled people and people with an intellectual / learning disability. There is limited specific evidence around the level of risk faced by disabled people more generally in respect of COVID-19, noting however that disabled people may be more likely to have one of the underlying health conditions mentioned above.

37 Nonetheless, we consider that it is reasonable to expect that many disabled people may be at an increased risk, particularly if they are supported in their home by a number of support workers or carers. As such, we propose that disabled people are included in Tier 3(c) alongside people with relevant underlying health conditions.

38 As we move into the national rollout we will consider existing mechanisms like the High Use Health Card which may allow us to deliver the vaccine in a structured manner to pre-identified cohorts.

39 This will allow us to leverage existing mechanisms that approximate some relevant risk factors to ensure high integrity identification and clear communication with those individuals in the cohort.

To support the Elimination Strategy, we aim to vaccinate as many people as possible at pace and will provide flexibility to providers

40 To support the Elimination Strategy by helping us to manage the potential impact of COVID-19, we need to vaccinate as many people as possible, as soon as possible. Initially while supplies are limited we need to have a focus on at-risk populations and communities. This means focusing on maximising uptake rather than maintaining vaccine stockpiles.

41 We consider that the Sequencing Framework should not be treated as strict eligibility criteria for who can receive the COVID-19 vaccine. It is intended to guide the particular focus for the Immunisation Programme at a given point in time.

This would include discretion to immunise whānau members and others as appropriate

42 Given this, we propose that DHBs and all other providers are directed to adopt a whānau-centred approach during Tier 2 (b) and Tier 3. This would mean that they can use discretion to immunise whānau members of older people, disabled people and people with relevant underlying health conditions when they accompany them to the appointment, considering factors such as whether:

42.1 the whānau member/s are carers of the person presenting for the vaccination;

42.2 they have sufficient doses of vaccine available at the site to meet expected demand until new deliveries arrive;

42.3 the whānau or family member faces barriers to access or is in a population group that may have difficulties in accessing the health system (including Māori, Pacific peoples, disabled people, rainbow communities[2], ethnic minorities and people in remote regions); and/or

42.4 there are other risk factors in the household, such as overcrowding or a multi-generational living arrangement.

43 We also propose providing flexibility to providers about how to allocate the vaccine based on what they know of their community to maximise uptake and minimise wastage. For example, it may be appropriate to vaccinate as many people as possible at once in small rural communities. Likewise, if a provider has leftover supply, they

[2] It is not expected that whānau members would be asked to share this information with the vaccinator to receive access to the COVID-19 vaccine, rather the provider can use their discretion based on what they know of the whānau and their access to healthcare in the past (given that people in the rainbow community are more likely to experience inequitable access to healthcare).

could use it to vaccinate other people identified as at-risk (even if they are not within the current focus group). This is because risk is a spectrum, and we do not want to:

43.1 wait for everyone in a category to be vaccinated before pushing into the next group identified, as this could cause delays and a loss of momentum

43.2 contribute to any wastage of the vaccine, which has a short shelf-life of five days once defrosted.

Financial Implications

44 The financial implications arising directly from the proposals in this paper will be met within the existing appropriation of Implementing the COVID-19 Vaccine Strategy Multi Category Appropriation until December 2021.

Legislative Implications

45 There are no legislative implications resulting from the proposals.

Population Implications

46 The COVID-19 Immunisation Strategy has been developed to enable best use of COVID-19 vaccines to support the immediate health response to COVID-19 in New Zealand and the Pacific. Delivering on the COVID-19 Immunisation Strategy may contribute to the full cultural, social and economic recovery from COVID-19.

47 This can benefit population groups that have experienced disproportionate cultural, social and economic harm. For example, some groups are more likely to experience difficulty in returning to employment and subsequent economic hardship over the long-term, such as disabled people, Māori, Pacific peoples and young people who have recently entered the labour market.

48 In addition, risk of negative health effects of COVID-19, including death, could disproportionately affect older people and people with relevant underlying conditions. Disabled people, Māori and Pacific peoples are more likely to experience these impacts, as they have higher rates of underlying health conditions and co-morbidities. Those who live in crowded housing, especially Māori and Pacific peoples for example, living in an intergenerational arrangement, or those who work in particular roles such as border security, are also likely to be more at risk of transmission.

Human Rights

49 As previously advised, vaccines may be targeted earlier to certain people or populations when supplies are limited as per the Sequencing Framework. However, it is important to note that we have purchased enough vaccines for every person in New Zealand. All people are equally deserving of care, but certain risk characteristics and the initial limited supply will justify prioritisation of vaccine delivery.

50 Vaccines may be targeted earlier to certain persons or groups of persons when supplies are limited. This means individuals may receive a COVID-19 vaccine sooner who may also have a disability or health condition, be a certain age, sex, ethnicity, or

family status. If this differential treatment occurs it will be based on particular risks faced by these people, as well as promoting equitable outcomes.

51 This raises possible issues around discrimination under section 19 of the New Zealand Bill of Rights Act 1993 and section 21 of the Human Rights Act 1993 by potentially prioritising access to specified groups. This response is proportionate and based on evidence and decision-making frameworks underpinned by the principle of equity, with any discrimination in favour of people at greater risk. As such, it is demonstrably justified in a free and democratic society in accordance with section 5 of the Bill of Rights Act.

52 Note that if specific at-risk groups are not included within the Sequencing Framework but are at an equivalent risk of harm to those who are, this may raise human rights concerns that the Government is not working to actively and equitably protect them from harm.

Consultation

53 The Ministry of Health advised The Treasury, Te Puni Kōkiri, Te Arawhiti, the Office of Ethnic Communities, Corrections, and the Ministries of Foreign Affairs and Trade, Pacific Peoples, Business Innovation and Employment, Justice and Primary Industries that this paper was being prepared.

54 Due to the tight drafting timeframes, formal consultation with other agencies on this paper was not possible.

Communications

55 Following your decisions on this paper, officials will update current content on the Unite against COVID-19 and Ministry of Health websites promptly. Work is also underway to build an online tool to help people to understand where they fit into the Sequencing Framework and when they are likely to receive their vaccine.

56 Previous public communications identified particular workforces as being in a particular Tier, some of whom will now instead receive access to the COVID-19 vaccine when we move to national rollout for everyone in New Zealand. Following Cabinet decisions, officials will proactively update the affected sectors on any changes to when they are likely to be able to be vaccinated.

Proactive Release

57 We intend to proactively release this Cabinet Paper (within 30 working days) with redactions as appropriate under the Official Information Act 1982.

Recommendations

The Minister for COVID-19 Response, the Minister of Health and the Associate Ministers of Health recommend that Cabinet:

1 Note that vaccinations are well underway for the Border and Managed Isolation and Quarantine workforces, and will begin for their household contacts from 8 March 2021, starting in South Auckland.

2 Note that Cabinet previously agreed that the next focus is Tier 2 (a), which includes frontline (non-border) health workers potentially exposed to COVID-19 while providing care [CAB-21-MIN-00400 refers]

3 Note that individuals can be at increased risk of severe health outcomes from COVID-19 due to their age and/or or an underlying health condition or disability

4 Note that this risk is increased for at-risk people living in high-risk settings or locations, such as residential care settings or Counties Manukau

5 Agree that after rolling out to people included in Tier 2 (a), that the following groups are included in Tier 2 (b):

5.1 Frontline healthcare workers who may expose people at risk of severe health outcomes to COVID-19 (as outlined in **Appendix One**)

5.2 Certain groups living in settings or locations that are "high risk", including:

5.2.1 people aged 65 years and above and people with relevant health conditions (as specified in **Appendix One**) in the Counties Manukau DHB district;

5.2.2 people in long-term residential care where a high proportion of residents are at-risk of severe health outcomes if they contract COVID-19 (as specified in **Appendix One**); and

5.2.3 an allocation of 40,000 courses to Māori and Pacific providers to distribute to older people living in whānau environment in hard to reach places, and their household

6 Agree that Tier 3 would be focused on the following groups:

6.1 Tier 3 (a) - people aged 75 years and above

6.2 Tier 3 (b) - people aged 65 years to 74 years

6.3 Tier 3 (c) - disabled people and people with relevant underlying health conditions (as specified in **Appendix One**)

7 **Note** the attached indicative COVID-19 Vaccine Rollout Plan, which will be updated following Cabinet decisions on sequencing

8 Agree to direct DHBs and other providers to adopt a whānau-centred approach during Tier 2 (b) and Tier 3

9 Note that the Ministry will partner with Māori and Pacific providers to deliver vaccinations in their communities, who will be provided with ongoing vaccine allocations from Tier 2 (b) onwards

10 Note that the Ministry will work with Māori and Pacific providers to support them to meet vaccination demand beyond their enrolled populations, including through targeted investments to build provider infrastructure and workforce capability

11 Agree that providers, while using the Sequencing Framework to guide their delivery focus, will have flexibility to adjust their approach as required to maximise uptake and minimise wastage

12 Note following your decisions in this paper, officials will work with the COVID-19 Vaccine Ministers' offices on updated communications.

Authorised for lodgement

Hon Chris Hipkins
Minister for COVID-19 Response

Hon Andrew Little
Minister of Health

Appendix One: Updates to the Sequencing Framework Tier definitions (changes in red)

SUB-TIER	POPULATION COHORT	DEFINITION
TIER ONE: THE BORDER AND MIQ		
Tier 1(a)	Border workforce, all workers recorded on the official Border Register as per the Required Testing Order. (~7,700 people)	"Affected persons" at a New Zealand border (airport or marine port) as defined by the COVID-19 Public Health Response (Required Testing) Order 2020. Includes only the workforce that qualify for routine COVID testing as recorded on the official Border Register within the following categories: - Aircrew members who qualify based on the border order - Flight or ship workers who spend more than 15 minutes in an enclosed space (plane or ship) and qualify based on the border order - Airside government officials - Airside DHB workers - Airside retail, food, beverage workers - Airside cleaners - Airline/airport workers interacting with international passengers and baggage - Other landside workers interacting with international passengers - Pilots, stevedores working on/around, and people who board affected ship - Workers who transport to/from affected ship - Other port workers who interact with people required to be in isolation - Health workers providing COVID-19 testing services to these sites.
	MIQ workforce (~4,900 people)	"Affected persons" at a New Zealand border (airport or marine port) as defined by the COVID-19 Public Health Response (Required Testing) Order 2020. Includes only the workforce that qualify for routine COVID testing as recorded on the official Border Register within the following categories: This includes: - All MIQ workers (including all New Zealand Defence Force (NZDF) eligible for rotation to MIQ) - MIQ healthcare workers including medical, nursing and support staff who provide services to these facilities - Workers who transport to/from MIQ.
Tier 1(b)	Household contacts of the eligible border and MIQ workforce (~40,000 people)	Any person who usually resides in a household or household-like setting with (a border or MIQ worker as set out above), regardless of whether they are related or unrelated people; this will include people who may reside part-time in the household including children and partners not permanently resident in the household.
TIER TWO: FRONTLINE WORKFORCES AND AT-RISK PEOPLE LIVING IN HIGH-RISK SETTINGS		
Tier 2 (a)	Frontline (non-border) healthcare workers potentially exposed to COVID-19 whilst providing care. (~57,000 people)	The frontline healthcare workforce in service delivery settings where possible cases will seek healthcare and there is no ability to screen for COVID-19 before the interaction occurs. It includes only staff who are at the front line interacting directly with patients in: - COVID-19 testing (taking samples and laboratory analysis) - Administering COVID-19 testing - Administering COVID-19 vaccinations - Ambulance services - Accident and emergency department frontline staff - Urgent care clinic front line workforces - Emergency response diagnostics (e.g. radiology) and support staff (e.g. orderlies, security, receptionists) who are interacting with patients - Community midwives and WCTO workers in people's homes - General practice front line workforce including GPs, nurses and receptionists - Pharmacy front line workforce - NGOs (including Whānau Ora) providing first response personal health services directly to patients (excludes mental health and addictions, social support services) - Healthcare providers providing treatment services to people in managed isolation. This only includes the four centres with MIQ facilities and only extends to services which receive MIQ patient referrals. AND: - Contact tracing personnel required to respond to prevent community transmission

Tier 2 (b)	Frontline healthcare workers who may expose more vulnerable people to COVID-19 (~183,000 people)	The frontline healthcare workforce working in healthcare service delivery settings interacting with patients/clients. Frontline healthcare workers <u>interacting with patients</u>: - Inpatient, ambulatory and outpatient publicly funded hospital services including community staff and diagnostics - All long-term residential care frontline workers, including aged residential care, Corrections (staff at custodial and community-based residences), disability, Oranga Tamariki (including Youth Justice), mental health and addictions, group-based transitional residences for homeless people, and hospice careworkers. - Home care support workers including aged care and disability support - Community diagnostics – radiology, laboratories - All other primary care not included in Tier 2 (a) - Community and home-based services - All NGO and community-based services including iwi-based services, mental health - Community public health teams, including outreach immunisation staff - COVID Incident Management Teams at each DHB AND: - NZDF staff who may be involved in overseas deployments for the purpose of vaccination programmes
	At-risk people living in settings with a high risk of transmission or exposure to COVID-19 (234,000 people)	Any person who usually resides in a long-term residential care setting, including (approximately ~57,000 people): - Aged Residential Care (~35,000 people) - Disability Residential Support Services (~7,700 people) - Oranga Tamariki, including Youth Justice (up to 100 people) - Mental health and addictions (~9,800 people) - Group-based transitional residences for homeless people (~4,000 people based on the number of transitional housing places, though actual number is likely to be lower) Approximately 40,000 courses allocated to Māori and Pacific providers to reach older people (and their households and carers) living within a whānau environment in hard to reach places (this is approximately equivalent to the number of Māori and Pacific people over 70 years of age, and the allocation for aged residential care). Any person in the Counties Manukau DHB district who: - is over the age of 65 years (~70,000 people), or - is under 65 years old but has a relevant underlying health condition that puts them at risk of severe disease from COVID-19 infection* (indicative estimate is ~67,000 people).[3]
TIER THREE: NEW ZEALAND PUBLIC WHO ARE AT AN ELEVATED RISK OF SEVERE ILLNESS FROM COVID-19		
Tier 3 (a)	Older people nationwide (not already covered in Tier 2(b))	People who are 75 years or older (~317,000 people)[4]
Tier 3 (b)		People who are 65 years – 74 years (~432,000 people)
Tier 3 (c)	People with comorbidities nationwide aged under 65 years	People with relevant underlying health conditions* and disabled people under 65 years of age (very approximate estimate due to potential double counting is 730,000 – 1.3 million people). *This includes coronary heart disease, hypertension, stroke, diabetes, chronic obstructive pulmonary disease/chronic respiratory conditions, kidney disease and cancer. While it is not a health condition, pregnant people will also be included in this Tier.

[3] 9 Chan WC, Winnard D, Papa D (2017) People identified with selected Long-Term Conditions in CM Health in 2015. Counties Manukau Health. Unpublished.
[4] Based on 2021 DHB Population Projections (estimated 2020).

Appendix Two: COVID-19 Vaccine Rollout Plan ***(for illustrative purposes only and based on previous modelling, which will be refined following Cabinet decisions)***

s 9(2)(g)(i)

[redacted]