Commercially Sensitive

Office of the Minister for COVID-19 Response

Cabinet

Decision to use the COVID-19 Pfizer paediatric vaccine for children aged 5 to 11 years

Proposal

1 This paper seeks agreement from Cabinet on the use of the Pfizer paediatric vaccine for children aged 5 to 11 years, and donation of this vaccine to Polynesian countries.

Relation to government priorities

2 This proposal relates to the Government's priority of continuing to keep New Zealanders safe from COVID-19; and to the Government's priority to make New Zealand the best place in the world to be a child (as articulated in the Child and Youth Wellbeing Strategy).

Executive Summary

3 This paper considers the use of Pfizer's paediatric COVID-19 vaccine for children aged 5 to 11 years, following provisional consent by Medsafe. The COVID-19 Vaccine Technical Advisory Group (CV TAG) has recommended this vaccine is offered to all children 5 to 11 years. The Director-General of Health has accepted the CV TAG advice and recommends that Cabinet agrees to the use of this paediatric vaccine for New Zealand children.

4 CV-TAG have recommended that Pfizer's paediatric vaccine is given as two doses eight weeks apart or at least three weeks apart where there is good reason for a shorter dose interval. They have also recommended that mandates, vaccine certificates or vaccine targets not be used for this age group and children should not be denied access to locations or events or excluded based on their vaccination status.

5 Planning for immunisation of children aged 5 to 11 years is well underway and can commence from 17 January 2022 should you agree to use the vaccine in this group. Supply is expected from early January 2022, and officials will work closely with Pfizer to optimise the delivery schedule to meet New Zealand's needs.

6 Implementing immunisation for children will focus on using the existing infrastructure, service delivery models, vaccinators, and channels in a two-pronged approach from the outset. This will include a broad reach across Aotearoa and a simultaneous, targeted focus on equity, vulnerable communities, and areas with lower vaccination rates. There will be sufficient vaccine supply and provider capacity available to offer COVID-19 immunisation to all children aged 5 to 11 years concurrently, so no sequencing is required.

7 An early and strong focus on working with Māori is especially important. Tamariki Māori have been impacted more by the pandemic than other children and remain at higher risk. Children also make up a higher proportion of the Māori population than for non-Māori. Māori and Pacific children are more likely to live in multigenerational families housed in overcrowded conditions, increasing the risk of transmission.

8 New Zealand continues to play a role internationally, supporting access to vaccines particularly for the six countries in Polynesia. I am now seeking your agreement to donate up to 130,000 doses of Pfizer's paediatric vaccine to the six Polynesian countries, in line with New Zealand's Immunisation Programme.

Background

9 On 3 December 2021, New Zealand moved to the COVID-19 Protection Framework. The system is based on the premise that there will be cases of COVID-19 in the community at any given time, but that we will predominately be managing this with a highly vaccinated population and other public health measures.

10 As COVID-19 vaccines are a critical tool in protecting people from the risks of COVID-19, maximising uptake is a key focus of the Government to keep everyone in New Zealand safe.

11 New Zealand continues to roll out the predominantly Pfizer-based COVID-19 Immunisation Programme (the Immunisation Programme) for those aged 12 years and over, and those aged 18 years and older can access a booster dose at least six months after their second dose. AstraZeneca is also now available for those aged 18 and over.

12 As part of the ongoing rollout of the Immunisation Programme, officials have considered the possible extension of the eligible population to include children 5 to 11 years of age, based on emerging evidence and experience of other countries.

13 Children under 12 years are at lower risk from direct health impacts of COVID-19 than older age groups. However, COVID-19 can have serious health consequences for some children. Children living with pre-existing health conditions or comorbidities have a greater risk of severe disease from COVID-19. Māori and Pacific children are more likely to live in multigenerational families housed in overcrowded conditions, increasing the risk of transmission from other household members. There is also risk of other household members being infected by unvaccinated children, though the risk of transmission from children is lower than from adults.

14 A COVID-19 vaccine for children under 12 years has the potential to keep them safe from COVID-19 and may reduce the risk of transmission of COVID-19 especially in multigenerational and overcrowded households.

15 To support COVID-19 vaccine needs, New Zealand has secured an additional 4.7 million doses of the Pfizer vaccine for 2022. This includes access to 1.25 million doses of Pfizer's paediatric vaccine product, which is sufficient volume for children aged 5 to 11 years in New Zealand (477,000) and in the six Polynesian countries (Cook Islands, Niue, Tokelau, Samoa, Tonga, Tuvalu) to receive a full course (two doses) of the vaccine.

16 It is important to note that the paediatric version is different to the current 'adult' version. The differences include changes to the ingredients and the amount of the ingredients in the vial, including the concentration of mRNA (active ingredient). Therefore, this product is not merely a 'more dilute' version of the adult vial.

17 To date, all decisions on the use of a new COVID-19 vaccine as part of the Immunisation Programme have been informed by the Decision to Use Framework. This considers New Zealand's domestic context, the advice provided by the COVID-19 Vaccine Technical Advisory Group (CV TAG) and the Ministry of Health. The Framework also considers available supply of vaccine, the implementation approach and timing, and our role in supporting international efforts and our Pacific neighbours.

Use of the Pfizer COVID-19 Vaccine in children aged 5 to 11 years

The Pfizer COVID-19 vaccine has been granted provisional approval by Medsafe for children aged 5 to 11 years

18 Before any vaccine is used in New Zealand, it needs to have consent (or provisional consent) from Medsafe (under the Medicines Act 1981). This process provides assurance that medicines meet acceptable standards of safety, quality, and efficacy. In addition, transparency and rigour in the approval process will help to maintain public confidence in the vaccine. A robust regulatory process is key to supporting a successful COVID-19 Immunisation Programme.

19 On 16 December 2021, Medsafe granted provisional consent for the use of the Pfizer COVID-19 paediatric vaccine for children aged 5 – 11 years old. Medsafe's role is to consider whether a vaccine meets high standards for safety, efficacy and quality for a particular group of people.

20 In granting provisional consent, Medsafe has required ongoing provision of information on storage, quality assurance and safety, as use of the vaccine increases globally. These conditions are similar to those for other COVID-19 vaccine products which are newly developed and on which considerable data is being collected as they are being used globally.

The Pfizer paediatric vaccine

21 The Pfizer paediatric vaccine is a lower dose product developed especially for children under 12 years who produce a strong immune response at lower doses than for adults. The 10µg paediatric dose produces similar immune responses in this age group as are seen in the 16-to-25-year age group with the standard 30µg dose. To date, no comparisons have been made to immunise response in those aged 12 to 15 years olds.

22 Clinical trial data have shown the Pfizer paediatric vaccine to have a favourable safety profile in children with mild and self-limiting side effects and good immunity from seven days after the second dose. No vaccine-related serious adverse events have been reported. Further safety data from large scale roll-out of this paediatric vaccine in the United States and Canada are expected in early January 2022.

Expert advice on use of the Pfizer vaccine for children aged 5 to 11 years

23 The CV TAG has recommended that:

23.1 that Pfizer paediatric vaccine be offered to all children aged 5 to 11 years, to be given as two doses eight weeks apart or at least three weeks apart where there is good reason for a shorter dose interval

23.2 mandates, vaccine certificates or vaccine targets must not be used for this age group and children should not be denied access to locations or events or excluded based on their vaccination status

23.3 focus be given to immunisation of Māori and Pacific children, children with high-risk pre-existing conditions and children living with vulnerable people

23.4 focus also be given to improving access and uptake of COVID-19 vaccination and boosters in adults, other childhood immunisation in children, and strengthening public health measures in schools and other education settings

23.5 careful safety monitoring be undertaken with recommendations reviewed as data emerges from the US and Canadian immunisation programmes for children.

24 The Director-General of Health has accepted and is in agreement with this advice, and has asked that CV TAG undertake a formal safety review in February 2022 to confirm the recommended eight week interval between doses.

25 Medsafe has granted provisional approval Pfizer's paediatric vaccine with an interval between the first and second dose of at least 21 days. CV TAG have recommended an eight week interval as the optimal duration between doses for 5-11-year-olds, noting this may improve immunogenicity and reduce side effects. A longer dose interval would also allow greater time to monitor international safety data during the rollout.

Child wellbeing impact assessment

26 Officials have undertaken a Child Wellbeing Impact Assessment (the Impact Assessment) of immunisation for children aged 5 to 11 years, to inform Cabinet's decision and guide implementation to enhance the wellbeing of children in New Zealand, while not jeopardising the rights or wellbeing of any group.

27 The Ministry consulted widely with key agencies to ensure that any paediatric vaccination programme enhances the wellbeing of children in New Zealand, while not jeopardising the rights or wellbeing of any group. Specifically, the Ministry has engaged with the Ministries of Education and Social Development, the Ministries for Māori Development, Pacific Peoples, and Ethnic Communities, the Ministry of Women, Oranga Tamariki, the Office of the Children's Commissioner, and the Office for Disability Issues in this assessment.

28 While COVID-19 is rarely serious or fatal for children, the pandemic has had and will continue to have significant impacts on children's health, education, relationships, development, and lives. The Impact Assessment completed by the Ministry of Health highlighted the following:

28.1 immunisation of the wider population should continue – it is important to protect children and promote their wellbeing

28.2 immunisation of children should proceed and be offered to all aged 5 to 11 years – it adds protection and promotes children's development with or without high levels of population immunisation

28.3 immunisation of tamariki Māori requires high and urgent focus – compared with non-Māori children, Māori have suffered greater pandemic effects, remain at high risk and have a larger child population with 10% of Māori under 5 years old and ineligible for vaccine

28.4 that restrictions for any child based on their vaccination should not outweigh the benefits to their development of full access and participation in education, development, recreation and community activities and public places

28.5 immunisation of children should, where possible, promote whānau wellbeing, be offered in multiple ways to suit a wide range of families and groups, and cater especially for Māori, Pacific peoples, children and families with illnesses and disabilities, children and families living in poverty, and children in the care of Oranga Tamariki.

Obligations under Te Tiriti o Waitangi

29 In adhering to the principles of Te Tiriti o Waitangi, it is essential that immunisation rollout embraces Tino Rangatiratanga, Partnership, Active Protection, Options and Equity. This will include:

29.1 Māori-led approaches for Māori

29.2 partnership between hauora, Māori providers, DHBs, and iwi

29.3 empowering, resourcing and providing training for hauora and Māori providers as early as possible

29.4 strong Māori communications to promote equitable paediatric uptake for Māori

29.5 a clear focus on equitable immunisation outcomes for Māori more generally, including tamariki Māori

29.6 overall, a high and urgent focus on the immunisation of tamariki Māori.

Consistency with WHO guidance

30 The World Health Organization (WHO) issued an Interim statement on COVID-19 vaccination for children and adolescents (updated 29 November 2021). It states that:

30.1 Countries should consider the individual and population benefits of immunising children in their specific epidemiological and social context

30.2 Benefits go beyond direct health benefits – minimising disruptions to education and maintenance of overall well-being, health and safety are important

30.3 Attaining high coverage of high-risk groups such as older people, those with chronic health conditions and health workers, including booster doses, should be prioritised before children and adolescents

30.4 Global sharing through the COVAX facility should be prioritised before vaccination of children and adolescents who are at low risk for severe disease.

31 The advice in this paper, and the Impact Assessment has been informed by is consistent with this WHO guidance. Sharing paediatric vaccine with the countries of Polynesia, as noted below, will support their child immunisation plans.

Supply and uptake considerations

32 There is some uncertainty around the uptake of the vaccine in those aged 5 to 11 years old. Of responders to an October Horizon research poll, 68% (including 51% of Māori 90% of Pacific responders) would definitely or most likely allow children in their care to be immunised. This is an encouraging result as we expect support to grow as the Immunisation Programme rolls out.

33 Officials are working closely with Pfizer to optimise the delivery schedule to ensure we make best use of our doses. At this stage, officials have arranged for 500,000 doses of the paediatric vaccine to arrive in the week beginning 3 January 2022 with a use by date at the end of March 2022. A further 500,000 doses are expected in February, and the remaining 250,000 doses in the second quarter of 2022, which Pfizer will confirm on a 4-week rolling basis.

34 Upon arrival of the Pfizer doses, there is a quality assurance step to ensure the vaccine is fit for purpose before the Ministry of Health takes ownership of the doses from Pfizer. This involves confirming receipt of delivery and that the vaccine has been kept at -70 degrees throughout the shipment, and that there have not been any breakages during transit.

35 The table below outlines theses with anticipated timelines for the first four days following arrival in New Zealand of the first shipment of the Pfizer vaccine.

Day	Step	Temperature
1	Shipment of vaccine arrives in Auckland, and Quality Assurance process completed	-70 degrees
2-3	Shipment of vaccine is prepared for distribution to sites	-70 degrees
4	Vaccination site receive vaccines and consumables	2-8 degrees

36 This means if the first shipment of Pfizer's paediatric product arrives the week commencing 3 January 2022, we will be well placed in advance to begin the roll out on the week commencing 17 January if desired.

Proceeding with the rollout of a paediatric programme from 17 January 2022

37 Planning is well underway for the immunisation rollout so there will be minimal delay once decisions have been made on offering the paediatric vaccine. Rollout from the week of 17 January 2022 allows the minimum sufficient time for planning that includes the following:

37.1 Suitability for children is being assessed and guidance developed across the wide range of community-friendly immunisation delivery models that are being used and adapted for different communities and localities. For example, drive-through vaccination suits some families; additional guidance on observation and surrounding facilities and staffing is being developed, and dry runs and trial runs will be needed ahead of "going live".

37.2 Digital records infrastructure is being developed to provide for the paediatric vaccine requirements and allow bookings, adverse event surveillance and user experience surveys. No vaccine passes are planned to be offered at this stage for children 5 to 11 years, although in future children will be able to apply for international vaccine certificates if these are required for travelling.

37.3 Partnership and engagement with Hauora Māori, Pacific providers and family and community groups will facilitate promotion and acceptability of paediatric immunisation approaches.

38 It will be important to maintain focus on adult immunisation and booster uptake. Some communities that are only now reaching high immunisation uptake will be well-represented among parents of 5- to 11-year-olds. Immunisation of children will provide good opportunities to promote whole whānau vaccination, uptake of measles mumps and rubella (MMR), influenza immunisation and other health and social services.

39 Further implementation decisions may be required. To avoid delay, I recommend that the Prime Minister, the Minister of Finance, the Minister for COVID-19 response, and the Minister of Health (the group of Ministers) are granted the power to act to ensure timely decision making (if required) on the use and implementation of Pfizer paediatric vaccine in the COVID-19 Immunisation Programme.

40 Officials will report back to the group of Ministers with power to act over the holiday period on the implementation approach prior to opening up invitations for children aged 5 to 11 years, this will reflect lessons learned in the initial phase of the vaccination programme and an update on the ongoing co-design process currently underway with hauora providers and iwi representatives.

Implementation

Immunisation Implementation Advisory Group

41 The Ministry has been engaging with the Immunisation Implementation Advisory Group (IIAG) for independent, practical advice on how to plan, prepare and implement a COVID-19 immunisation campaign for children 5 to 11 years. The programme will evaluate and plan delivery models with the IIAG to ensure a

paediatric vaccine is delivered in ways that support Māori, Pacific and disabled people to achieve equitable immunisation outcomes.

42 DHBs will be expected to partner with iwi to agree on local rollout plans and priorities for the programme. The COVID-19 Vaccination and Immunisation Programme will facilitate this through their equity teams who are working with service providers to ensure they have the resources they need to target their efforts efficiently.

Implementation progress

43 Most programme delivery elements (logistics, cold chain, supporting technology platforms, available workforce and delivery settings) are already in place. The Ministry of Health is now confirming workforce training requirements, specific operating and handling guidelines to ensure the programme administers the vaccine in line with regulatory and clinical recommendations from 17 January 2022.

44 Our Te Tiriti o Waitangi obligations continue to be an essential element of the planning phase before the rollout commences. Discussions with the Iwi Chairs Forum Pandemic Response Group and CV TAG members have led to a codesign process with Māori. Key elements of the design include a data driven, whanau-based implementation approach with access to a vaccines and health checks, a focus on the celebration of tamariki and their whānau with a back-to-school theme and communications that are developed by Māori for Māori. The Ministry has ongoing engagement with hauora providers on implementation approaches and will utilise lessons learned from the Immunisation Programme to date and by leveraging our partnerships such as with the Iwi Chairs Forum Pandemic Response Group.

45 There will be sufficient vaccine supply and provider capacity available to offer COVID-19 immunisation to all children aged 5 to 11 years concurrently. No sequencing approach is required as was needed in the early part of rollout to adults. However, targeted support and dedicated resource will be important to maximise equitable uptake.

46 The 5- to 11-year-old programme implementation will focus on using the existing infrastructure, service delivery models, vaccinators and channels in a multi-pronged approach from the outset. This will include a broad reach across Aotearoa and a simultaneous, targeted focus on Māori, equity, vulnerable communities, and areas with low vaccination rates.

47 Focused effort will include use of the means that have reached more vulnerable populations and areas well during the 12+ ages COVID-19 immunisation programme – community-based centres, marae, churches, drive-throughs, and pharmacies, etc. These outreach mechanisms will differ by region, local needs and provider plans.

48 The Ministry has been establishing and refining models that reach more vulnerable populations and areas and provide COVID-19 vaccinations at scale. Officials anticipate a certain portion of families in this population cohort will be eager for children to be immunised and will use the existing infrastructure to be immunised shortly after the programme starts.

49 The Ministry will continue to take a multi-pronged approach to co-design this service with our hauora providers to meet the needs of tamariki and their whānau. The Ministry will also work with Te Arawhiti, and Te Puni Kōkiri to strengthen the approach for Tamariki Māori. In some communities, schools and kura may provide a site for immunisation. With rollout starting before schools return for the 2022 school year, any immunisation at or near school sites will be delivered by existing local providers rather than as a separate school-based programme.

50 The Ministry will continue to receive guidance and advice from our Māori experts on the IIAG, CV-TAG, and Tātou Whaikaha Disability Advisory group and other key groups including the New Zealand Māori Council (which has proposed the formation of a group of national Māori organisations to be known as Ngā Mana Whakahaere o COVID-19), Iwi Leaders Forum, and other national Māori organisations. In addition, the Ministry's Immunisation Programme Equity team and Māori Health Directorate will engage with the existing Māori health providers to understand what additional supports and resources may be required to implement this service successfully to tamariki.

51 For disabled children and their whanau, the 5-to 11-year-old programme will continue to promote an inclusive and accessible mainstream first approach, in line with the Enabling Good Lives principles, supplemented with dedicated bespoke approaches. Planning and delivery will take into consideration disabled parents, whānau, āiga, carers and siblings, regardless of whether the child is disabled or not.

52 The Disability plan for 5- to 11-year-olds will maintain the core elements of the existing disability rollout, including:

52.1 Information and communications that are accessible and inclusive, and in a range of formats for families with disabilities, and will be co-designed and co-produced with the disability community

52.2 Local networks will be leveraged to communicate available services, including the Whakarongorau Aotearoa telehealth disability line

52.3 Families, whānau and āiga to have tools and resources to support conversations with disabled children about their healthcare and encouraged to utilise tools like supported decision making practices

52.4 The workforce is well-versed in disability, including disability equity, managing challenging behaviours, supported decision making, and needle phobia

52.5 A range of service delivery options are available, including disability accessible transport, accessible and inclusive mainstream services, pop-up clinics in familiar settings and/or in partnership with disability organisations, low sensory services, allowing for disabled people and their whānau to visit sites prior to immunisation to become familiar with vaccination settings, providing sensory distraction tools, and having food and water available.

53 The Immunisation Programme will be considering how it can increase uptake in communities with lower vaccination rates to ensure Māori, Pacific, and disabled

people achieve equitable outcomes. Advice on how a paediatric programme can be implemented will be provided for the group of Ministers with the power to act over the holiday period.

Broader implications arising from a Paediatric programme

54 Balancing the benefits of immunisation against any consequences for children who are not immunised requires careful consideration. Children should enjoy full access and participation in opportunities and public places.

55 Careful consideration is required around access to information about whether children are immunised, and how that information might be used. The CV TAG and agencies input into the Child Impact Assessment has recommended against that information being available to schools, to reduce the risk of exclusion or conflict. However, officials will provide further advice to the Ministers in 2022 in line with other public health measures.

56 Public settings where children of different age groups mingle will require guidance and likely "workarounds". For example, intermediate schools may have 10- to 13-year-olds in class trips or swimming lessons. Immunisation status should not prevent children being able to participate, and from a child development viewpoint it would be better to not require vaccine certificates from 12- and 13-year-olds than to require them from younger children in a group.

57 I note also that the Ministry of Education is considering how to address the access issue for school children when visiting public spaces as part of their education programmes. Currently this issue is limited to students aged 12 years and over when operators require vaccine certificates from those students.

58 Schools and home education providers are keen for early guidance. Some schools and kura are happy to host immunisation efforts, while others have already been the target of anti-vaccination protests. Finding ways to de-escalate or remove potential conflicts about immunisation of children will be a high priority.

59 I propose that the Ministry of Health reports back to Cabinet in January 2022 on how child wellbeing is best supported when some are immunised and others not, and that this advice includes consideration of:

59.1 Children's access to a wide range of activities and public places during the pandemic

59.2 Access to records of a child's immunisation, including any use of COVID-19 Vaccination Certificates

59.3 Access to International certificates for children who require them for travel

59.4 Guidance and communications resources for education settings

59.5 Guidance for a wide range of government, non-government, community, and business groups on children's access to activities and public places.

Removing the requirement for schools to maintain student vaccine registers

60 On 11 October 2021, Cabinet agreed that education services will be required to maintain an up-to-date register of the vaccine status of eligible secondary school students [CAB-21-MIN-0414 refers].

61 Subsequently, the systems and processes for managing COVID-19 outbreaks have been reworked and the need to collect and use student vaccination status data is no longer essential to those processes.

62 To remove unnecessary workload on schools as soon as possible, the Ministry of Education has advised schools that maintaining a register of the vaccination status of their students is no longer required, although they are able to do so if they choose for their own purposes. The relevant direction under the Education and Training Act 2020 giving legal effect to the requirement has been revoked by the Secretary for Education.

63 I am comfortable that removing this requirement is the right course of action, however, the Ministry's notice to schools, and the Secretary's revocation, has preceded Cabinet approval to make the change. I am now asking Cabinet to note the Secretary's decision.

International considerations

64 New Zealand continues to play a role internationally, supporting access to vaccines particularly for the six countries in Polynesia with whom we have constitutional relationships and/or strong historical and cultural ties: the Cook Islands, Niue, Tokelau, Samoa, Tonga and Tuvalu. New Zealand is also directly supporting access to vaccines in other Pacific countries such as Fiji.

65 Pacific countries have young populations, many of whom are under 12 and therefore ineligible for the Pfizer COVID-19 vaccine for ages 12+. These countries will have a strong interest in vaccinating their 5–11-year-olds in order to strengthen protection against COVID-19 in their populations, especially as the region begins looking towards reconnecting (including with New Zealand and Australia) and the risk of COVID-19 entering their borders increases.

66 New Zealand has received official requests for paediatric vaccines from Cook Islands and Niue, and informal requests from other Polynesian countries. In response, Minister Sio will send letters to the six Polynesian Health Ministers (Cook Islands, Niue, Tokelau, Tuvalu, Samoa and Tonga) to request that our respective officials progress discussions on the countries' interest and consideration of paediatric vaccines.

67 Cabinet has already agreed to continue to support the Cook Islands, Niue and Tokelau to access sufficient vaccines to cover their ongoing immunisation needs in 2022, and to work with other donors to support Samoa, Tonga, Tuvalu and Fiji with their remaining vaccine needs [CAB-21-MIN-0350 refers].

68 New Zealand has procured sufficient volumes of Pfizer's paediatric COVID-19 vaccine to fully immunise those aged 5 to 11 years in Polynesia (130,000 doses).

69 At this stage we assess it is unlikely that New Zealand will have sufficient volumes of the paediatric Pfizer vaccine to support the immunisation of 5- to 11-year-olds in Fiji. Officials are discussing with Australia its intentions to donate paediatric vaccines to the Pacific region, including to Fiji, and will reassess what support we may be able to offer Fiji at a later time once we know of New Zealand uptake and the likelihood of surplus doses being available.

70 The costs relating to the donation of paediatric COVID-19 vaccines to Polynesia will be met within existing baselines, as part of the $75m Pacific and Global Vaccine Access and Roll-out Fund that Cabinet agreed in December 2020 [CAB-20-MIN-0504 refers].

71 I recommend Cabinet agree to donate up to 130,000 doses Pfizer's paediatric vaccine to the six Polynesian countries, in line with New Zealand's Immunisation Programme, and readiness.

Financial Implications

72 There are no financial implications arising from the roll out of the paediatric product.

73 On 15 December 2021, Cabinet vaccination programme as a charge against both the COVID-19 Tagged – Operating Contingency and the COVID-19 Response and Recovery Fund [SWC-21-MIN-0223 refers].

74 The cost of purchasing the paediatric doses has already been confirmed and appropriated for, and will not require additional funding.

Legislative Implications

75 There are no legislative implications arising from the recommendations in this paper.

Population Implications

76 Vaccinating children will increase the proportion of the whole population who have a level of protection from COVID-19, reducing the potential harm COVID-19 could cause in our communities.

77 Tamariki Māori are at higher risk of severe disease and hospitalisation due to COVID-19. Vaccinating children reduces the overall risk in tamariki Māori and risks to their whānau and provides an opportunity to utilise whānau-based approaches to engage with whānau on vaccination (including boosters) and other COVID-19 pandemic support.

78 Pacific children are also at higher risk of severe disease and hospitalisation due to COVID-19. Vaccinating children reduces the overall risk in this population and provides opportunity to engage with aiga on vaccination (including boosters) and other COVID-19 pandemic support.

79 Adults and older persons (65+ ages) are immunised using a different product to the paediatric COVID-19 vaccine. However, other resources such as vaccinators are used by both immunisation programmes. Proposals in this paper such as whānau-based

approaches, engaging family and aiga on vaccine status and booster eligibility outweigh any risk of inequitable resource distribution.

80 Individuals with disabilities are at higher risk of severe disease due to COVID-19. Families with disabilities also have unique needs from public health services and associated messaging. Vaccinating children with disabilities reduces the high level of risk they bear from COVID-19, and proposals in this paper give focus to the needs of families with disabilities who wish to vaccinate their child/children.

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Consultation

82 The Ministry of Health has consulted with the Ministry of Foreign Affairs and Trade, Crown Law, Ministry of Education, and the Ministry of Justice. The Department of the Prime Minister and Cabinet has been informed.

Communications

83 The COVID-19 Immunisation Programme communications campaign for 5- to 11-year-olds is underway and will ramp up over the coming months. There are five key phases of the campaign:

83.1 Phase One (underway): General awareness

83.2 Phase Two (17 Dec 2021): Medsafe approval – announcement of the Decision, and further information and education to the Public on the decision-making process.

83.3 Phase Three (20 Dec 2021): Decision to use – announcement of the decision to use, and inform parents and children about rollout timing and how to access vaccination

83.4 Phase Four (17 Jan 2022): Launch – announcement that child vaccination has started nationwide, and detailed information on how to access vaccines for 5- to 11-year-olds

83.5 Phase Five (from 18 Jan 2022): Post launch campaign and mobilisation

84 The purpose of a targeted paediatric vaccination communications strategy is to build trust and confidence in the COVID-19 vaccines and the Immunisation Programme to encourage uptake.

Proactive Release

85 We do not intend to proactively release this Cabinet paper within 30 days, rather will release this paper with redactions as appropriate under the Official Information Act 1982 once decisions have been made on vaccine related restrictions for children and donation to Fiji.

Recommendations

The Minister for COVID-19 response recommends that the Committee:

1 note that New Zealand has purchased sufficient supply of the Pfizer paediatric vaccine for immunisation of the New Zealand population aged 5 to 11 years, and the populations of the six Polynesian countries aged 5 to 11 years.

2 note that Medsafe has granted provisional consent to Pfizer NZ Ltd for distribution of its paediatric vaccine product in New Zealand, for children aged 5 years to 11 years, to be given as two doses at least three weeks apart

3 note that the provisions attached to this approval are similar to those for other COVID-19 vaccine products and relate to ongoing provision of information regarding storage, quality assurance and safety

4 note that we expect Pfizer will be able to deliver its paediatric vaccine from the week beginning 3 January 2022, and officials will work closely with Pfizer to optimise the delivery schedule

5 note that the COVID-19 Vaccine Technical Advisory Group (CV TAG) has recommended that:

5.1 that Pfizer paediatric vaccine be offered to all children aged 5 to 11 years, to be given as two doses eight weeks apart or at least three weeks apart where there is good reason for a shorter dose interval

5.2 mandates, vaccine certificates or vaccine targets must not be used for this age group and children should not be denied access to locations or events or excluded based on their vaccination status

5.3 focus be given to immunisation of Māori and Pacific children, children with high-risk pre-existing conditions and children living with vulnerable people

5.4 focus also be given to improving access and uptake of COVID-19 vaccination and boosters in adults, other childhood immunisation in children, and strengthening public health measures in schools and other education settings

5.5 careful safety monitoring be undertaken with recommendations reviewed as data emerges from the US and Canadian immunisation programmes for children

6 note that the Ministry of Health has completed a child wellbeing impact assessment and its findings are consistent with the CV TAG advice, including that:

6.1 immunisation of the wider population is important to protect children and promote their wellbeing

6.2 immunisation of children adds protection and promotes children's development with or without high levels of population immunisation

6.3 immunisation of tamariki Māori requires high and urgent focus; Māori have suffered high pandemic impacts, remain at high risk, and have a younger child population with 10% of Maori under 5 years old who are ineligible for vaccine

6.4 immunisation of children should be voluntary with no associated restrictions for any children

6.5 immunisation of children should where possible promote whānau wellbeing

7 agree to use the Pfizer paediatric vaccine for immunisation of children aged 5 to 11 years in accordance with CV TAG advice where doses are to be given as two doses eight weeks apart or at least three weeks apart where there is good reason for a shorter dose interval

8 agree that, to promote children's wellbeing:

8.1 high priority be given to engagement with and resourcing for Māori to promote COVID-19 immunisation uptake for children and adults, together with access and uptake other health and social measures that promote whanau wellbeing and the wellbeing of tamariki Māori

8.2 high priority be given to promotion of immunisation for children who are, like tamariki Māori, at higher risk of exposure to and impacts from COVID-19, including Pacific children, children with disabilities and health conditions and children in the care of Oranga Tamariki

9 note that, if you agree, immunisation rollout for children aged 5 to 11 years is being planned to start from 17 January 2022

10 note that Cabinet is not scheduled to meet until 21 January 2022, and implementation decisions may potentially be required over the shutdown period

11 agree that the group of Ministers (Prime Minister, the Minister of Finance, the Minister for COVID-19 Response, and the Minister of Health) have the power to act to ensure timely decision making on implementation of the COVID-19 Immunisation Programme should this be required during the parliamentary break

12 note that officials will report back to the group of Ministers with power to act over the holiday period on the implementation approach prior to opening up invitations for children aged 5 to 11 years, this will reflect lessons learned in the initial phase of the vaccination programme and an update on the ongoing co-design process currently underway with hauora providers and iwi representatives

13 note that the Ministry of Health will report back to Cabinet during January 2022 on children's access to a wide range of activities and public places during the pandemic

and on any disclosure or use of immunisation records, certificates, or passports for children

14 note that the Secretary for Education has removed the requirement for secondary schools to maintain registers of students' vaccination status, as this is no longer required to support contact tracing and management of potential outbreaks.

15 agree to donate up to 130,000 doses of Pfizer's paediatric vaccine to the six Polynesian countries, in line with New Zealand's Immunisation Programme

16 note that officials are discussing support for Fiji's immunisation of 5- to 11-year-olds with other donors and may provide further donation advice for Fiji in 2022.

Authorised for lodgement

Hon Chris Hipkins

Minister for COVID-19 Response