

COVID-19 Vaccine for Children Aged 5-11 Years Policy Statement

New Zealand COVID-19 Vaccine and Immunisation Programme

Version 1
23 December 2021

Table of Contents

Introduction	3
Background and context.....	4
Purpose.....	4
Equity.....	5
Policy Statement	5
Primary course	5
Vaccine mandates	6
Consent	6
References	8

Introduction

COVID-19 vaccines are being rolled out in Aotearoa New Zealand through the COVID-19 Vaccine and Immunisation Programme (the Programme) overseen by the Ministry of Health (the Ministry). This is the country's largest ever immunisation programme.

The Programme offers free COVID-19 vaccinations to everyone within the approved age range. The New Zealand Medicines and Medical Devices Safety Authority (Medsafe) recently gave provisional approval for the use of the paediatric Pfizer/BioNTech COVID-19 vaccine (the paediatric vaccine) for those aged 5 to 11 years. Cabinet then considered advice provided by the COVID-19 Vaccine Technical Advisory Group (CV TAG) and approved the 'decision to use' for children aged 5 to 11 years.

The United Nations (UN) has asked governments to prioritise children's rights in the development of policy related to COVID-19 in a manner that is consistent with the UN Convention on the Rights of a Child. With the Programme's eligibility criteria extending to include children aged 5 to 11 years, this provides an opportunity to provide a policy statement regarding the rollout of the paediatric vaccine for children across Aotearoa New Zealand.

Note 1: This policy statement is specific to the **paediatric Pfizer/BioNTech vaccine**, this is the only vaccine in Aotearoa New Zealand that Medsafe has given provisional approval for children in the 5 to 11 year age group.

Background and context

Medsafe granted provisional approval for the use of the paediatric vaccine for children aged 5 to 11 years on 16 December 2021. Following CV TAG advice, Cabinet approved the 'decision to use' on 20 December 2021.

To ensure that the Programme aligns with international evidence and best practice, CV TAG continuously reviews evidence regarding COVID-19 vaccines and provides advice to the Programme. New Zealand and international safety data regarding the paediatric vaccine will continue to be carefully monitored, and CV TAG will provide further advice to the Programme in early 2022. Advice for severely immunocompromised children who may need a third primary dose will be considered once further evidence is available on the need, safety, and efficacy.

International evidence shows that the paediatric vaccine has a favourable safety profile and children aged 5 to 11 years who received two paediatric doses of the vaccine had an immune response similar to people in the 16 to 25 year age group who received the standard adult doses.

Although children have a lower risk of direct health impacts from COVID-19 than older age groups, it can have serious consequences for children living with pre-existing conditions or comorbidities, from disadvantaged backgrounds, or those living within a lower socioeconomic status who have a greater risk of severe disease. It is recommended that children are vaccinated to protect not only themselves but also their whānau.

Purpose

The purpose of this document is to provide a policy statement on the rollout of the paediatric vaccine to children aged 5 to 11 years. It also functions to clearly identify the requirements for consent at community and residential care or facility-based vaccination sites.

This document aligns with advice from CV TAG and should be used alongside the [Immunisation Handbook 2020](#), the [COVID-19 Vaccine and Immunisation Programme Operating Guidelines](#), and the [COVID-19 Vaccine Immunisation Service standards](#).

Equity

Specific consideration must be given to promoting and improving vaccine access to groups that face barriers to health and have experienced disproportionate COVID-19 morbidity and mortality.

The COVID-19 pandemic and efforts to manage it have significantly impacted children in Aotearoa New Zealand across all wellbeing domains. Tamariki Māori and Pacific children have been impacted more by both COVID-19 illness among community members and the social and economic consequences of the pandemic. Negative impacts for children have been greatest for those living in poverty or situations of high family stress. The differential impact is expected to continue or increase as these communities are at relatively higher risk from COVID-19 because of lower vaccination rates and higher rates of underlying health conditions and disabilities and of high-contact living conditions.

The rollout of the paediatric vaccine to tamariki Māori will be carefully considered and planned through the Māori tamaiti vaccination programme. This programme has been co-designed with Māori paediatricians, doctors, nurses, teachers, principals, tamariki and specialists and puts tamariki Māori and whānau at the forefront of the development, design, and implementation.

Whānau-based approaches will provide an opportunity to improve delivery and uptake of the COVID-19 vaccine among Māori adults as well as uptake of the wider National Immunisation Schedule.

Policy Statement

The paediatric Pfizer/BioNTech vaccine is available for all children aged 5 to 11 (5 to <12) years in Aotearoa New Zealand.

Primary course

A primary course is two doses of the paediatric vaccine with an 8-week interval between doses. The interval between doses can be shortened to a minimum of 3 weeks in limited circumstances, such as prior to the initiation of significant immunosuppression or international travel.

Children who turn 12 after their first dose should follow the authorised schedule which uses the paediatric primary formulation. They should not be offered the adult formulation of the Pfizer COVID-19 vaccine.

Vaccine mandates

Mandates, vaccine certificates or vaccine targets that may formally or informally encourage exclusion from activities based on vaccination status must not be used or required for this age group. Children should not be denied access to locations or events or experience any consequences in terms of participation. Therefore, exemptions from vaccination are not required for this age group.

Consent

Under the Code of Health and Disability Services Consumers' Rights, every consumer has the right to the information they need to make an informed choice or to give informed consent. A parent, legal guardian, caregiver or person with an enduring power of attorney will need to accompany a child to their appointment(s) as the responsible adult and be able to provide consent for them to be immunised.

Accommodations must be made to enable parents, legal guardians, caregivers or an enduring power of attorney to make informed decisions. For example, provision of interpreters, including New Zealand Sign Language interpreters, and information available in preferred languages or formats.

In some situations, a whanaungatanga approach may be required. If a child presents to their vaccination with whānau who cannot provide consent for the child to be immunised, written or verbal consent should be obtained from a parent, legal guardian or person with an enduring power of attorney prior to administration of the paediatric vaccine.

The Immunisation Advisory Centre (IMAC) will provide information to support healthcare providers with the consent process for children in an online learning module.

The following outlines the programme objectives regarding consent for children aged 5 to 11 years at different vaccination sites. Currently, the Ministry of Health is not proposing a school-based COVID-19 immunisation service however a Principal and the Board of Trustees can determine whether a school is used as a community-based vaccination site.

1. Community-based vaccination

1.1 Healthcare providers will obtain written or verbal consent from a parent, legal guardian, enduring power of attorney, or a caregiver who is able to provide consent. The consent will be recorded, along with the name of the parent, legal guardian or enduring power of attorney in the CIR.

1.2 The Programme will provide age-appropriate information to children and whānau to help inform their decision. This will include resources on after vaccination care and information.

1.3 Whānau-based approaches will provide an opportunity to improve delivery and uptake of the COVID-19 vaccine among Māori adults as well as uptake of the wider National Immunisation Schedule.

2. Facility or residential care-based vaccination

2.1 Where a child is aged 5 to 11 years and lives in a residence or supported accommodation, the informed consent will follow the usual process for other medical treatments and vaccination.

References

- Health and Disability Commissioner. 1996. Code of Health and Disability Services Consumers' Rights.
- Ministry of Health. 2020. Immunisation Handbook. Wellington: Ministry of Health. Available from: <https://www.health.govt.nz/publication/immunisation-handbook-2020>
- Ministry of Health. 2021. COVID-19 Vaccine Operating Guidelines. Wellington: Ministry of Health. Available from: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-information-health-professionals/covid-19-vaccine-operating-and-planning-guidelines#operate>
- Mukkada, S., et al., Global characteristics and outcomes of SARS-CoV-2 infection in children and adolescents with cancer (GRCCC): a cohort study. *Lancet Oncol*, 2021. 22(10): p. 1416-1426.
- Murdoch Children's Research Institute (MCRI). Research Brief: COVID-19 and Child and Adolescent Health. Research Brief 2021 13 September 2021 [cited 2021 16 November]; Version 1:[Available from: <https://www.mcri.edu.au/sites/default/files/media/documents/covid-19-and-child-and-adolescent-health-140921.pdf>.
- Ng, W.H., et al., Comorbidities in SARS-CoV-2 Patients: a Systematic Review and Meta-Analysis. *mBio*, 2021. 12(1).
- Tsankov, B.K., et al., Severe COVID-19 Infection and Pediatric Comorbidities: A Systematic Review and Meta-Analysis. *Int J Infect Dis*, 2021. 103: p. 246-256.
- Walter, E.B., et al., Evaluation of the BNT162b2 Covid-19 Vaccine in Children 5 to 11 Years of Age. *New England Journal of Medicine*, 2021.