

Document 1

From: Ashley Bloomfield
Sent: Sunday, 1 August 2021 10:16 pm
To: Ian Town
Cc: Andrew Bichan; Joanne Gibbs
Subject: Re: Comms

Thanks Ian. Agree that this needs to be very tidy. Let's get the relevant people together tomorrow to get totally clear on what needs to be done, timeframes and clarity of Comms

Ngā mihi

Ashley

From: Ian Town <Ian.Town@health.govt.nz>
Sent: Sunday, August 1, 2021 3:52 PM
To: Ashley Bloomfield
Subject: Comms

Kia ora Ashley

Some very important comms on vaccines ahead this week. It was evident to me even on Friday that there is a need for absolute clarity about what we are planning for the vaccination programme from here. I am happy to assist reviewing talking points etc but first we need clear decisions and I am not sure that we have those documented as yet. There is also the risk of confusion about families and whanau groups (younger people) and what the timing on dose 2 is for the mass event participants.

1. Delaying the 2nd dose for 6-12 weeks – this will be discussed by CV TAG Tuesday but we are all agreed on this I think.
2. Vaccination of children 12-15y – CV TAG will review again and in the light of emerging data about the impact of the Delta variant on younger people I think we need to firm up on this around individual protection. Note David Skegg's latest note to me on this:
 - a. "In response to your text this morning, we discussed briefly the issue of vaccinating the 12-15 year old group. I hope you will have received a copy of our latest advice letter to the Minister, and you will see that we mentioned (in paragraph 4) the desirability of vaccinating this age group – from the perspective of community protection against SARS-CoV-2. We do realise that other factors have to be considered, especially the benefit-risk ratio for the individuals involved. There is also an ethical issue relating to the distribution of vaccines globally. Our group agree that it would be sensible to defer making a decision about this until later in the year. By then, there will be more evidence available. The point was also made that trying to vaccinate this group at the same time as the main roll-out would be a distraction from what is already a very challenging task"
3. Myocarditis in those under 30 – I am trying to get the ATAGI advice on this but a short message from their Chair on Friday suggested they were going to recommend only one dose of Pfizer – I do not think any difference in approach is a problem but hope to clarify tomorrow.

Cheers

Ian

Dr Ian Town (he/him)
Chief Science Advisor | Ministry of Health | s 9(2)(a)



For appointments and meeting arrangements please contact:

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From: Ashley Bloomfield
Sent: Thursday, 12 August 2021 10:17 pm
To: Ian Town
Subject: Re: Confidential

Great email thanks Ian

Ngā mihi

A

From: Ian Town <Ian.Town@health.govt.nz>
Sent: Thursday, August 12, 2021 9:11:01 PM
To: David Murdoch s 9(2)(g)(ii); Edwin Reynolds <Edwin.Reynolds@health.govt.nz>; Elizabeth Wilson s 9(2)(g)(ii); Helen Petousis-Harris s 9(2)(g)(ii); Ian Frazer s 9(2)(g)(ii); James Ussher s 9(2)(g)(ii); Nikki Moreland s 9(2)(g)(ii); Nikki Turner s 9(2)(g)(ii); Peter McIntyre s 9(2)(g)(ii); Sean Hanna s 9(2)(g)(ii); Sue Crengle s 9(2)(g)(ii); Tony Walls s 9(2)(g)(ii); Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>
Cc: Andi Shirtcliffe <Andi.Shirtcliffe@health.govt.nz>; Caroline McElnay <Caroline.McElnay@health.govt.nz>; Fiona Callaghan <Fiona.Callaghan@health.govt.nz>; Juliet Rumball-Smith <Juliet.Rumball-Smith@health.govt.nz>; Niki Stefanogiannis <Niki.Stefanogiannis@health.govt.nz>; Pippa Scott <Pippa.Scott@health.govt.nz>
Subject: Confidential

REQUEST FOR FEEDBACK

Kia ora tatou

I expect you will have caught up with the major announcements today by the Prime Minister on a range of COVID issues.

Can I thank you all for the work you have undertaken in providing scientific and clinical advice through CV TAG. The Prime Minister acknowledged this in several places during her address today.

The revised collateral relating to the Elimination Strategy and Reconnecting NZ has been loaded onto the relevant websites:

<https://covid19.govt.nz/alert-levels-and-updates/latest-updates/government-sets-out-plan-to-reconnect-new-zealanders-to-the-world/>

To our specific advisory role:

1. Our advice on myocarditis was accepted by the Director-General and communicated in detail to the Vaccine Ministers Group. This informed the decision announced today to extend the dose interval to at least 6 weeks.
2. Our advice on the use of the Pfizer vaccine in 12-15 year olds has also been considered by the Director-General and will be further considered by Cabinet on Monday after discussion at our regular Vaccine Ministers zoom meeting tomorrow afternoon (Friday 13th). In the light of the decision announced today about the opening of the vaccine booking system to those over 16 from 1 September, Ashley and I have been thinking that it would be sensible to recommend actioning the Medsafe approval for the younger age group from that date as well. This would embrace our advice around encouraging whanau groups to attend together with parents/whanau bringing family members with them.

Document 2

Our advice to delay a decision is this being reconsidered in the light of these factors and noting that in Australia and elsewhere much younger people are being adversely affected by COVID-19. Our sense is that swings the balance towards vaccinating this group from 1 September.

Can you provide you feedback tomorrow morning by email noting that Ashley is copied in to this email and will see all your replies

Ministry staff need not respond thank you.

CVTAG colleagues are also welcome to call me direct tomorrow morning if preferred.

Thank you

Dr Ian Town (he/him)

Chief Science Advisor | Ministry of Health | Mob: s 9(2)(a)



*For appointments and meeting arrangements please contact:
Janice Tomlin: Janice.Tomlin@health.govt.nz | Cell: s 9(2)(a)*

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Document 3

From: Ian Town
Sent: Friday, 13 August 2021 1:07 pm
To: Ashley Bloomfield
Subject: Fwd: Bullets on CV TAG discussion of DTU Pfizer in 12-15 today
Attachments: 20210813_DRAFT_Bullets_on_discussion_DTU_12_15yo.docx

Heading to moh now

From: Fiona Callaghan <Fiona.Callaghan@health.govt.nz>
Sent: Friday, August 13, 2021 12:46:26 PM
To: Ian Town <Ian.Town@health.govt.nz>
Cc: Dan Bernal <Daniel.Bernal@health.govt.nz>
Subject: Bullets on CV TAG discussion of DTU Pfizer in 12-15 today

Hi Ian
Attaching bullets and I will print out and put on your desk.

Ngā mihi,
Fiona

Fiona Callaghan, PhD (she/her)
Lead Science Advisor

COVID-19 Science and Insights | COVID-19 Health System Response | Ministry of Health - Manatū Hauora | New Zealand

<http://www.health.govt.nz>

Email: Fiona.Callaghan@health.govt.nz

Cell: s 9(2)(a)



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Draft Bullets: CV TAG discussion on DTU for 12-15 year olds, 13 August 2021.

1. There was agreement that children aged 12 to 15 years should be vaccinated.
2. The benefits of this approach were noted, such as potentially helping to provide equitable vaccination coverage in Māori and Pacific Peoples, as young people represent a greater proportion in these communities compared to the overall population, and given that Māori and Pacific Peoples are higher risk from COVID-19. It was also noted that this would likely lead to a reduction on school closures and disruption in the education system.
3. However, it was noted that in general, the younger age group is a lower priority compared to older age groups and at-risk groups, at this time.
4. There was concern that the COVID-19 immunisation program in children 12-15 years, particularly a school-based program, may have a negative impact on other immunisation programs in schools in this age group, e.g., HPV. There was concern that the current COVID-19 vaccination program is already contributing to the low uptake for the measles catch-up in 16-30 year-olds. The TAG suggested considering a school-based COVID-19 vaccination program in the future.
5. It was also noted that there are current issues with regard to equitable delivery in other immunisation programs (e.g., for HPV, MMR) in Māori and Pacific communities, aside from concerns related to COVID-19 immunisation rollout.
6. A one dose schedule in 12-15 year olds was suggested. It was thought that one dose provides good protection in younger age groups, while operationally would mitigate against overwhelming vaccine capacity. The decision for a second dose could be reviewed as data comes in. It is likely that the second dose would improve the immunity in this age group in the long-term (as it does in adults). However, a one dose schedule has not been introduced in other countries.
7. It was suggested that the wording around the potential benefit that an extended dosing interval may have with regard to myocarditis risk should be removed or re-worded to make it clear that there may be a benefit but the evidence is emerging.