

Excerpts from Memorandum for Board meeting 28 January 2022

To: Pharmac Directors
From: Chief Executive
Date: January 2022

Pharmaceutical Transactions Report

Current issues

Measles and flu vaccinations integration with COVID-19 vaccine programme

At the November 2021 Board meeting we updated the Board that the Ministry of Health is proposing an integrated immunisation approach to provide population protection against vaccine preventable diseases in 2022. This includes increased focus on improving coverage for measles and flu vaccine. Further updates on the relevant issues are provided below.

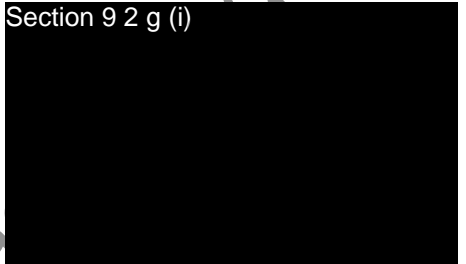
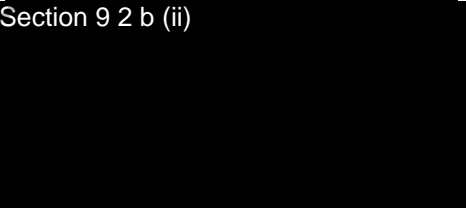
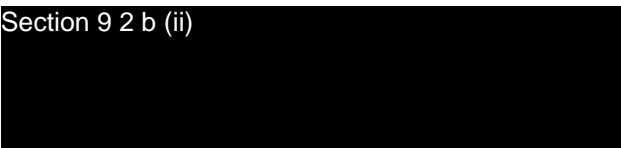
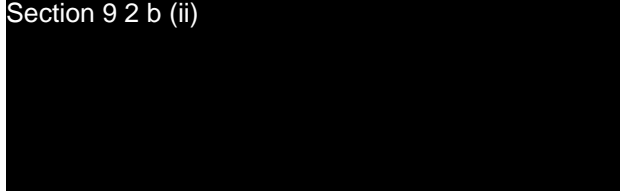
Influenza

We have worked with the contracted flu vaccine supplier (Seqirus) to secure 1.7 million doses for the 2022 influenza season. The Ministry has proposed that it would like to work with Pharmac to expand eligibility criteria to include Māori and Pacific people from an earlier age (55 years), and children from 6 months to 17 years of age, for the 2022 influenza season only. If changes were to be made, Pharmac staff consider it would be appropriate to consider ongoing access.

Pharmac will continue to work with the Ministry to consider this possible widened access and plan to seek further advice from the Immunisation Advisory Committee in early 2022.

Risk Implications

Risks

Description	Mitigation
<p>Influenza vaccine:</p> <ul style="list-style-type: none">• Section 9 2 g (i)  <ul style="list-style-type: none">• Section 9 2 b (ii) 	<ul style="list-style-type: none">• Section 9 2 b (ii)  <ul style="list-style-type: none">• Pharmac has been consulted on Health Reports and provided advice on the commercial and practical considerations of greatly widened eligibility at short notice <ul style="list-style-type: none">• Section 9 2 b (ii) 

Section 9 2 b (ii)

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Excerpts from Memorandum for Board meeting 25 February 2022

To: Pharmac Directors
From: Chief Executive
Date: February 2022

Pharmaceutical Transactions Report

Current issues

Measles and flu vaccinations integration with COVID-19 vaccine programme

At the November 2021 Board meeting we updated the Board that the Ministry of Health is proposing an integrated immunisation approach to provide population protection against vaccine preventable diseases in 2022. This includes increased focus on improving coverage for measles and flu vaccine. Further updates on the relevant issues are provided below.

Influenza

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We have been working with the Ministry of Health, in conjunction with Treasury and DPMC, to explore options for increasing the uptake of influenza vaccines amongst at-risk populations, to support re-opening New Zealand borders. This might include widening access criteria.

A higher rate of influenza is expected this season, as lockdowns over previous seasons have decreased circulating influenza strains and resulted in reduced levels of immunity. Combined with the expected surge of COVID-19 cases, the public health focus is to prevent as many influenza hospitalisations as possible.

Pharmac continues to work with the Ministry to consider this possible widened access and plan to seek further advice from the Immunisation Advisory Committee in the coming weeks.

Risk Implications

Risks

Description	Mitigation
Influenza vaccine: <ul style="list-style-type: none">Section 9 2 g (i)	<ul style="list-style-type: none">Section 9 2 b (ii)Pharmac has been consulted on Health Reports and provided advice on the commercial and

Section 9 2 b (ii)

[Redacted]

practical considerations of greatly widened eligibility at short notice

- Section 9 2 b (ii)

- [Redacted]

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MEMORANDUM

To Director of Operations
From Senior Therapeutic Group Manager
CC Manager Pharmaceutical Funding
Subject Memo to proceed: Influenza vaccine widened access consultation
Date 3 March 2022

Purpose

The purpose of this memo is to seek your approval of the proposed approach to publicly consult on a proposal to widen access to influenza vaccine for Māori and Pacific peoples from 55 to 64 years of age.

Recommendation

Staff recommend that we should publicly consult on a proposal to widen access to influenza vaccine for Māori and Pacific peoples from 55 to 64 years of age. In conjunction with the Ministry's increased focus on working with Māori and Pacific providers, and with learnings from the COVID-19 vaccination programme, staff consider this proposal would improve equity of outcomes, if funded.

Background

There has been minimal influenza circulating in New Zealand over the last two years as a result of border restrictions and public health measure in place to reduce the risk of COVID-19 spread. ESR considers that the lack of exposure to influenza virus in the community would reduce natural boosting from community exposure, and is likely to have caused a reduced level of immunity in the New Zealand population.

The Ministry of Health has been working with Pharmac since September 2021 to provide options to the Social Welfare Committee (SWC) of Cabinet for addressing the increased risks for the 2022 influenza season. While a number of options have been considered, Pharmac and the Ministry share the collective view that the key activity should be focused on improving uptake among those already eligible for funded influenza vaccine, the most likely programme to improve access equity for influenza vaccine. To achieve this, The Ministry of Health is proposing to utilise learnings from the COVID-19 and Māori Influenza and Measles Vaccination Programme (MIMVP) to ensure there is a strong equity focus for the implementation of the influenza programme.

One of the options considered, and still under consideration by Pharmac staff, for inclusion in the options to Ministers, is widened access for Māori and Pacific peoples from 55 to 64 years of age. Pharmac has indicated to the Ministry that it could support this widening of access without the

need to secure additional supplies of vaccine. This option would be complementary to the increased focus on increased coverage.

In summary, our clinical advisors consider that open access (universal coverage) would be the preferred option, but also are generally supportive of widened access for Māori and Pacific peoples 55 to 64 years of age. However our clinical advisors have highlighted that with less than a month from the start of the influenza season, it is very late to propose widened access when primary health care sector resource is stretched and under pressure due to demands associated with COVID-19, particularly the rapid increase in Omicron infections. We are aware that the Ministry of Health is working on a new implementation approach and consider, based on their feedback, that this new implementation approach is likely to relieve some of the potential workload that might otherwise have fallen to primary care providers to manage a new targeted influenza programme, and are therefore supportive of consulting on a proposal despite the short time frame.

Pharmac has worked with the contracted supplier, Seqirus to secure 1.7 million doses of vaccine for the 2022 season. Further work is underway with Seqirus and Sanofi to have up to 2 million doses available.

Proposal

The proposal is to initiate public consultation on a proposal to widen access to influenza vaccine to Māori and Pacific peoples from 55 to 64 years of age for the 2022 influenza season. Continued funding for future seasons would need to be considered as a separate funding decision. The consultation would be issued on Friday 4 March and be open for two weeks. The decision would need to be made in the week commencing 21 March, which if approved, would be too late for inclusion in the April Pharmaceutical Schedule. Although not ideal, the published listing in the Pharmaceutical Schedule is not essential for providers to be able to make vaccination claims. Staff would work with the Ministry Sector Services team to ensure vaccination claims could be processed.

The Ministry is seeking approval from Ministers to focus on increasing coverage, which would improve equitable outcomes, particularly with the Ministry's continuing support and funding of the MIMVP. Pharmac staff consider that equitable outcomes could further be improved by the proposed widened access to Māori and Pacific peoples from a younger age, as this would support the work of the MIMVP providers.

Clinical advice

Lowering the age of eligibility for Māori and Pacific peoples to 55 years of age was considered by the [Immunisation Subcommittee in 2018](#). At that time it was recommended for decline based on the view that improving low coverage rates in eligible Māori and Pacific populations would be a more effective approach to improving equity of access.

At the same meeting in 2018, the Subcommittee considered that vaccination of primary school age children contributes to herd immunity, particularly in Māori and Pacific peoples, where children are more likely to live in multigenerational family homes and in large households. The Subcommittee considered that a universal childhood influenza vaccination programme would only be achievable using an intranasal live attenuated influenza vaccine (LAIV). LAIV is not Medsafe approved or available in New Zealand.

Pharmac staff sought email clinical advice from the [Immunisation Advisory Committee in late February 2022](#). Advice was sought on the options for widened access that had been included in the Ministry of Health briefing to Ministers:

- Māori and Pacific peoples aged 55 to 64 years
- children aged 6 months to 5 years
- eligible people and their whānau who live in the same dwelling (also known as “whānau approach” or “ring protection”)

Most members’ preferred option was open access (“universal coverage”) of all ages, or some priority groups such as school age children or those from 6 months to 5 years of age.

While open access was a preferred option, most members were supportive of widened access for Māori and Pacific peoples from an earlier age. It was also suggested by a member that Pharmac consider extending this down to 50 years age as this is when immune response starts to wane as a result of ageing. Pharmac staff consider that the open access groups, including the option for children from 6 months to 5 years of age are too large to support from vaccine supplies already committed for the 2022 season. While an additional 20,000 doses of paediatric vaccine may be able to be secured, it would not be enough to cover paediatric open access if there was high uptake.

Members noted that currently Māori and Pacific rates for influenza vaccination are much lower in those aged 65 years and over, compared to non-Māori, non-Pacific Peoples. Members also noted that Māori and Pacific Peoples are at increased risk from seasonal influenza. Māori and Pacific populations have a younger age distribution than other population groups and high incidence of comorbidities. Widening access from an earlier age would increase coverage in Māori and Pacific Peoples as a greater proportion of the population would be able access funded vaccination.

A number of members noted that the primary care sector is under huge strain and operating at full capacity to respond to the omicron cases. Members suggested that the sector could struggle to implement a targeted approach at present, so it could be more equitable to fund open access for some age groups, as this would allow more at-risk people to access influenza vaccine without over-burdening primary care with the need to set up new targeting programmes.

Pharmac staff acknowledge the strain that the sector is under at present, but do not consider that open access (“universal access”) for some age groups could be supported by the available vaccine supply for the 2022 season. The Ministry has outlined in its advice to Ministers that it is planning to utilise COVID-19 vaccinators and learnings about improving access equity for the influenza season. Staff consider that this new implementation approach is likely to relieve some of the potential workload that might otherwise have fallen to primary care providers to manage a new targeted influenza programme. The Ministry of Health Immunisation Implementation Team has been asked to provide some commentary on the proposed implementation plan so that this can be included in the consultation to reassure the sector about additional workload demands.

Financial impact

Since the proposal to widen access to influenza vaccine was initiated in response to concerns about the New Zealand population’s increased susceptibility to influenza in 2022 as a result of a range of factors related to COVID-19 public health measures, it is proposed that the costs of widen access would be funded from the COVID-10 Response and Recovery Fund (CRRF). It is

anticipated that continued funding of widened access for future years would be funded from the CPB and would need to be subject to a separate funding decision.

The group size for Māori and Pacific Peoples from 55 to 64 years of age is approximately 39,000. At a net cost of Section 9 2 per dose and assuming 100% coverage, the total net cost to the CRRF of the proposal would be Section 9 2

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Excerpt from Memorandum for Board meeting 25 March 2022

To: Pharmac Directors
From: Chief Executive
Date: March 2022

Pharmaceutical Transactions and Expenditure Report

Current issues

Measles and flu vaccinations integration with COVID-19 vaccine programme

At the November 2021 Board meeting we updated the Board that the Ministry of Health is proposing an integrated immunisation approach to provide population protection against vaccine preventable diseases in 2022. This includes increased focus on improving coverage for measles and flu vaccine. Further updates on the relevant issues are provided below; identified using underlining.

Influenza

We have worked with the contracted flu vaccine supplier (Seqirus) to secure 1.9 million doses for the 2022 influenza season. We understand that another supplier (Sanofi) will also be supplying the private market this year, so expect there would be a total of 2 million doses available for the funded and private markets.

A higher rate of influenza is expected this season, as lockdowns over previous seasons have decreased circulating influenza strains and resulted in reduced levels of immunity. Combined with the expected surge of COVID-19 cases, the public health focus is to prevent as many influenza hospitalisations as possible.

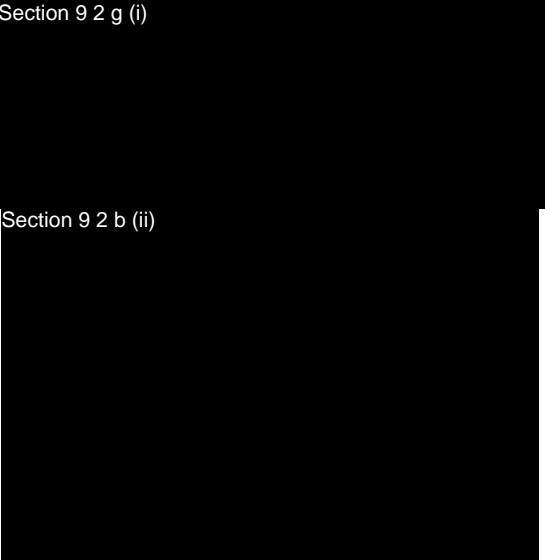
We have been working with the Ministry of Health, in conjunction with Treasury and DPMC, to explore options for increasing the uptake of influenza vaccines amongst at-risk populations, to support re-opening New Zealand borders. Pharmac sought further clinical advice from the Immunisation Advisory Committee at the end of February.

Based on information from the Ministry of Health, clinical advice we have received and amount of vaccine we can source in time for the 2022 influenza season we are consulting on a proposal to widen access to Māori and Pacific people 55 to 64 years of age for the 2022 season. Consultation closes on 18 March 2022. We intend to seek further clinical advice from Immunisation Advisory Committee about widened access to influenza vaccine for this and other priority groups for future seasons.

We understand that the Ministry is progressing a proposal to fund influenza vaccines for all healthcare workers who are not already covered by DHB occupational health vaccination programmes. It is also discussing with Pharmac the option to enable pharmacist vaccinators to offer the influenza vaccine to children (this is currently restricted to doctors for children under 3 years of age). While we are supportive of the Ministry's implementation strategy of working to increase the uptake of vaccine by eligible people, we note that the paediatric vaccine for children under 3 years of age is supplied in small quantities (20,000 doses). If a large number of pharmacies stocked up on the paediatric vaccine, there would be a risk of stock remaining unused in fridges and not being available to other vaccinators who do have children presenting.

Risk Implications

Risks

Description	Mitigation
<p>Influenza vaccine: Section 9 2 g (i)</p>  <p>Section 9 2 b (ii)</p>	<ul style="list-style-type: none">• Section 9 2 b (ii)• Section 9 2 b (ii)•• Pharmac sought its own clinical advice about widened access for the 2022 season and is consulting on a proposal to widen access to Māori and Pacific people from 55 to 64 years of age.