



Report of the Health Committee

Petition of Gerard Rushton: Provide a FREE meningococcal vaccine programme for ALL college students

June 2023

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Dr Tracey McLellan
Chairperson

Petition of Gerard Rushton

Recommendation

The Health Committee has considered the petition of Gerard Rushton—Provide a FREE meningococcal vaccine programme for ALL students—and recommends that the House take note of its report.

Request for a free meningococcal vaccine programme for all students

The petition was presented to the House on 31 March 2022. It requests:

That the House of Representatives urge the New Zealand Government to expand access to meningococcal vaccines and provide FREE vaccine for all preventable forms of meningococcal disease to ALL students in Year 11 (or at 16 years of age) before they leave school to work, study, or pursue other activities.

The petitioner, Gerard Rushton, represents the Meningitis Foundation Aotearoa New Zealand. It considers that all students deserve to be protected against all forms of meningococcal disease, irrespective of where they reside. The foundation submits that ensuring that every college student is protected against all preventable forms of meningococcal disease before they leave school would have several benefits, saving lives and reducing the costly side effects of meningococcal disease. A vaccine programme would also enable the Government to meaningfully contribute to the World Health Organization initiative to defeat meningitis by 2030.

Comments from the petitioner

The Meningitis Foundation is a charitable organisation established in 2010 to educate and raise New Zealanders' awareness of meningitis, and promote prevention and control of the disease. Its overarching objective is to actively reduce and prevent meningitis in New Zealand. The foundation seeks to do so by ensuring that families have accurate information about the disease, and access to preventative measures, early diagnosis, and treatment. It has set a goal of having every college student protected against all preventable forms of the disease before they leave school, by 2025. To achieve this, the foundation requests funded vaccines for the meningococcal B and ACWY strains for all Year 11 students and 16 year olds.

About meningococcal disease

Meningococcal disease is a bacterial infection that can cause meningitis (inflammation of the meninges, which are the tissues surrounding the brain) and septicaemia (blood poisoning). The disease can develop very quickly and doctors may be unable to save a patient's life if it is not detected and treated in time. It can also cause permanent disabilities, including limb amputations, brain damage, hearing loss, blindness, and cerebral palsy.

According to the foundation, meningococcal disease affects 100 to 200 New Zealanders annually. It told us that the mortality rate can be as high as 20 percent. Also, up to 20 percent of those who contract the disease suffer permanent impairment and disabilities. The foundation noted that the cost of care over a lifetime can be “huge”. It referred to a 2015 French study that estimated that the cost of a person’s lifetime care is up to \$3.9 million.

The foundation described immunisation as the best preventative method to protect against meningococcal disease. Proven vaccines are available that protect against the most common strains of the disease—Menactra for the ACWY strain and Bexsero for the B strain.

The foundation noted that 80 percent of New Zealand cases involve young people under the age of 20. Children under the age of 5 are particularly vulnerable, followed by 14 to 19 year olds.

Current funding arrangements for Menactra

In its written submission dated May 2022, the foundation noted that only a small group of New Zealanders receive funded access to Menactra.¹ They are 13 to 25 year olds in their first year of communal living situations. This includes boarding school hostels, tertiary education halls of residence, military barracks, and prisons.

In the foundation’s view, the funded access is too restrictive. This is because the vaccine provides inadequate protection against the disease and its provision is inequitable across New Zealand.

Concerns about inadequate protection

The foundation considers that the current scheme provides inadequate protection against the most common strains of meningococcal disease. The scheme only includes one dose of the conjugate ACWY vaccine (Menactra). The foundation noted that Institute of Environmental Science and Research data indicated that 45 percent of cases in 2019 were the type B strain. It is therefore concerned that the two-dose meningococcal B vaccine (Bexsero) is excluded from the funded scheme.

On 25 October 2022—the day before the foundation’s oral hearing—PHARMAC announced a proposal to widen access to Bexsero from 1 March 2023. Access was extended to children aged up to 12 months and for people aged 13 to 25 years who were entering into or in their first year of specified close-living situations. Catch-up programmes were also funded for children under the age of 5 and young people already in close-living situations. At its oral hearing, the foundation acknowledged the announcement. However, it observed that Māori and Pasifika are four to five times more likely to contract the disease and are still disadvantaged even after the announcement.

Concerns about inequitable access

In its written submission, the foundation said that the current scheme is “manifestly inequitable”. At that stage, the scheme only provided funded access to one vaccine to a narrow group of young people. It excluded tertiary students living off-campus in private,

¹ Menactra is also free for people with a higher risk of contracting meningitis. They include recipients of some organ transplants, HIV-positive people, and people who have been a close contact of a meningococcal case.

shared accommodation. The scheme also excluded young people living in high-risk shared, crowded, or multi-generational accommodation, who are working or undertaking other activities. The foundation also noted that Māori and Pacific communities are disproportionately affected by invasive meningococcal disease, comprising 70 percent of cases. Many of them do not qualify for the funded Menactra vaccine.

The foundation considers that the cost of the vaccines is a barrier for many families. It pointed out that the two available vaccines cost about \$150 a dose. A 16 year old needs two doses of the meningococcal B vaccine and one dose of the meningococcal ACWY vaccine to be adequately protected against the disease.

The foundation would like both meningococcal vaccines to be included on the New Zealand Immunisation Schedule for all 16 year olds. It believes this would address the social and financial inequities of the current scheme. The foundation also requests that the Government provide all individuals in the 13 to 25 year old age group funded access to the Bexsero and Menactra vaccines. This should occur regardless of their living situation, and as soon as possible. The foundation submits that such action could ultimately lead to eradicating meningococcal disease. It would do this by reducing the incidence of the disease in communities and, consequently, its ability to spread.

The foundation acknowledged the cost to include these vaccines in the National Immunisation Schedule. However, it urged us to consider the substantial costs of treatment for those contracting meningococcal disease. This includes the costs of hospital treatment, the lifelong cost of care for survivors, and the emotional and financial responsibility for families. The foundation submits that the cost of a vaccine programme for all 16 year olds would equate to the cost of lifetime care for one survivor.

Low levels of awareness about the disease

The foundation is concerned about the “glaringly” low levels of awareness of the disease among high-risk groups, parents, education providers, and primary-care practitioners. It said it regularly receives emails from survivors of meningococcal disease and relatives who have lost a loved one. Some reported being told that they did not need the vaccine for meningococcal disease, while others reported delays with diagnosis, or misdiagnosis. For example, we heard that the family of an immunocompromised child was told by their GP that they did not need to be vaccinated.

The foundation considers that these common stories highlight a significant lack of awareness within the primary healthcare sector. This includes awareness about the disease itself, the risk factors, available vaccines, disease symptoms, and early intervention and treatment options.

The foundation pointed out that the symptoms of meningococcal disease, particularly in the early stages, can be non-specific. Delays in seeking medical care and in diagnosis and treatment can be fatal. Further, once contracted, meningococcal disease can progress so quickly that doctors may be unable to save a patient’s life. For patients who survive, the long-term effects can be severely disabling. For these reasons, the foundation believes that, when managing the disease, the focus should be more on prevention than treatment.

In its written submission, the foundation said that education about meningococcal disease and awareness of symptoms was now more crucial than ever. It observed that New Zealand had opened its borders to international travel and was approaching winter when people would inevitably present with fevers and headaches. The foundation told us that it was essential that these symptoms were not all attributed to influenza or COVID-19, and that meningococcal disease was considered as a potential diagnosis.

The foundation requests that a comprehensive public awareness and education programme for meningococcal disease be established. It should include information about the symptoms of the disease, early diagnosis, treatment, and prevention through vaccination. The campaign should be sustained and reach health care providers, parents, educators, and the targeted 16 year olds.

We asked what the foundation considers are the main hurdles in advocating for a free vaccine in the National Immunisation Schedule. The foundation said that lack of awareness is the main hurdle. It repeatedly receives emails from family members who do not know that the vaccine is available for young people in halls of residence. We also heard that the foundation receives feedback from the medical profession that the vaccine is not deemed a priority because it is not on the immunisation schedule. The foundation considers that, if the vaccine was added to the schedule, medical professionals would be aware of and educated about it.

The petitioner's and others' experiences of meningococcal disease

We heard from Gerard and Claire Rushton whose daughter Courtenay passed away from the disease. They believe that her story will be echoed amongst other families if determined efforts are not made to eliminate meningitis. The Rushtons described Courtenay as a bubbly, intelligent, sporty, and vivacious 16 year old who was enjoying her life as a student and a boarder. At Christmas 2013, she became unwell and they made three visits over three days to her GP. On the third day, she collapsed in her GP's surgery and was transported to Timaru Hospital in extreme distress and considerable pain. She was then transferred by helicopter to Christchurch Hospital for a fasciotomy to relieve the pressure in her hands and feet. This was the first of numerous procedures and lengthy operations.

The Rushtons were told that meningitis was suspected but septicaemia was now Courtenay's biggest threat. She was placed in an induced coma, surrounded by monitors, tubes, and dialysis. Her blood pressure was dangerously low, her temperature was dangerously high, her major organs had shut down, and she was fully assisted to breathe. The Rushtons said that the extremes her body went through to fight the disease were "indescribable". The disease eventually entered her brain and the machines that were giving her life had to be turned off. The Rushtons questioned why a parent should have to relive such deep pain and trauma in order to raise awareness of a disease that is preventable.

The foundation also receives correspondence from many New Zealanders who have experienced meningococcal disease. It provided examples of some other testimonies, including from people who live with the effects of the disease or have lost children to it.

Endorsements for the petition

The petitioner provided submission endorsements from key organisations and sectors of the community. They were:

- the New Zealand Boarding Schools' Association
- tertiary educational institutions
- Federated Farmers
- the Pharmaceutical Society of New Zealand
- the Secondary Principals' Association of New Zealand
- the Australasian College of Emergency Medicine
- the Royal New Zealand College of General Practitioners.

The organisations consider that the current vaccination programme is too narrow and inequitable. They believe it would be more effective to target all 16 year olds while they are still at secondary school rather than continue with the current narrow schedule. They also supported the foundation's longer-term aim to have both vaccines funded for all teenagers.

The foundation told us that it spoke to the heads of health in New Zealand universities when it was preparing this petition. They all said that a vaccination programme was too late by the time a young person gets to university. This is because young people see themselves as "bulletproof" and vaccination is not a priority. The foundation believes that vaccination needs to occur when young people are still at home with their parents who still have some control over them.

Comments from PHARMAC

PHARMAC said it is committed to an equity-focused approach to eligibility and funding of the vaccine. It is also committed to providing the best protection against meningococcal meningitis for the most at-risk and vulnerable groups in the community.

PHARMAC's process for deciding whether to fund medicines

PHARMAC noted that it has a limited annual pharmaceutical budget. Therefore, funding decisions for vaccines and medicines need to be made according to robust decision-making processes. It explained that it has an established process for deciding which medicines to fund after it receives an application for funding:

- PHARMAC reviews the application, collates additional information, and undertakes preliminary analysis.
- PHARMAC's Pharmacology and Therapeutics Advisory Committee (PTAC) considers clinical evidence for funding applications and recommends whether a medicine should be funded and with what priority. PTAC consists of senior clinicians from a range of specialties. It is supported by more than 20 expert subcommittees, such as the Immunisation Advisory Committee, which provide clinical advice to PTAC in specialist areas.

- PHARMAC assesses the application using its Factors for Consideration framework. The framework considers need, health benefits, suitability of the medicine, and costs and savings. For each factor, PHARMAC considers the individual; their family, whānau, and society; and the health system. PTAC also takes the framework into account, at the previous stage.
- At least four times a year, PHARMAC compares and ranks new funding applications against other medicine funding options that are open. It also reviews the ranking of previously ranked medicines.
- When sufficient funding is available to potentially fund the next medicine on the list, PHARMAC negotiates a provisional contract with the supplier.
- It then consults with suppliers, health professionals, and consumers, and considers all feedback before the PHARMAC board decides whether to fund the medicine.

Funding status of meningococcal vaccines

On 8 December 2022, PHARMAC confirmed the decision to widen access to the meningococcal B vaccine (Bexsero). The new eligibility criteria for expanded access to the vaccine started from 1 March 2023 for:

- children up to the age of 12 months, as part of the national childhood immunisation programme, and a catch-up programme (until 31 August 2025) for children aged 13 to 59 months
- people aged 13 to 25 years who are entering into or are in their first year of close-living situations, and a catch-up programme (until 28 February 2024) for people in this age group who are already living in close-living situations.

To be eligible, young people will need to be entering within three months, or be in their first year of living in, a boarding school hostel, tertiary education hall of residence, military barracks, or prison. Alternatively, they need to be living in one of these living situations from 1 March 2023 to 28 February 2024.

PHARMAC said that various groups fed into the consultation feedback. They included advocacy groups, clinicians, Te Whatu Ora and its hospitals, the Public Health Agency, the National Vaccines Taskforce, suppliers, and consumers.

We note that there were 72 cases of meningococcal disease in 2022, compared with 42 cases in 2021. We asked how many of the 72 cases would have been excluded from PHARMAC's current proposal (as detailed above). PHARMAC estimated that about 22 of the cases would have been eligible for the meningococcal group B vaccine under the current eligibility criteria. About 50 cases would likely not have been eligible.

PHARMAC's consideration of meningococcal vaccines

PHARMAC explained that the Immunisation Advisory Committee found in 2019 that meningococcal B mainly affects children under the age of 5 and people aged between 15 and 20. It observed that the evidence still supports this. The advisory committee considered that there is evidence of herd immunity for meningococcal ACWY vaccines. However, there is no documented evidence of herd immunity for meningococcal B vaccines. Without the effects of herd immunity, vaccination needs to be targeted to those most at risk from

meningococcal disease. PHARMAC said it would welcome a funding application with supporting evidence for widened access to additional groups.

We asked how long immunity lasts for the meningococcal B and ACWY vaccines. PHARMAC told us that the duration of protection varies depending on the age that the vaccine is given. Children under the age of 7 are expected to be protected for at least three years. Children over the age of 7, adolescents, and adults are expected to be protected for at least five to seven years after vaccination.

PHARMAC noted that a number of other proposals for widened access to the meningococcal ACWY vaccine are on its options for investment list. The proposals are:

- adolescents at 14 years of age (ongoing)
- adolescents at 14 years of age (ongoing) with catch up for 5 to 21 year olds (for one year only)
- adolescents at 14 years (ongoing) of age with catch up for 13 to 21 year olds (for one year only)
- children at 1 year of age
- children at 1 year of age with catch up for 1 to 4 year olds (for one year only).

PHARMAC told us that the different options are ranked individually depending on the available budget. It said its priority would be to widen access as much as it possibly could. PHARMAC pointed out that implementing a vaccination programme for all 14 year olds would be a significant undertaking. It was working with Te Whatu Ora to identify what resources would be needed to get a programme of that nature “off the ground”.

PHARMAC acknowledged that there are concerns about uptake across the childhood vaccination programme, particularly in Māori and Pacific populations. It told us that Te Whatu Ora was using some of the lessons learnt from the COVID-19 vaccination programme to target childhood vaccines. We heard that PHARMAC’s clinical advisory group are watching this area closely because, if vaccines are funded but uptake is poor, they are not targeting the people most at risk. PHARMAC added that it hopes that the health reforms, which encourage more collaboration, will enable it to work with other agencies to address the issue.

Comments from Te Whatu Ora

Te Whatu Ora—Health New Zealand operates the National Immunisation Programme. It said that the programme is committed to an equity focused approach to the eligibility and funding of vaccines. Te Whatu Ora told us that it was working to maximise the uptake of vaccines within the current eligibility criteria. Te Whatu Ora was also working with PHARMAC to progress the widening of access, including any changes to eligibility.

In its written submission in July 2022, it explained that it was working with the Ministry of Health—Manatū Hauora to monitor cases of meningococcal disease. It was also working with PHARMAC to monitor stock and establish time frames for acquiring additional doses if needed.

Te Whatu Ora's views about the petitioner's requests

Including both meningococcal vaccines on the National Immunisation Schedule for all 16 year olds

We sought a further written submission from Te Whatu Ora asking whether it supported the petitioner's request and the reasons for that view. In its response in December 2022, Te Whatu Ora provided an update on the current state of meningococcal disease. For the year to date, 45 percent of the cases were Māori and Pacific children under the age of 5. Of the total cases, 48 percent were Māori, 28 percent were European or other ethnic groups, 17 percent were Pacific people, and 7 percent were Asian.

Te Whatu Ora said it agrees with the petitioner's concerns that the threat of meningococcal disease is of great concern. It supports widened and equitable access to meningococcal vaccines. Te Whatu Ora recommends earlier protection so that both vaccines for meningococcal ACWY and B are funded and added to the National Immunisation Schedule for children under the age of 5. This recommendation is to ensure that immunisation is prioritised for Māori and Pacific children who are disproportionately affected by invasive meningococcal disease. Te Whatu Ora considers that the childhood immunisation programme is well established. Consequently, the implementation of meningococcal vaccines for children under 5 could use existing infrastructure and public awareness.

Te Whatu Ora also supports a catch-up programme for young people aged 13 to 25. This would reach all young people in close-living situations, and not only those who are in their first year of tertiary education.

Establishing a comprehensive public awareness and education programme

We were told that Te Whatu Ora agrees with the importance of initiatives that are educational and that raise awareness of meningococcal disease and immunisation. It said it will continue to explore all options for increasing the uptake of meningococcal vaccines.

In its written submission in July 2022, Te Whatu Ora highlighted several of its advertising campaigns for immunisation more broadly. *Acts of Aroha* was aimed at parents and encourages them to immunise their tamariki to protect them for life. The advertisement played on multiple platforms, including mainstream and Māori television. To align with these television campaigns, Te Whatu Ora also introduced new advertisements across GP practices, social media, radio stations, and press. This included culturally and linguistically diverse newspapers.

Te Whatu Ora explained that it uses a whānau-based approach to improve the provision and uptake of vaccination among Māori, Pacific people, and people living with disabilities. Significant work has also been undertaken to make it easier to access vaccinations. The work includes enabling after-hours and weekend services, using pharmacist vaccinators, and increasing vaccination sites. Examples include pop-up clinics in community locations such as marae and places of worship.

Te Whatu Ora provided examples of its work to support increased awareness about the meningococcal vaccines that are available to eligible young people:

- It wrote to key stakeholders informing them about the meningococcal vaccine for young people in close-living situations and asked them to spread the message. The stakeholders included the Department of Corrections, the New Zealand Defence Force, and student health providers.
- It provides access to relevant materials to download. This includes a newly developed poster recommending that young people who are eligible for the funded meningococcal vaccine get protected.
- It shares information with employees and communities about the risk that meningococcal disease poses. Te Whatu Ora also shares information about detecting, treating, and preventing the disease, and how communities can protect themselves by getting vaccinated.
- It had engaged with 24 student health services, 84 boarding schools, and 9 youth services since July 2022. Te Whatu Ora said it would continue to work with these organisations and the Ministry of Education.

Te Whatu Ora also said it would work with several groups following the outcome of PHARMAC's consultation to widen access to the meningococcal B vaccine.² It planned to work with PHARMAC, health districts, Māori and Pacific health providers, and the foundation to implement any decisions to extend access. We heard that Te Whatu Ora would use some of the data and technology tools that were developed during the COVID-19 vaccination programme. Examples include text messaging services and direct marketing campaigns. These would target populations to ensure that people understood their eligibility and where they could access the vaccine.

Further comments from the petitioner

In June 2023, the petitioner made a supplementary written submission commenting on PHARMAC's announcement to include the meningococcal B vaccine on the National Immunisation Schedule. This covered all infants aged 3 to 12 months, with a catch-up programme for those under 59 months. The foundation welcomed the decision for this group, which it described as "high-risk". However, it pointed out that the vaccine does not provide lifelong immunity. As a result, these children will continue to be at risk of exposure to meningococcal infection during their future life stages.

The foundation highlighted information from three sources about the length of immunity for the meningococcal B vaccine:

- Children who are under the age of 7 when vaccinated are expected to have about three years of protection. In older children, adolescents, and adults, protection is expected to last for about five years after vaccination.³

² The outcome of PHARMAC's consultation was subsequently announced on 8 December 2022.

³ Source: The Immunisation Advisory Centre.

- For a child under the age of 5 who receives the meningococcal B vaccine, the effectiveness of the vaccine is reduced considerably. A booster is needed to provide full protection three years after completing the primary schedule.⁴
- Those with an ongoing increased risk of invasive meningococcal disease should receive a single booster dose. If they completed the full primary series under the age of 6, they should receive a single booster dose three years after completing the primary schedule. If they were under the age of 7, they should complete a single booster dose five years after completing the primary schedule.⁵

The foundation submits that consideration should be given to scheduling ongoing boosters to maintain protection. It believes that the need for subsequent boosters must be supported by a comprehensive education and awareness campaign to ensure adequate vaccination rates. The campaign should be targeted to healthcare professionals, parents, and caregivers.

In the foundation's view, Parliament has a duty to provide ongoing protection to the current cohort of children under the age of 5 as they enter adolescence. It considers that including the meningococcal B and ACWY vaccines on the immunisation schedule for 13 to 25 year olds will also protect young adults. Including this group will also protect those who need booster protection in the future.

The foundation believes that inequality will increase by targeting only those in communal-living situations. It pointed out that the current adolescent population, who are largely unprotected against meningococcal disease, remain at risk of infection as they undertake group activities. Examples include school camps or team sports where they are in close contact and are likely to share items such as water bottles or utensils. At present, this group is excluded from PHARMAC's eligibility criteria for the meningococcal B and ACWY vaccines.

Meningococcal B vaccines offering protection against gonorrhoea

The foundation observed that the MenZB vaccine was offered to people under the age of 20 between 2004 and 2006 in New Zealand. It referred to a study that found that New Zealand experienced a decline in reported gonorrhoea cases during and after the use of MenZB.⁶ No other sexually transmitted infections described in the national surveillance reports declined during this period. The study noted that these "eyeball" observations suggested that Nm OMV vaccines could offer cross-protection against gonorrhoea.

The foundation also referred to similar studies from the Meningitis Research Foundation in the United Kingdom and the University of Adelaide. Both studies found that the meningococcal B vaccine could also improve protection against gonorrhoea. The Meningitis Research Foundation noted that the potential for a vaccine to limit the spread of two infections has important implications for measuring the cost effectiveness of the vaccine.

⁴ Source: The Vaccine and Immunisation Research Group at the University of Melbourne School of Population and Global Health and Murdoch Children's Research Institute.

⁵ Source: The Australian National Centre for Immunisation Research and Surveillance.

⁶ Petousis-Harris, Helen, *Impact of meningococcal group B OMV vaccines*, beyond their brief. National Library of Medicines 2017 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5989908/>

According to the foundation, these findings coincide with increases in gonorrhoea cases globally, as well as bacterial resistance to drugs to treat the infection. It considers that implementing a wide immunisation programme that would substantially reduce cases of meningococcal B and gonorrhoea infections cannot be ignored. The foundation added that such a programme could also reduce the long-term negative effects of gonorrhoea. They include infertility, pelvic inflammatory disease, and blindness in babies born to infected mothers.

The foundation provided an endorsement from the Sexually Transmitted Infections Education Foundation (STIEF). The group aims to promote optimal sexual health outcomes to all people in New Zealand. STIEF noted that repeated studies have demonstrated that Outer Membrane Vesicle vaccines may reduce the risk of acquiring gonorrhoea by up to 40 percent in some groups. It considers that, in conjunction with other risk reduction strategies, the meningococcal B vaccine could be a useful tool to combat the increasing rates of gonorrhoea.

Our response to the petition

We commend the Meningitis Foundation for its work to educate New Zealanders about meningitis, raise their awareness, and prevent the disease. We thank the Rushtons for sharing their difficult personal journey, and for their advocacy to protect young people so that they can reach their potential.

The petitioner would like both meningococcal vaccines for B and ACWY strains to be included on the New Zealand Immunisation Schedule for all 16 year olds. We acknowledge the role that vaccines play in preventing meningococcal disease. We respect PHARMAC's independence and impartiality and do not believe it is Parliament's role to influence which medicines should be funded. Although PHARMAC is ultimately accountable to the Minister of Health, making decisions independently from Government is important for the organisation to be able to function effectively. However, we were interested to hear that meningococcal B vaccines can provide some protection against gonorrhoea. If it has not already done so, we encourage PHARMAC to take this into account as a factor for consideration when assessing the costs and savings of the vaccine.

The petitioner also requests the establishment of a comprehensive public awareness and education programme for meningococcal disease, which includes information about symptoms, early diagnosis, treatment, and prevention. We acknowledge that Te Whatu Ora has work under way to increase awareness about the available meningococcal vaccines. We encourage it to use the lessons learnt from the COVID-19 vaccination programme to communicate to target populations about widened access to the meningococcal B vaccine.

We were concerned to hear about the apparently low level of awareness of the disease among health practitioners, including reports that the vaccine is not a priority or is not needed. We consider that a better public health campaign is needed and we urge Te Whatu Ora to prioritise this. We note that practice management systems in primary care do not alert GPs about the availability of meningococcal vaccines for eligible people. We suggest that consideration should be given to including such a prompt in practice management systems so people do not miss out on vaccines.

Appendix

Committee procedure

The petition was referred to us on 5 August 2022. We met between 24 August 2022 and 28 June 2023 to consider it. We received written submissions and heard oral evidence from the petitioner, PHARMAC, and Te Whatu Ora.

Committee members

Dr Tracey McLellan (Chairperson)
Tangi Utikere (Chairperson and member until 8 February 2023)
Matt Doocey
Dr Elizabeth Kerekere
Dr Anae Neru Leavasa
Marja Lubeck (from 8 February 2023)
Debbie Ngarewa-Packer
Sarah Pallett
Soraya Peke-Mason (from 3 May 2023)
Dr Shane Reti
Toni Severin
Lemauga Lydia Sosene (until 3 May 2023)

Evidence received

The documents we received as evidence in relation to this petition are available on the Parliament website.

A recording of our hearing can be accessed online at the following link:

- [Hearing of evidence with the petitioner \(26 October 2022\)](#)
- [Hearing of evidence with Te Whatu Ora \(16 November 2022\)](#)
- [Hearing of evidence with PHARMAC \(15 February 2023\)](#)