

COVID-19 vaccine: FAQs

Recurring general questions

Once vaccinated, will we still need to be tested?

Yes. The data is clear that the vaccines protect individuals from the effects of the virus, however it is still too early for researchers to determine whether a vaccinated person could still transmit the virus to someone else. While this remains unclear we need to assume there is still a risk of transmission.

This means that the mandatory testing of our border and MIQ workforce still needs to continue. It is also an important reminder that the vaccines are not a substitute for good hygiene practices of wearing PPE, washing hands, coughing and sneezing into your elbow, wearing masks or face coverings and other precautions.

Is vaccination going to be mandatory?

The Government has been very clear that vaccinations will not be compulsory in New Zealand and individuals are free to choose whether to get vaccinated.

What happens if someone refuses vaccination?

This is something workers will need to discuss with their employers as they consider the health and safety implications together.

Who exactly is included in the initial roll-out? (How are border workers defined – ie who is in and who is out?)

The initial rollout is for all border and MIQ workers covered by the current Required Testing Order (2020) and those they live with.

This applies to all workers currently undergoing mandatory COVID-19 testing as part of their work. These workers are considered to be the people most at risk of exposure to COVID-19 on a daily basis so we need to protect them and those they live with as a priority.

How are the 'people that border/MIQ workers live with' defined?

The initial allocation of vaccines is on a risk-based model that is built around the principle of protecting our highest-risk border and MIQ workers first, along with those they most closely share their lives with and who are exposed to a high level of COVID-19 risk as result.

This includes any person who usually resides in a household or household-like setting with a border/MIQ worker, regardless of whether they are related or unrelated. It also includes people who may reside part-time in the household and partners not permanently resident in the household. It can also incorporate papakāinga settings where relevant as well.

Workers will be asked to identify those they live with who should be offered the vaccine.

Specific vaccine questions

How can they be safe given they have been developed so quickly?

There's never been this level of global collaboration amongst scientists and governments in vaccine development – and that has improved the speed of its development and the launch of clinical trials around the world.

This is what it means when people say we are moving swiftly but without taking any short cuts or compromising safety.

Vaccine companies have been sharing their data all over the world, which has sped up the research process and led to a number of innovations, such as the use of the messenger RNA technology (eg, the Pfizer vaccine)

The agencies that regulate vaccines, like New Zealand's Medsafe, have been able to start assessing the clinical trial data much sooner than they normally would. Large manufacturing plants have been developed, enabling vaccines to be produced more swiftly and on a larger scale than previously possible.

We will also continue to receive data from large, ongoing clinical trials, enabling us to monitor the safety and effectiveness of the vaccines right through the initial rollout and into their ongoing use.

All these changes mean that things that used to take a long time and previously had to happen one after another, have been able to happen faster and be worked on at the same time, without taking any shortcuts or skipping any steps.

Are they still effective with the new strains of the virus?

The Ministry of health is evaluating preliminary data from other countries about the impact new strains may have on vaccine effectiveness. Some companies have indicated they may make changes to the vaccine to ensure they work properly – this is similar to the regular changes made to the influenza vaccine.

How do the vaccines work?

Vaccines work by teaching the body's immune system to respond quickly to infection without being exposed to the infection itself.

Traditionally, most vaccines work by introducing modified versions, or bits of the virus, to the immune system, prompting the body's immune system to respond by making protective antibodies so that when you come across the real infection your body is prepared to fight it off.

Some of the COVID-19 vaccines (eg Pfizer) use a different approach known as 'messenger RNA' vaccines. These vaccines don't use virus cells at all, instead they contain a piece of RNA code that essentially teaches your body to recognise the virus, so it can respond straight away if you get infected.

Each vaccine is slightly different and has its own characteristics. Specific information about each vaccine will be made available as Medsafe completes their approval processes.

Does the vaccine prevent me from transmitting the virus to others?

We don't know at this stage, although the indications are positive. However, until this is confirmed we need to assume it is possible to be vaccinated and still pass the virus on to others. Being vaccinated does not remove the need for PPE, regular testing and other precautions.

Other practical questions

Will I have a choice of which vaccine I receive?

No. We are working to make vaccines available to the border and MIQ workforce as a priority. The four vaccines New Zealand has secured are going through the approval process at different times. The Pfizer vaccine is the only vaccine that has been approved by Medsafe so far as being safe and effective for use in New Zealand and we expect to make this available to the border workforce as soon as possible.

Will MIQ and border workers still need to undergo regular mandatory testing after receiving the vaccine?

Yes.