

Wendy McGuinness

By email: [wmcg@mcguinnessinstitute.org](mailto:wmcg@mcguinnessinstitute.org)  
Ref: H202002574

Dear Ms Wendy McGuinness

### Response to your request for official information

Thank you for your request to the Ministry of Health (the Ministry) under the Official Information Act 1982 (the Act) on 22 April 2020. Information in response to your questions is outlined below.

1. *"When do you next expect to update this webpage with the latest list of NRS (the most recent update is dated 28 January 2020)?"*

The page on National Reserve Supply (NRS) composition is being reviewed and will be updated by the end of May 2020.

2. *"Can you provide us an up to date list of the NRS composition held by the MoH (i.e. anything after 28 January 2020 would be excellent)?"*

The information on the Ministry website for the items and volume of stock in the centrally-held national reserve supply remains current for all items except masks.

The volume of masks in the centrally-held NRS is currently variable due to ongoing usage and replenishment activity as part of the COVID-19 response. As a snapshot, on 24 April 2020, the volume of centrally-held NRS of masks was approximately:

- 8.7 million P2 (N95) masks (size medium).
- 4.2 million General purpose masks (2.4 million size medium, 1.8 million size small).

3. *"We are seeking clarification as to whether the H5N1 pre-pandemic influenza pandemic meets the description provided (see first row on the NRS table on the MoH website) and whether it has expired:"*

The information included on the website for the pre-pandemic influenza vaccine H5N1 is still current and the stored supplies are still in date.

3a. *"We understand that the vaccine no longer works as the virus mutated very quickly after it was purchase – meaning the vaccine is no longer effective. Is this true? b. If yes, we wonder why it is still included on the NRS list. It states it is 'expected to provide some level of protection against a human H5N1. Should it be removed?"*

Pre-pandemic vaccines are developed against strains of the influenza virus that may evolve as a novel virus causing a pandemic. A vaccine based on the influenza A (H5N1) strain has been developed because this strain has been identified as having pandemic potential.

It is important to have a pre-pandemic vaccine as there is a time lag between arrival of the pandemic strain and the development of a vaccine specific to that strain. Use of this pre-pandemic influenza A (H5N1) vaccine is likely to offer some level of protection for the population against influenza A (H5N1) even if the strain causing the pandemic is not exactly the same.

We do not yet have the technology to produce a universal influenza vaccine strain that can respond to every strain, hence the need to create strain-specific vaccines.

*3c. "We also note the H5N1 vaccine's expiry is 2020. What month does it expire? Should it be removed?"*

The current stock held expires in October 2020. As with any item in the NRS that is due for expiry the ongoing need to maintain a supply item, and at what volume, is reviewed prior to purchase of new stock. This includes review of the current evidence base for pre-pandemic vaccines.

*4. "We note that the antibiotics on the NRS were purchased during the years 2005-2007. Based on our knowledge, all antibiotics purchased during this time will have expired. a. Can you advise if these antibiotics have been replaced?"*

District health boards (DHBs) are responsible for maintaining their local reserve stock of injectable antibiotics, including storage, rotation and stock replacement. Clarification about antibiotic replacement will be included in the update to the website page on the composition of the NRS.

*4b. "When was the last time a review of 'antibiotic stock' was carried out by the MoH? If you can specify the year, that would be great?"*

When the reserve antibiotic stock was established, DHBs were required to hold both oral and injectable antibiotic stock. The antibiotic reserve was reviewed in 2012/13 and work undertaken to increase the supply chain for oral antibiotics. This meant that DHBs were no longer required to hold reserve supplies of oral antibiotics. The requirement for DHBs to hold reserve supplies of three types of injectable antibiotics (specified below) remained.

*4c. "Please provide a list of the antibiotics on the list (it notes they were for 'treatment of respiratory infections')? If yes, please provide a comprehensive list with stock numbers?"*

DHBs are required to hold three types of injectable antibiotics in reserve:

- Amoxycyclavulanate (inj)
- Cefazolin (inj)
- Flucloxacillin (Inj).

*"If there is no list, can you advise who might have the list and stock held (e.g. DHB's or Pharmac)?"*

As noted above, DHBs are responsible for maintaining their local reserve stock of injectable antibiotics, including storage, rotation and stock replacement.

*5. "Can you provide the number of each type of mask (i.e. P2/N95 or surgical)? And if P2/N95, the sizes you have in stock (e.g. L, M or S)? This can be 'as at' any time within the last few months."*

Please see response to question two for volume and composition of the centrally-held NRS of masks.

6. *"Can you provide the number of each type of gloves (e.g. nitrile and whether the gloves are long over the sleeve or short )? And the sizes you have in stock (e.g. L, M or S) for each type of gloves? This can be 'as at' any time within the last few months. We envisage this information will have been prepared for officials and will therefore be easy to provide."*

As all the other questions have related to the NRS, we have interpreted that this question as asking for information on NRS stock of gloves, not DHB operational stock or stock holdings of central purchases made outside the NRS.

The Ministry does not currently hold stocks of gloves in the centrally-held NRS.

The DHB-held reserve supplies of gloves are currently variable due to ongoing usage and replenishment activity as part of the COVID-19 response. As a snapshot, on 21 April 2020, the volume reported in DHB-held national reserve supplies of gloves was approximately 1.95 million pairs.

The reports received from DHBs on their DHB-held reserve stock did not require them to report the specific glove type or size.

I trust that this information fulfils your request. Under section 28(3) of the Act you have the right to ask the Ombudsman to review any decisions made under this request.

Please note that this response, with your personal details removed, may be published on the Ministry of Health website.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'D Woodley', with a stylized flourish at the end.

Deborah Woodley  
**Deputy Director-General**  
**Population Health and Prevention**

