

Kia ora team

My reading of the proposed principles concerns me and particularly the issue of under 12 years not being able to be low risk, by definition of being unvaccinated. That seems odd compared to the way education is managing this group and the requirements around this group when all other risk factors are accounted for and negative, especially when the episode of contact is non AGP.

I've attached the Ministry's guidelines re treating unvaccinated people and while the principles don't directly negate what is proposed in guidelines I think some thought to the principles on this issue is needed. The different position of children under 12 years who at present can't be vaccinated and the lack of that vaccination making them automatically moderate risk is incongruous.

The guidelines also introduce a difference in the way single chair Community Oral Health Service clinics managing under 12 years children will have to work versus multi chair clinics. That doesn't seem to make a whole lot of sense at a risk level.

The effect on a population oral health programme where a very large number of the episodes of contact are non AGP, beyond usual day to day interactions that we are managing by mask wearing, will be significant due to the stand down periods. That effect will have equity implications for care delivery if the programme's capacity is limited by the guidelines.

I think further consideration of the risk and benefit/effect for the under 12 years group while they remain unable to be vaccinated is needed before finalising the principles. Even going forward the issue sounds as if it will remain for the under 5 years group, for whom there is no discussion of vaccination at this point.

Ngā mihi

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