

# Burnett Foundation Aotearoa

**To:** The Honourable Matt Doocey, MP  
**From:** Burnett Foundation Aotearoa  
**Date:** 1 May 2024  
**Title:** Briefing: Mpox pandemic response

## Summary

Mpox (formerly 'monkeypox') is a viral illness endemic to Central and Western Africa. In 2022, clade II of the mpox virus spread to non-endemic countries, with >85% of cases occurring among gay, bisexual, and other men who have sex with men (GBM). Sexual transmission has been regarded as the primary mode of transmission of clade II. New Zealand has managed to control outbreaks so far, but we are very concerned about the ongoing risk of mpox to local communities given the poor vaccination rate among eligible GBM (~10% first dose, <5% second dose). We are also concerned about the increasing case numbers of clade I mpox in the Democratic Republic of Congo (DRC), as there is a ~10% mortality risk associated with clade I and there is a risk of this clade spreading internationally.

## Medicines Act Restrictions

One of the most prominent bureaucratic obstacles in NZ's response is the ongoing restriction of vaccine delivery and health promotion due to provisions under the Medicines Act 1983. As an application for the vaccine has yet to be processed by Medsafe, it has been delivered as an 'unapproved medication' under Section 29 of the Medicines Act. Consequently, each vaccine has had to be personally prescribed by a physician face-to-face, greatly restricting vaccine access and scale-up of delivery. Section 20 of the Medicines Act also applies to unapproved medications, imposing restrictions on advertising or promoting the 'availability' of those medications. Bureaucrats' conservative approach to this legislation thus far has effectively prohibited use of the world 'vaccine', placing extraordinary limitations on our work as health promoters. Ultimately, this legislative barrier has significantly limited vaccine uptake, leaving GBM populations (and indeed wider NZ society) highly vulnerable to mpox resurgence.

While we note the Therapeutic Products Act that was coming in to legislation had many limitations, it did contain an inclusion for being able to make 'public safety announcements' relating to therapeutic products for the purpose of protecting, promoting and improving public health, which could have been used to fill the gap left by the prohibition against advertising medicines that do not yet have approval. It should be permissible, in certain circumstances (i.e., where it would be in the interests of public health), to communicate the availability or existence of therapeutic products that have not been authorised, or to fast-track approval for products approved in other similar jurisdictions, as we note was outlined in the ACT and National coalition agreement.

### **NZ remains unprepared for mpox resurgence**

While, there have only been 52 cases in New Zealand so far, we remain concerned about NZ's preparedness for the ongoing risks of mpox for our communities. Understanding of mpox beyond sexual health clinicians appears limited, restricting testing access further. Test positivity rate has been concerningly high since the beginning of the outbreaks in NZ, indicating ongoing risk of hidden and undetected transmission and the need to significantly increase testing. Vaccination rates remain low, with pathways to appointments remaining unclear, including for second doses. There have been severe communication issues across the sector throughout the mpox pandemic. For example, the recent, small outbreak during summer 2023-2024 outbreak was not communicated with Burnett Foundation Aotearoa or central Te Whatu Ora Outbreak Response teams until after community transmission had already occurred. There is no specific response plan in place for resurgence of mpox (clade I or II), despite the risk to communities and the health system should we see a widescale outbreak. There also does not seem to be enough staff capacity to prioritise mpox if required or incorporate mpox properly into BAU in amongst other infectious disease threats.

### **Recommendations**

We recommend urgent steps are taken to enable Medsafe to process and approve an application for the mpox vaccine. We also recommend that an mpox preparedness plan be put in place urgently, with input from communities most affected, and in line with work on the Sexually Transmitted and Blood Bourne Infections Strategy.

