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Tracey Livingston

By email: <u>fyi-request-14927-f0e10a34@requests.fyi.org.nz</u> Ref: H202102975

Dear Tracey

## Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 16 March 2021 for information related to the Sudden Unexpected Death in Infancy (SUDI) programme. I have responded to each part of your request below:

"Regarding: The National SUDI Prevention Program and this article published in the NZ Herald https://scanmail.trustwave.com/?c=15517&d=gc7P4IoHvfuGmP3wonWvxgjbsneFt LWBSx-

TWxI7vQ&u=https%3a%2f%2fwww%2enzherald%2eco%2enz%2fnz%2funexpectedinfant-deaths-on-the-rise-ministry-to-review-5mprogramme%2f4L3BUEVBVIOMUOTVGZW4PEAVGY%2f

Request one: Since previous CARM latrogenesis reports have reported a number of SIDS/SUDI following vaccination, what efforts has The National SUDI Prevention Program made to investigate the rate of SUDI post vaccination at 6 weeks and 3 months, 5 months and one year of age to ensure that there is no correlation between vaccination and SUDI? Please provide me with any of their investigations into this line of inquiry.

Reports to the Centre for Adverse Reactions Monitoring (CARM) are made on a voluntary basis and are based on a suspicion that an event may be related to a medicine (including vaccines). These reports do not include all the adverse reactions that happen in New Zealand and may include many events that are not related to medicine use.

SIDS/SUDI and immunisation both occur in close temporal association, so it is tempting to believe there may be a link between the two events. This question has been addressed by a number of research projects published over the last 25 years, two of which are referenced below.

The international evidence, including substantial research in New Zealand, has conclusively and repeatedly found that maternal smoking in pregnancy, infant in prone sleeping position, and bed-sharing are the main risk factors for SUDI. The association between immunisation and SIDS/SUDI has been investigated thoroughly and there is either no causal relationship, or potentially a protective effect of immunisation on SIDS/SUDI. New Zealand research carried out by internationally renowned New Zealand paediatrician Professor Ed Mitchell in 1995 confirmed this in a large sample of New Zealand infants (Mitchell et al Archives of Disease in Childhood1995;73:498-501). Exactly the same findings were found in the UK and reported in the BMJ in 2001 by Dr Peter Fleming, (https://www.bmj.com/content/322/7290/822.full) who also found that immunisation did not increase the risk of SUDI in the infants studied and the trend of the association was clearly towards protection.

Current data from New Zealand would also not support a correlation, as SUDI rates are higher among pēpi Maori, who have a lower immunisation rate in the first year of life compared with European babies who have higher rates of immunisation and a SUDI rate almost 8.5 times lower than pēpi Maori.

Since this question has been well studied, the Ministry of Health does not believe it is appropriate to undertake further research into this issue. *Request two: Since the CARM latrogenesis reports have reported a number of SIDS/SUDI following vaccination, please provide correspondence and discussions to show whether The National SUDI Prevention Program has investigated the rate of SUDI post vaccination at 6 weeks and 3 months, 5 months and one year of age compared to children who have not receive any vaccinations?* 

Refer to answer to Request 1.

Request three: Please provide me information regarding this statement: "in 2019, the ministry believes 52 babies died of SUDI". Please tell me if the MOH or The National SUDI Prevention Program assessed the following data a) the ages of death of these children b) their vaccine status and that of their mothers during pregnancy and c) any medications that the babies were being given when they died and d) whether their nutritional status was assessed in any way i.e. vit C status and e) whether the babies were fed human milk or formula milk? And if so, what were their findings?

This information will soon be made publicly available on the Ministry website. As such the information is withheld under section 18(d) of the Act.

Request Four: Please give me the breakdown of how the \$5million/year has been spent on The National SUDI Prevention Program.

## Table One: National SUDI Prevention Program Spending

WCTO (Parenting Support and Skills Promotion)	\$ 305,000.00
National SUDI Programme evaluation	\$ 200,000.00
Hāpai te Hauora for National SUDI Prevention Coordination Service	\$ 850,000.00
Regional coordination funding	\$ 500,000.00
DHB level service component via Crown Funding Agreements (CFA)	\$ 3,342,297.01

Request Five: please send me the 'un-scrubbed' CARM latrogenesis reports for years 2019, and 2020. And if the numbers have been changed for any reason, please provide me with the original and unaltered data.

*Ref: https://scanmail.trustwave.com/?c=15517&d=gc7P4IoHvfuGmP3wonWvxgjbsneFtLWBSx-*

TWxI7vQ&u=https%3a%2f%2fwww%2enzherald%2eco%2enz%2fnz%2funexpectedinfant-deaths-on-the-rise-ministry-to-review-5mprogramme%2f4L3BUEVBVIOMUOTVGZW4PEAVGY%2f"

This part of your request is refused under section 9(2)(a) of the Act, to protect the privacy of natural persons.

I trust 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. The Ombudsman may be contacted by email at: <u>info@ombudsman.parliament.nz</u> or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Ministry website at: <u>www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests</u>.

Yours sincerely

AWoodley

Deborah Woodley Deputy Director-General Population Health and Prevention