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A Emet

By email: fyi-request-16793-c6c98617@requests.fyi.org.nz

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Ref: H202112576

Tēnā koe A Emet

Response to your request for official information

Thank you for your requests under the Official Information Act 1982 (the Act) on 18 September 2021. Your requests have been consolidated under section 18(A) of the Act. Rather than repeat them verbatim, they are attached as Appendix 1.

While the Act enables people to request official information from the Ministry, it only applies to information it holds. There is no obligation to create information, compile information it does not hold, respond to hypothetical questions, or provide or prove an opinion. Most of your requests appear to be an effort to engage in a debate about the merits of the Government's COVID-19 vaccination programme and its response to the COVID-19 pandemic, rather than a legitimate request to the Ministry for official information. The Act does not support requests in which a requester quotes information or asserts an opinion and then seeks some form of comment on it, couched as a request for official information. These parts of your request are therefore refused under section 18(g)(i) of the Act on the grounds that the information requested does not exist.

In response to the remainder of your questions, I can advise that the Ministry was made aware of potential threat of COVID-19 as public health on 21 December 2019. Since that time it has received thousands of emails and other correspondence asking questions, seeking information or providing unsolicited advice and services.

The Ministry's initial health response was based on the New Zealand Influenza Pandemic Plan, which was the principal planning document for addressing a pandemic. It is publicly available at: www.health.govt.nz/system/files/documents/publications/influenza-pandemic-plan-framework-action-2nd-edn-aug17.pdf. New Zealand's response has developed and been adapted as knowledge of COVID-19 has grown. The evolution of that response is outlined on the Unite against COVID-19 website: www.covid19.govt.nz.

To ensure both the Ministry and Government has received the best advice, a range of independent advisory groups have been established. Again, they are outlined on the Unite against COVID-19 website (https://covid19.govt.nz/alert-levels-and-updates/independent-advisory-groups/) and the Ministry website at: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-strategy-planning-insights/covid-19-who-were-working#taskforce.

Turning to your questions about treatment, the Ministry does not treat patients, therefore it cannot provide specific guidance regarding the treatment protocols that is the responsibility of hospitals, general practitioners or district health boards. Advice to health professionals can be found here: www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-information-health-professionals/covid-19-advice-all-health-professionals#line.

As COVID-19 is a viral illness, there is no specific treatment. Most people who develop COVID-19 will recover fully while isolating at home or in managed isolation and quarantine and they do not require hospitalisation. Supportive treatment with fluid, rest, and antifever medication is useful in aiding recovery and can be successfully managed by a general practitioner (GP). A GP is best placed to provide care for those who are recovering from COVID-19 at home, as they are familiar with underlying conditions that may impact recovery and can manage these appropriately.

For patients who are hospitalised with serious cases of COVID-19, there is currently one Medsafe approved medication which is dexamethasone. It is an anti-inflammatory medication that is indicated in the treatment of COVID-19 for patients who require supplemental oxygen therapy. You can find the Medsafe datasheet for the approved medicine here: www.medsafe.govt.nz/profs/Datasheet/d/Dexmethsonetab.pdf.

Medical practitioners are permitted to use any medicine for a particular patient in their care at their discretion; however, unapproved medicines have not been evaluated by Medsafe for safety and efficacy. If your healthcare professional chose to prescribe other agents to treat a patient with COVID-19 it would be their responsibility to ensure that they are aware of any safety issues and that they communicate the risks and benefits to their patients. See www.medsafe.govt.nz/COVID-19/medicine-approval-process.asp.

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: info@ombudsman.parliament.nz or by calling 0800 802 602.

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

Nāku noa, nā

Nick Allan

Manager OIA Services

Office of the Director-General

Appendix 1

"What public health and ethical considerations has The Ministry of Health evaluated in balancing (a) the wider promotion of a Covid-19/SARS-Cov-2 vaccine, which may be likely to produce more asymptomatic carriers and more vaccine resistant strains, against (b) limiting vaccine use for people who are at risk of poor outcome from Covid-19, due to age, obesity, or other well documented comorbidities which predict poor outcome from Covid-19?

eg, how has The Ministry of Health considered public health and ethical arguments against vaccinating people with very low risk of poor outcome from Covid-19, since both asymptomatic spread (exacerbated by vaccinated people not knowing they're contagious, and/or risk compensation of vaccinated people, among other factors) and vaccine resistant strains of SARS-Cov-2 may both likely be outcomes of wider promotion of Covid-19 vaccines, and lead to a worse public health outcome?

If The Ministry of Health has not evaluated this public health and ethical trade-off, then why were such public health and ethical considerations not accounted for?

What considerations has The Ministry of Health given to Covid-19 treatment protocols such as the FLCCC Alliance's MATH+, I-MASK+ and I-RECOVER Protocols?

Considering the results of those FLCCC protocols, on what balance of evidence are those protocols not being promoted as standard of care for both the prevention and treatment of Covid-19 in New Zealand

What specific metrics (eg transmission, cases, ICU capacity, deaths, long-term sequela) does The Ministry of Health believe will be benefited, in the interest of public health, as a result of a mass vaccination programme?

On what balance of evidence does The Ministry of Health believe that a mass vaccination programme is likely to achieve public health goals, as measured by those metrics? How has the most recent and best quality data been weighed, both for and against the push for mass vaccination? What unsolicited influence has The Ministry of Health received, regarding these decisions?

Considering the most recent and best quality data, how has The Ministry of Health considered these issues as it relates to age, gender, preexisting medical conditions, and other factors that are correlated to both vaccine efficacy and vaccine safety (eg https://scanmail.trustwave.com/?c=15517&d=vbDG4SMo7EPMz8ckrm5X2NcYAp4o49uR MzcheTgy8Q&u=https%3a%2f%2fdoi%2eorg%2f10%2e1101%2f2021%2e08%2e30%2e2 1262866%29%3f What unsolicited influence has The Ministry of Health received, regarding these decisions?

How has The Ministry of Health considered the possibility that, if a mass vaccination programme fails to achieve those metrics, as identified above, and/or results in as yet unknown adverse vaccine reactions, the push for a mass vaccination programme will lead to loss of faith in the public health system, and more broadly a loss of faith in "the government"? What unsolicited influence has The Ministry of Health received, regarding these decisions?

What other preventative interventions (eg sunshine, fresh air, maintaining a healthy weight, specific nutritional supplements, alternate pharmaceutical interventions, effective treatments, natural immunity post-infection) has The Ministry of Health considered, as alternatives to mass vaccination, to achieve the public health goals, as measured by the metrics identified, above? On what balance of evidence has The Ministry of Health opted to pursue a mass vaccination programme, instead of (or at least much more vigorously than) other preventative interventions? What unsolicited influence has The Ministry of Health received, regarding these decisions?

What other factors has The Ministry of Health considered, in weighing the risk/benefit analysis of pushing for a mass vaccination programme? How have those other factors been considered, both for and against the push for mass vaccination? What unsolicited influence has The Ministry of Health received, regarding these decisions?

If any of these questions lead to a an answer along the lines of "this was not taken into consideration", please explain why they were not considered.

How has The Ministry of Health assessed the public health threat of Covid-19, in relation to pandemic planning and pandemic response? How has that assessment changed over time?

How has New Zealand's response to the Covid-19 pandemic aligned with pre-Covid pandemic planning? How has that changed over time?

How has New Zealand's response to the Covid-19 pandemic deviated from pre-Covid pandemic planning? How has that changed over time?

What factors account for any deviations from pre-Covid pandemic planning?

What factors are being considered/monitored, in regards to future deviations from pre-Covid pandemic planning?

How is data about the evolving SARS-Cov-2 virus, and the Covid-19 disease which it causes, prevention, treatments, pandemic response in other countries/jurisdictions (eg Israel, Sweden), and other factors shaping how New Zealand's Covid-19 response aligns with, or deviates from, pre-Covid plans, in the future?

What unsolicited influence has The Ministry of Health received, or is aware of, regarding any of the questions asked?