

25 October 2022

Jim Mac
fyi-request-20660-f5a1f562@requests.fyi.org.nz

Tēnā koe Jim,

Your Official Information Act request, reference H2022013384:

Thank you for your email of 25 September 2022 requesting information relating to respiratory related deaths and hospitalisations.

As part of the health and disability system reforms, as of 1 July 2022 the functions previously under the Manatū Hauora Data & Digital directorate have transferred to Te Whatu Ora Health New Zealand (Te Whatu Ora). As the matters you have raised now fall under the functions of Te Whatu Ora, our agency will respond to your request which has been considered under the Official Information Act 1982 (the Act). You requested the following:

please provide the total figures for all non-COVID respiratory related deaths and hospitalisations from 1st January 2018 until 1st September 2022 broken down by month.

While Te Whatu Ora is able to provide hospitalisations for respiratory illnesses, it is difficult to separate this into COVID-19 and non-COVID-19 related respiratory illnesses. Please keep in mind that not all COVID-19 hospitalisations are classified as respiratory disease. For example, if a patient with COVID-19 has a heart attack and is hospitalised (with COVID-19 being incidental), this would not be classified as a respiratory event.

In addition, the presence of a COVID-19 code linked to a hospitalisation does not necessarily mean that the respiratory diagnosis was related to COVID-19. We are unable to assume the causal link between these two factors. For example, a patient might contract COVID-19 during their stay for another, different respiratory disease.

Because of this, Te Whatu Ora cannot easily identify non-COVID-19 respiratory hospitalisations from the data and information currently held. While the Act allows New Zealanders to ask for information from Ministers and government agencies, there is no requirement for agencies to create new information or compile information they do not hold. Therefore, your request has been refused under section 18(g) of the Act, as the information is not held by Te Whatu Ora.

Please find two tables attached as Appendix 1. Table 1 provides deaths caused by respiratory disease in 2018, broken down by month. Table 2 provides discharges from publicly funded hospitals coded to respiratory disease (including COVID-19), from January 2018 to August 2022, broken down by month. The data in Table 2 for 2021 and 2022 is currently provisional and may be subject to change.

Table 1 denotes deaths that were registered in 2018 – patients who died in December 2018 may not have been registered until 2019 and would therefore not be included in the data provided.

More recent mortality data is not currently available. After the close of a calendar year, there is a 12–18-month process to assign cause of death codes to most deaths in that year. The Ministry’s clinical coding team reviews the death certificate and health history of the deceased, to assign cause of death codes. Approximately 10% of deaths are referred to the Coroner each year to determine cause. Deaths that require a coronial inquiry can take 2-3 or more years for cause of death to be assigned. We do not make mortality data available publicly until the majority of deaths have been assigned a cause of death, so that the data we release is complete and accurate. The Chief Coroner has noted delays in the time it is taking them to assign cause of death codes.

I trust the information provided is of assistance. You are advised of your right to also raise any concerns with the Office of the Ombudsman. Information about how to do this is available at: www.ombudsman.parliament.nz or by phoning 0800 802 602.

Nāku iti noa, nā

A handwritten signature in blue ink, consisting of several loops and a long horizontal stroke extending to the right.

Gaynor Bradfield
Manager
Office of the Chief Data and Digital

Table 1 - deaths caused by respiratory disease in 2018, broken down by month.

Calendar year and month of death	Number of deaths
January 2018	188
February 2018	146
March 2018	201
April 2018	242
May 2018	221
June 2018	239
July 2018	299
August 2018	354
September 2018	304
October 2018	267
November 2018	247
December 2018	150

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Table 2 - discharges from publicly funded hospitals coded to respiratory disease (including COVID-19), from January 2018 to August 2022, broken down by month.

Calendar year and month of discharge	Number of discharges
January 2018	1896
February 2018	1781
March 2018	2067
April 2018	2009
May 2018	2249
June 2018	2948
July 2018	3928
August 2018	4778
September 2018	4117
October 2018	2868
November 2018	2324
December 2018	2093
January 2019	1882
February 2019	1640
March 2019	2320
April 2019	2425
May 2019	3399
June 2019	4750
July 2019	5135
August 2019	3986
September 2019	3285
October 2019	2725
November 2019	2148
December 2019	2022
January 2020	1995
February 2020	1739
March 2020	1941
April 2020	1063
May 2020	929
June 2020	1356
July 2020	1656
August 2020	1674
September 2020	1457
October 2020	1743
November 2020	2262
December 2020	2398
January 2021	1567
February 2021	1398
March 2021	1555
April 2021	1663
May 2021	1733

Table 2 - discharges from publicly funded hospitals coded to respiratory disease (including COVID-19), from January 2018 to August 2022, broken down by month.

June 2021	2704
July 2021	3849
August 2021	2817
September 2021	1300
October 2021	1430
November 2021	1689
December 2021	1795
January 2022	1458
February 2022	1528
March 2022	2196
April 2022	1662
May 2022	2447
June 2022	5652
July 2022	4290
August 2022	3702

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