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19 December 2022

Chris McCashin

By email: fyi-request-21232-92f2bab3@requests.fyi.org.nz

Ref: H2022017597

Tēnā koe Chris

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (the Ministry of Health) on 25 November 2022 for information regarding deaths from COVID-19 in New Zealand. Please find a response to each part of your request below:

 Three data sets as follows - total number of deaths from Covid-19 since the start of the pandemic in the three different ways that the deaths have been recorded - eg the spike in Omicron deaths 2022, would these be classed as deaths from Covid-19 based on previous guidelines

Previously, the main way that COVID-19 deaths were identified and reported was based on the criteria that someone died within 28 days of testing positive for COVID-19.

However, further work linking COVID-19 case data with mortality coding data allowed the Ministry to shift to a more accurate metric of COVID-related deaths. This is where COVID-19 was identified as a contributing cause of death or the underlying cause of death on cause of death certificates. This provides a clearer picture of the impact of COVID by excluding deaths where the person had COVID-19 but COVID did not contribute to their death.

A breakdown of all announced deaths by both of these metrics is available publicly here: www.health.govt.nz/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-current-cases.

2. Formal memos & recommendations associated with the way Covid-19 deaths were reported. Signatories to this report and reasons.

Please find attached to this letter a memo titled: 'Increase in contribution of COVID-19 to all-cause mortality' which has been identified within scope of this part of your request and is released to you in full.

3. Total Deaths, causes of death and age of death broken down into ten-year age brackets 0-9, 10-19, 20-29 etc etc in excel format from 2016 up until the latest data.

Te Whatu Ora has a Mortality web tool that provides the most recent (2019) and historical mortality data back to 1948. This web tool includes cause of death information.

Follow the link in the right-hand corner of the page to open the webtool: www.tewhatuora.govt.nz/our-health-system/data-and-statistics/mortality-web-tool. This will be updated with data to 2020 on 21 December 2022.

For all our other published mortality data and stats please use this page: www.health.govt.nz/nz-health-statistics/health-statistics-and-data-sets/mortality-data-and-stats.

After the close of a calendar year, there is a 12 to 18 month process to assign cause of death codes to the majority of deaths in that year. The clinical coding team at Te Whatu Ora 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 which 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.

Te Whatu Ora publishes preliminary mortality statistics, which do not include injury-related deaths information which are typically more influenced by coronial cases, in December each year. The 2020 preliminary data will be published on 21 December 2022.

For data related to death volumes, but not cause of death: there is approximately a 6–8-week lag between a death occurring and the fact of this death being available from Te Whatu Ora data. The earliest fact of death information is available online from the Statistics New Zealand COVID 19 data portal at: www.stats.govt.nz/experimental/covid-19-data-portal.

Death volumes information is also published by Stats NZ here: www.stats.govt.nz/tools/stats-infoshare. To view the statistics, you will need to select 'Populations' and then 'Deaths'.

4. Total deaths attributed to the flu per annum 2016 up until todays date

Please see the table below regarding the number of deaths with an underlying cause of influenza from 2016 to 2018:

Table 1: Influenza deaths

Year	Total number of deaths from Influenza
2016	50
2017	121
2018	73

In December 2022, Manatū Hauora published some preliminary 2019 counts. According to that data, the number of influenza deaths in 2019 was 201.

The statistics for 2020, 2021 and 2022 is not available yet. As mentioned above, after the close of a calendar year, there is a 12-18 month process to assign cause of death codes to the majority of deaths in that year.

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: 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 Manatū Hauora website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā

Dave Henderson

Interim Group Manager, Intelligence, Surveillance and Knowledge Public Health Agency | Te Pou Hauora Tümatanui

Memo

Increase in contribution of COVID-19 to all-cause mortality

Date:	3 August 2022		
То:	Or Diana Sarfati, Director-General of Health Or Andrew Old, Deputy Director-General, Public Health Agency		
Copy to:	Dawn Kelly, Principal Advisor COVID-19, Office of the Director-General of Health Clare Possenniskie, Manager Office of the Deputy Director-General		
From:	Dave Henderson, Acting Lead Intelligence, Surveillance and Knowledge, Public Health Agency, Manatū Hauora		
For your:	Information		

Purpose of report

1 This memo provides information on the recent increase in deaths from COVID-19 relative to all-cause mortality.

Background and context

- New Zealand is currently experiencing a sharp increase in deaths attributed to COVID-19. This is of national public interest and the New Zealand Herald aims to publish an article on this trend.
- A previous increase in COVID-19 related deaths was observed in March/April 2022. Many public health measures have since been removed or are no longer enforced and removal of border restrictions has resulted in increased movement internationally and increases in COVID-19 cases domestically.

Death reporting in New Zealand

General information and definitions

Reporting on deaths with COVID-19 is included in regular reporting released by the Public Health Association New Zealand's (PHANZ) Intelligence and Analytics team, mainly the daily Situational Report (SitRep) and Trends and Insights (T&I) report as well as in information released on the Ministry of Health website¹ and GitHub² page.

¹ Refer to COVID-19: Current cases | Ministry of Health NZ

² Refer to https://github.com/minhealthnz/nz-covid-data/blob/main/cases/weekly-deaths.csv





- While PHANZ at Manatū Hauora releases these figures on deaths with COVID-19 regularly, the authority for official mortality figures remains with Statistics New Zealand (Stats NZ). These figures take some time to finalise; the most recent week for which figures are available is the 17th of July.
- **Table 1** below provides the official definitions used to describe COVID-19 related deaths in the data visualisations included in this memo. This terminology aligns with PHANZ regular reporting for all definitions except those where ambiguity might exist when making comparisons to deaths of people who did not have COVID:

Table 1: Mortality definitions

Term	Definition
COVID-19 attributed	Deaths where COVID-19 was the underlying or a contributory cause of death.
COVID-19 incidental	Deaths occurring within 28 days of a positive test where COVID-19 was deemed not to be a cause of death.
Had COVID-19, but cause of death unavailable	Deaths of COVID-19 cases where information on cause of death from death certificate is not yet available.
All deaths with COVID-19	Deaths occurring within 28 days of a positive test and deaths occurring more than 28 days after a positive test that are still potentially due to COVID-19.

Trends observed in COVID-19 related deaths

- 7 **Figure 1** shows an increase in deaths beginning in early March and reaching one peak in late March. This was followed by a steady decline in deaths.
- However, in early June 2022, deaths began to steadily increase initially before sharply increasing in early July to levels exceeding those observed in March/April. Data for COVID-19 deaths is available up to 31 July but data for non-COVID-19 deaths is only available to 17 July, therefore the contribution of COVID-19 to overall deaths is only available up to this point. Currently, the highest percentage for deaths attributed to COVID-19 is at 14.2% of all deaths for the week ending 17 July (**Figure 2**).
- At this stage, it is unclear when the peak will occur and based on current trends, it is likely deaths attributed to COVID-19 will continue to increase. The absolute numbers for COVID-19 related deaths have continued to increase for the weeks ending 24th and 31st July (**Figure 1**). It is likely, when data for non-COVID deaths is available for these weeks, that this will correspond COVID-related deaths accounting for an increasing percentage of all deaths.
- 10 **Figure 2** shows the percentage of total deaths by week separating deaths where the deceased had COVID-19, deaths attributed to COVID-19, deaths incidental to COVID-19 and deaths where the cause of death is currently unknown, but the deceased had COVID-19. Both



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the proportion of deaths with COVID-19 and deaths attributed to COVID-19 have significantly increased since mid-June and are currently at record levels.

Figure 1: Number of deaths from all causes from 1 March 2022 to 31 July 2022

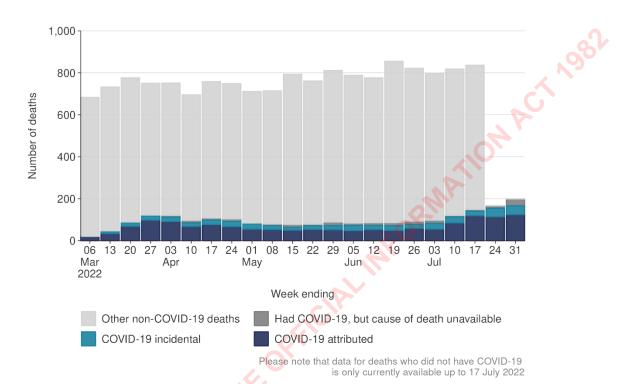
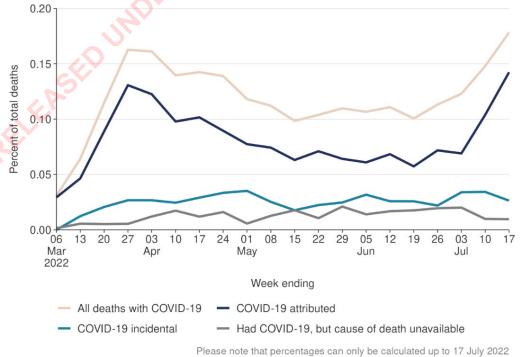


Figure 2: Percentage of all weekly deaths associated with COVID-19 from 1 March 2022 to 17 July 2022





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Recommendations

It is recommended that you:

1.	Note	The analysis on deaths attributed to CC where an increase in deaths is currently		Noted
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