Health New Zealand
Te Whatu Ora

30 June 2026

Chris Johnston
fyi-request-28619-97f17fc0@requests.fyi.org.nz

Tēnā koe Chris

Your request for official information, reference: HNZ00205050

Thank you for your further email of 24 June 2026, to Health New Zealand | Te Whatu Ora seeking further information already provided to you in responses HNZ00203684, HNZ0067356 and HNZ0051156. Your request has been considered under the Official Information Act 1982 (the OIA). Your full request is set out in Appendix 1.

Response

For clarity, I will respond to each part of your request below.

> *Please provide your assessment of the level of public interest. You have taken it into account so please provide any Record or provide the logic/thoughts in the mind of the official who made the assessment when answering this OIA.*

In accordance with section 9 of the OIA, Health NZ gives consideration to and balances the public interest in our decisions to withhold information under that ground. In regard to the data released to you under HNZ00067356, counts between 1 and 4 were replaced with <5 in accordance with section 9(2)(a) of the OIA to protect the privacy of individuals. Health NZ did not consider that the public interest outweighed the need to withhold numbers <5. No further information was withheld under section 9 of the OIA.

We note that the public interest is not a relevant consideration where information is refused under section 18 of the OIA, as Health NZ is unable to provide the information for the reason specified.

> *As a quantification, please provide a separate count of the number of OIAs answered by Health NZ that mention: (a)COVID or (b) mRNA by calendar year since 1 Jan 2020. Keyword search only is ok.*

We have conducted a keyword search of our OIA tracking systems, covering the period since our establishment in July 2022, using the terms “COVID” and “mRNA”. The table below provides an estimate of the number of OIAs received on each of the topics, by calendar year.

Calendar year	OIAs containing key word ‘COVID’	OIAs containing key word ‘mRNA’
2022 (from 1 July)	149	3
2023	333	24
2024	320	21
2025	168	13
2026 (to 26 June)	75	11

Please note, this information should be considered indicative only. OIAs that generally related to the specified topics, but do not contain the key words would not be captured. Additionally, a small number of cases may be duplicated on our system.

Please provide all Records (as defined under the Public Records Act) that provides advice, argument or opinion that Health NZ is not subject the Ombudsman's data aggregation ruling, or that proposes a definition of some types of data aggregation (or aggregation effort) as creating new information.

Please provide:
1) an explanation of why the remaining analysis is complex; and
2) a definitive statement of which of the datasets required to answer this OIA are available in Health NZ's data warehouse(s). That is, you mention in your reply the operational systems in your answer but the data may be replicated to a data warehouse environment where the data is already normalised and joined.
3) A specific response to the proposition that the remaining work is little more than adding the NHI to the existing query for the dataset produced, and matching to the NHI datasets and Covid mRNA datasets via those same NHI numbers. There is some aggregation work to do but how is this remaining work complex or a lot of effort? Estimate the data of effort required.

Please review your decisions and complete the remaining part of the original OIA as well as answering the additional questions that seek to examine Health NZ's rationale and basis for its decision.

Health NZ has provided the information requested to the extent possible. We have responded to a number of your follow-up queries and continue to engage with the Ombudsman regarding your current complaint on this matter. Please also note that the OIA does not require agencies to provide explanations, statements, or respond to propositions; such requests are not considered requests under the OIA.

If you remain dissatisfied with a decision on your OIA request, the appropriate avenue for raising concerns is through the Ombudsman.

How to get in touch

If you have any questions, you can contact us at hnzOIA@tewhatuora.govt.nz. If you are not happy with this response, you have the right to make a complaint to the Ombudsman. Information about how to do this is available at www.ombudsman.parliament.nz or by phoning 0800 802 602.

As this information may be of interest to other members of the public, Health NZ may proactively release a copy of this response on our website. All requester data, including your name and contact details, will be removed prior to release.

Nāku iti noa, nā

Sara Freitag

Manager, Government Services

Appendix 1: Copy of request

From: Chris Johnston <fyi-request-28619-97f17fc0@requests.fyi.org.nz>
Sent: Tuesday, 23 June 2026 10:10 pm
To: hnzOIA <hnzoia@tewhatuora.govt.nz>
Subject: Re: Response to your request for official information (HNZ00203684) CRM:0291183

Dear hnzOIA,

Thanks for your reply. We are making progress, and I appreciate your time and effort to date.

If we recap:
- HNZ has provided the most complex part of this OIA dataset already - the collation across up to 20 DHBs with different coding systems, and counting to get patient presentations.
- While the data is incomplete we are just asking for the data you have. The OI Act is not a data quality law - you just need to provide what you have and add caveats. This is done and HNZ have accepted this principle.
- The least complex part of the OIA request can now be complete. This final part does not require specialist knowledge of each DHB system, but only the knowledge required to produce what HNZ has undertaken in many other OUAs requiring age and disease breakdown of numbers you have already provided.

Please provide:
1) an explanation of why the remaining analysis is complex; and
2) a definitive statement of which of the datasets required to answer this OIA are available in HealthNZ's data warehouse(s). That is, you mention in your reply the operational systems in your answer but the data may be replicated to a data warehouse environment where the data is already normalised and joined.
3) A specific response to the proposition that the remaining work is little more than adding the NHI to the existing query for the dataset produced, and matching to the NHI datasets and Covid mRNA datasets via those same NHI numbers. There is some aggregation work to do but how is this remaining work complex or a lot of effort? Estimate the data of effort required.

There is a claim that breakdown of numbers creates new information and is therefore somehow outside the NZ Ombudsman's data aggregation ruling. The precedent HNZ has set itself across many OIAs makes this a tenuous argument.

Please provide all Records (as defined under the Public Records Act) that provides advice, argument or opinion that Health NZ is not subject the Ombudsman's data aggregation ruling, or that proposes a definition of some types of data aggregation (or aggregation effort) as creating new information.

The public interest is high on this topic. There are 8 followers on FYI.org.nz and they are include a number of people with broadcasting capability, medical expertise and statistical skills. These people are interested because of the high public interest in the mRNA treatment supplied, its safety profile, and impact upon NZ's health system.

Please provide your assessment of the level of public interest. You have taken it into account so please provide any Record or provide the logic/thoughts in the mind of the official who made the assessment when answering this OIA.

As a quantification, please provide a seperate count of the number of OIAs answered by HealthNZ that mention: (a)COVID or (b) mRNA by calendar year since 1 Jan 2020. Keyword search only is ok.

A reminder, that the key aspect to be analysed here is the "rate" of occurrence within different groups. Therefore the completeness of the data across DHBs is substantially controlled for. However the table you provide if the number of DHBs completing information will help interpretation of the final dataset. The straw man argument created in HealthNZ's response of "fully reliable" was not asked in the question. The data just has to be reliable for our purpose - and for the OIAs requirement just what you have (with any caveats you need to include alongside).

Please review your decisions and complete the remaining part of the original OIA, as well as answering the additional questions that seek to examine HealthNZ's rationale and basis for its decision. Your continuing discussions with the Ombudsman may also come to a conclusion.

Yours sincerely,

Chris Johnston