

14 October 2021

s 9(2)(a)

By email: s 9(2)(a)  
Ref: H202112498

Tēnā koe s

### Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) on 16 September 2021 for:

*"My initial inquiry was an attempt to establish the grounds for Dr Bloomfield's statement on 15 September, that ivermectin had no value as a treatment for covid 19.*

*My current request is for copies of the background material which led Dr Bloomfield to make that statement, including any speech notes, copies of scientific papers (or links to the specific papers which influenced his comments), internal notes or memos, aide-memoires, and any other documents accessed as preparatory material by himself or his staff in compiling the statement which he made on 15 September 2021."*


The Ministry of Health (the Ministry) has identified three documents within scope of your request. These are itemised in Appendix 1 with copies enclosed. All documents are being released with information out of scope withheld.

Please note, Dr Bloomfield's talking points were based on the following Medsafe alert: [www.medsafe.govt.nz/safety/Alerts/ivermectin\\_covid19.htm](http://www.medsafe.govt.nz/safety/Alerts/ivermectin_covid19.htm)

I trust this 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](mailto: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 of Health website at: [www.health.govt.nz/about-ministry/information\\_releases](http://www.health.govt.nz/about-ministry/information_releases).

Nāku noa, nā

  
Sarah Turner  
**Deputy Director-General  
Office of the Director-General**

## Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	15 September 2021	Excerpts from All-of-Government Press Conference	Excerpts released under section 16(1)(e) of the Act.
2		Excerpts from Talking Points Ashley	
3	-	Medsafe Information on COVID Therapy	Released with information out of scope withheld

Excerpts from All-Of-Government Press Conference: Wednesday, 15 September 2021 Hansard  
Transcript

**Dr Ashley Bloomfield:** There've also been claims on social media that people's natural immunity or vitamin C are sufficient to fight COVID-19, so there's no need to either get tested or, indeed, get vaccinated. This is not the case. This is an infectious virus that can cause serious and ongoing health problems—not just the acute, infectious illness, but, as you know, long COVID symptoms. And so, on to an update about treatments for COVID-19 in New Zealand.

Yesterday, I noted my warning about potential misuse of ivermectin, which hasn't been shown to be safe or effective for the treatment of COVID-19. However, even though there have been relatively few cases in New Zealand, we are up to date in terms of our knowledge and use of appropriate treatments. We have good processes in place to assess emerging and new treatments, and a fast and proven approval process when we decide on which ones we want to use here.

Just a note on how the main medications and treatments for COVID-19 work. COVID-19 infections cause two major issues in people. First of all is the viral attack on the body, and the harm that causes in and of itself, and the second is that in some cases, the virus can trigger an immune reaction, which can cause further problems.

So new treatments are now being investigated and, indeed, used to cover both these areas, and they concentrate on three domains. First of all, antiviral drugs that limit the ability of the virus to replicate and thrive in the body—an example here is remdesivir, which has been used for quite a while internationally and is being used in New Zealand.

There are then, secondly, medicines that calm the immune system overreaction that is prompted in some patients, particularly those who end up very unwell and in ICU—an example here is dexamethasone, which is a standard and widely used steroid and it's been part of our routine treatment protocols here for some time, for people who are very unwell in ICU.

And then, third, there are antibody treatments that help the body fight the virus. Studies have shown that one of these, a monoclonal antibody called tocilizumab may help hospitalised patients by reducing the severity of their infection and the length of time they require in hospital. Pharmac recently completed consulting with clinicians on funding tocilizumab for the treatment of moderate to severe COVID-19 in New Zealand; they will make a decision soon about its ongoing funding, but, in the meantime, it has already been used and funded by Pharmac for treatment in more than 30 patients through an exceptions-based process.

There are several other monoclonal antibodies in trials, or approved overseas under emergency authorisation, and Pharmac is actively discussing those with the manufacturers and suppliers. Two new treatments are showing the most promise. The first is Ronapreve, which is showing benefit in the early treatment of COVID-19 and can help cases from developing. It complements rather than replaces vaccination, as all these treatments do. An application has been made to Medsafe in the last couple of weeks, and the UK counterpart of Medsafe has actually approved that treatment in the UK. Medsafe is looking at all the evidence to see if this is a medication we will want to use in New Zealand, and then Pharmac will move on the funding on it.

A second promising monoclonal antibody treatment is sotrovimab. This is another one that is similar to Ronapreve, and it complements rather than replaces vaccination. Some good data coming through from evidence in trials, and Medsafe has not yet received an application. However, the

ministry is engaging with Pharmac to already explore potential supply options and encourage an application for approval through to Medsafe.

In the meantime, any of these medications can be prescribed by a doctor if they are indicated and if available here. Even if there's not an approval through Medsafe, they can be prescribed off-label. We have a technical advisory group of clinicians who meet weekly, since late August, and it's providing updated advice to us all the time on emerging treatments.

**Media:** And then in terms of that, you know, yesterday you made the comment on ivermectin. Today you had to speak about the medical approaches that can be used for COVID. The Chief Coroner this morning had to speak about the death of a teenager. How significant is the issue—and this is for both of you—of disinformation and misinformation when it comes to getting to that final 23 percent who haven't moved yet?

**Dr Ashley Bloomfield:** Well, the information about the vaccine has been out there for some time, and, I guess I don't think it's so much information, whether it's the right information or mis- or disinformation. The important thing is that we make sure everybody knows how they can get the vaccine and why it's important for them to do so. We've seen even just from this outbreak in Auckland—and I think it's given many people, in particular Aucklanders a reality check that actually the virus is not just real but it can be harmful, and it has had people in hospital and people in intensive care. It has affected hundreds of people in Auckland. The vaccine is highly protective against having symptomatic infection and getting very unwell and dying from this infection. And we've seen that even in the cases we've seen in Auckland. So I think people need to understand that and take up the opportunity. We've got a very good, very safe vaccine. I don't like to emphasise the misinformation and disinformation out there, because I think the vast majority of New Zealanders understand that getting vaccinated is the right thing, and we will make sure they can.

**Media:** Do you know—either of you know—how many, if any, people have been using ivermectin, and is it becoming an issue here like overseas?

**Dr Ashley Bloomfield:** Don't have any data on how many people have been using it. I do know there have been people going and requesting it from their GP, and you would've seen Dr Bryan Betty from the college of GPs a couple of weeks ago addressing this, and also reminding people or telling people that it's not a safe treatment and they shouldn't be asking for it for this purpose. There have been people who have been wanting to and trying to import it, as well, but I don't have any numbers on that.

**Media:** Are you concerned about that? Does it need to be recorded?

**Dr Ashley Bloomfield:** That it is not recorded?

**Media:** Are you concerned that it may become an issue and do you think it should be recorded, in terms of the numbers?

**Dr Ashley Bloomfield:** I don't think it needs to be recorded, and one of the reasons I've emphasised, over the last two days, that it's not a proven, safe treatment is because it is of concern if people are believing misinformation that that is the case. It's not a safe, proven treatment, but what people can do if they want to be safe from COVID-19 is get vaccinated. That is safe and very effective.

Excerpts from Ashley Talking Points – Wednesday 15 September 2021

**Treatments**

I noted in my warning yesterday about potential misuse of ivermectin, that I'd provide an update today on treatments that are in use or showing promise.

Even though we've had relatively few cases, New Zealand is up-to-date in terms of our knowledge and use of appropriate treatments. We have good processes to assess emerging and new treatments, a fast and proven approval process when we decide on what to acquire.

Before I talk about two of the most promising treatments, a note first about how they work to counter COVID-19.

COVID-19 infections cause two major issues. The first is the viral attack on the body and the harm that causes, the second is that in some cases the virus also triggers an immune reaction which again can also cause harm.

New treatments being studied now cover both these areas and concentrate on three areas:

- Antiviral drugs limiting the ability of the virus to thrive in the body. An example here is Remdesivir which is in use in New Zealand.
- Medicines that calm the immune system over-reaction prompted in some patients. An example here is dexamethasone which has been a standard part of our treatment protocols for some time.
- Antibody treatments that help the body fight the virus.

Studies have shown that a monoclonal antibody called tocilizumab may help hospitalised COVID-19 patients, reducing severity and time in hospital

Pharmac recently completed consulting with clinicians on funding tocilizumab, for the treatment of moderate to severe Covid-19 in New Zealand. We can expect they will make a decision on this very soon.

Pharmac has already funded tocilizumab for more than 30 patients through our exceptions decision-making processes for treatment of Covid-19.

There are several other monoclonal antibodies in trials or approved overseas under emergency authorisations and that PHARMAC is actively discussing these with suppliers.

There are two new treatments that are regarded as showing considerable promise. The first is Regen-cov, or Ronapreve which is showing benefit in the early treatment of COVID-19 and helping prevent cases occurring.

Ronapreve complements rather than replaces vaccination and would be expected to have a place in the treatment of those still vulnerable even after vaccination or in those rare cases where individuals can't tolerate vaccination.

An application for its assessment by Medsafe has been received this week. Medsafe's UK counterpart approved this treatment late last month.

The second promising treatment is sotrovimab which is another monoclonal antibody and similarly to Ronapreve, sotrovimab complements rather than replaces vaccination.

A recent study called COMET-ICE showed that a single dose of sotrovimab resulted in an 85% reduced risk of hospitalisation and mortality among patients diagnosed with COVID-19.

Medsafe has not yet received an application for sotrovimab, however, the Ministry is engaging with PHARMAC to explore potential supply options and encouraging the application to Medsafe.

There are others that are not regarded as useful options – after being more fully investigated. As I said yesterday these include Ivermectin – now strongly advised against by our NZ College of General Practitioners and Australia’s Chief Medical Officer Professor Paul Kelly.

Another option also on the not to be used for COVID list is hydroxychloroquine – a definitive study in November last year found overwhelming evidence against its use in COVID, sufficient to rule out any further investigation.

We have engaged a technical advisory group of clinicians who have met weekly from 27 August. The group has also been helpful in guiding us to what we need to be investigating next

The expert group has helped us rapidly develop a national guideline, now on our website, based on the previous work of experts from Middlemore Hospital.

And it’s important to note, when there is an urgent clinical need, doctors can prescribe unapproved medicines for specific patients before Medsafe has approved them. Doctors will use their expert clinical judgement when making these decisions.

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Medsafe information on existing, new and emerging COVID therapeutic options

Out of scope


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## Dotpoints on medicines shown to be harmful

### 1. Ivermectin

- Medsafe has issued an alert that ivermectin is not approved for use in New Zealand to treat COVID-19
- The Ministry of Health strongly recommends the public do not buy and attempt to treat themselves with ivermectin for COVID-19.
- When ingested in high doses, ivermectin can have serious effects on humans including low blood pressure, worsening asthma, seizures and liver damage
- Ivermectin is commonly used to treat parasitic infections in livestock
- For humans, Ivermectin is approved in very specific doses to treat a limited number of conditions including scabies and an intestinal disease caused by roundworm.
- The Royal College of GPs has also alerted its members not to prescribe ivermectin for COVID-19
- Many countries have issued similar alerts.
- WHO also recommends against use

Out of scope



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