MINISTRY OF HEALTH
MANATŪ HAUORA

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17 March 2022

s 9(2)(a)

By email: s 9(2)(a)
Ref: H202200754

Tēnā koe s 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 27 January 2022 for information regarding vaccination status requests. I will respond to each part of your request in turn.

> *A breakdown of the number of vaccination status requests, by DHB, for the COVID vaccination status of employees and contractors from any vaccination register, including if possible where there was no explicit written consent for the DHB to request such information.*
>
> *Please break down the numbers by the vaccination register that they were requested from.*

The Ministry has received a number of requests from the district health boards (DHBs) to supply booster data, as they do not have the capacity to run the data themselves while preparing for Omicron.

Some staff are expected to be fully vaccinated against COVID-19 under the Health and Safety at Work Act 2015 (the HSW) or the COVID-19 Public Health Response (Vaccinations) Order 2021 (the Vaccination Order). If a DHB or other employer requests data from the Ministry regarding the COVID-19 vaccination status of their staff who are expected to comply under the HSW or the Vaccinations Order, a data-sharing agreement is signed by both parties and the data is shared.

In November 2021, guidance was developed by the Ministry for DHBs regarding how to obtain COVID-19 vaccination data. This guidance is attached to this letter as Appendix 1 and is being released to you in full. It is important to note that when the Ministry is asked for data by DHBs, the Ministry does not have visibility over the process used by DHBs to enable staff to opt out or to provide their consent. It is the responsibility of the DHBs to ensure that this process is managed correctly. The requirements are outlined in the guidelines and these are supported through formal data sharing agreements between the Ministry and DHBs.

As of 17 February 2022, the Ministry has data-sharing agreements for identifiable booster data with ten DHBs:

- Hawke's Bay
- Lakes
- MidCentral
- South Canterbury
- Southern
- Tairāwhiti
- Taranaki
- Waikato
- Wairarapa
- Whanganui

The following DHBs receive aggregate data only:

- Bay of Plenty
- Counties Manukau

All data on vaccination status is drawn from the COVID-19 Immunisation Register (CIR). Information about the CIR is available at: www.health.govt.nz/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-and-your-privacy/covid-immunisation-register-cir-privacy-statement.

Please note that DHBs can access the CIR without making a request to the Ministry (Appendix 2). No data-sharing agreement is required with the Ministry to do this as disclosure of the information is necessary to prevent or lessen a serious threat to public health, in line with Information Privacy Principle 11(1)(f)(i) of the Privacy Act 2020 (the Privacy Act).

You may wish to contact the DHBs directly for further information on the number of times they have accessed the CIR. You can find their contact details at: www.health.govt.nz/new-zealand-health-system/key-health-sector-organisations-and-people/district-health-boards/district-health-board-websites.

Please confirm which legislative measures allowed such requests

The Ministry provides information on vaccination status to the DHBs on the basis that disclosure of the information is necessary to prevent or lessen a serious threat to public health, in line with Information Privacy Principle 11(1)(f)(i) of the Privacy Act.

In some cases, the DHB will request that individuals authorise the sharing of their vaccination status. This is based on the Information Privacy Principle 11(1)(c) of the Privacy Act, where the individual has authorised the release of the information.

Finally, information on vaccination status may be shared when the information is to be used in a way that does not identify individuals, in alignment with the Information Privacy Principle 11(1)(h) of the Privacy Act.

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

Nāku noa, nā

Astrid Koornneef
Director
National Immunisation Programme

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New Zealand Government

Guidance to obtain COVID-19 vaccination data

8 November 2021

This version updates and amends a previous version of this advice, which was sent on 2 November 2021.

The latest amendment to the COVID-19 Public Health Response (Vaccinations Order) 2021 requires affected workers in the health and disability sector to be vaccinated.

The Ministry of Health is working closely with the Office of the Privacy Commissioner on ways to best support the sector's responsibilities to collect and maintain this information.

As the Order is currently written, authorisation from each individual is required prior to the Ministry sharing employee data for the purpose of compliance with the Vaccinations Order. Authorisation can be obtained in a variety of ways. The two options that the Ministry recommends are the 'opt-out' method and the 'individual authorisation method'.

The 'opt-out' method requires DHBs to inform their employees covered by the Order that the DHB intends to share identifiable information with the Ministry of Health for the purpose of linking the individual to their vaccination record held in the CIR. The DHB should give at least 48 hours for individuals to opt out of their information being supplied to the Ministry, noting that this may have implications for the individual's employment.

There may be limited circumstances where information can be shared without an individual's authorisation on the basis of a serious threat to public health. The Ministry can assist in determining what authorisation is required with each DHB.

Alternatively, the DHBs may also request affected workers' information from the Ministry of Health via the s 9(2)(a) The Ministry will respond to requests for vaccination information within 1-2 working days and will endeavour to provide a report within five to ten working days of receiving the required documentation.

For those DHBs that have Snowflake access, it may be used to look up staff vaccination status. This means no request to the Ministry is necessary. However, each DHB must retain full records of any individual authorisation and formal management of the request.

We hope to be able to provide more advice soon as to how best to comply with the Vaccination Order amendments, including efforts to update the Border Workforce Testing Register (BWTR) in order to provide a centralised system for recording and reporting of affected workers under the Vaccinations Order and will communicate progress when this option is available to DHBs.

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Requesting COVID-19 vaccination data

1. Complete the s 9(2)(a)
2. You will be emailed a Data Sharing Agreement, consent forms and the link to your Employee Details Template. This form will be password protected and the password will be shared with the Privacy Officer and/or Manager as identified in the request form.
3. Complete the Data Sharing Agreement and fill in the Employee Details Template with the details of employees for whom you have authorisation to do so.
4. Once completed, save the file and
    a. upload to the 'Employee Vaccination Status' folder that has been set up in your respective DHB folder in the Microsoft Teams channel previously set up for household contacts ('COVID Household Contacts & Cohort Information')
    b. tag Jake Searell (add jakes email address) in the post.

    To get access to this channel please email s 9(2)(a) @health.govt.nz.
5. The Ministry of Health will confirm receipt of your request for vaccination data and match your employees to the COVID-19 Immunisation Register (CIR).
6. The Ministry of Health will notify your employees that they are sharing data regarding their vaccination records with their employer.
7. You will receive the counter-signed Data Sharing Agreement, and the employee details form back with the vaccination status of your employees via the same Teams channel.

Please email any questions to s 9(2)(a) @health.govt.nz.

Appendix 1

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New Zealand Government

Guidance on how to manage requests for on-sharing of vaccination information:

We are aware that you have been receiving requests from contracted and non-contracted local providers to share data on vaccination.

1. Data can be shared where a data sharing agreement already exists and there is provision within the agreement for this.
2. Data cannot be shared if a data sharing agreement is not in place with the requesting provider.

Appendix 2

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District Health Boards (DHBs)

Guidelines

on sharing vaccination data

Including:

- Vaccination outreach
- Contracted providers
- Employers (PCBU)

Introduction

The purpose of this updated guide document is to outline when and how District Health Boards (DHBs) can access, use and disclose COVID vaccination records data, now including the approach adopted by the Ministry for sharing data on children aged 5-11 years for vaccination outreach activities.

There are three sections to the guidelines that cover:

1. Data sharing for local vaccination outreach work
2. Data sharing with local providers, contracted and non-contracted
3. Data Sharing of identifiable employee information with an employer or Persons Conducting a Business or Undertaking (PCBU).

The Ministry of Health (the Ministry) shares records relating to vaccination and booking status with District Health Boards (DHBs) via its data warehouse (Snowflake). The Ministry has approved DHBs to use the data already provided as required to support COVID-19 vaccination service planning, monitoring, invitation, delivery, and quality improvement. However, an exception is that DHB staff personal records cannot be accessed. Sharing information with other organisations involved in managing the vaccination of eligible individuals in their area is directly related to the purpose for which the information was originally collected.

The Ministry recognises that in parts of the country, DHBs are managing the COVID-19 response as an integrated collection rather than as individual boards. Where this is the case, this guidance can be taken to apply to the defined collective that is managing the response regionally rather than just to individual DHBs.

Guidance relating to sharing data on tamariki aged 5-11

As a response to limit the spread of COVID-19 in vulnerable families and communities, children aged 5-11 years were included in the vaccination programme from 17 January 2022. They are now eligible to receive the Covid-19 paediatric Pfizer dose.

The roll-out of vaccination to 5 to 11 year olds has involved additional considerations, so that service delivery is appropriate for this age range. In particular, children in this age group do not provide consent for themselves to receive vaccination, this is provided by the parent or guardian.

It is important to note that the timeframe for vaccinations for tamariki should consider hesitancy of parents and caregivers. A longer gap between doses, such as nine weeks, and not strictly bound by timeframes for adult (e.g. three weeks) will minimise feeling pressured when they have more time to think about returning for the second dose.

The information of children aged 5-11 years is particularly sensitive and therefore the Ministry of Health asks that you adhere to the related data sharing guidelines and closely monitor the interpretation of the guidelines.

CONTENTS

Guidance for Lawful Disclosure of Information

Legal rules regarding the collection, use and disclosure of health information are set out in the Health Information Privacy Code 2020 (the Code). The Code has been developed with the characteristics of the health sector and health information in mind. Most health information is collected in a situation of confidence and trust in the context of a health professional and patient relationship; health information is often highly sensitive in nature; and that health information collected as part of one episode of care is often required by the health agency and other health providers in the future.

Rule 11 of the Code places limits on the disclosure of health information. Generally, information can only be shared where it was the purpose of collection, or where the disclosure is authorised by the individual concerned. However, a number of exceptions are set out in Rule 11(2) which recognise that there are circumstances in which other interests may be engaged.

The relevant exception here is sharing health information to prevent or lessen a serious threat to public health or public safety, or the life or health of the individual concerned or another individual.

To share individual information under this exception, the health agency disclosing it must be satisfied that:

- it is either not desirable or not practical to obtain authorisation from the individual concerned;
- the disclosure of the information is necessary to prevent or lessen a serious threat to public health or public safety[1], or the life or health of the individual concerned or another individual; and
- the information shared is limited to that which is necessary to enable the recipient to take action to prevent or to lessen the threat.

In addition, the Health Act 1956 under section 22F permits, but does not compel, disclosure of health information when a request is made by a person who is providing, or is to provide, services to that individual. It should be noted that section 22F does not create a legal obligation to share health information when no request to access to that information has been made.

If DHB's are considering disclosing information collected as part of contact tracing, then the DHB will need to consider the duty of confidentiality.

Rule 11(2) of the Health Information Privacy Code 2020 and section 22F of the Health Act 1956 provide a discretion to disclose, not an obligation.

Agencies are expected to consider whether and how the discretion should be exercised. The risks of sharing without authorisation are a relevant consideration, as there is a need to maintain the trust and confidence of affected individuals and the wider public in providers of health services.

[1] Office of the Privacy Commissioner's guidance: https://privacy.org.nz/tools/knowledge-base/view/73?t=325238_437852

When considering whether to provide data to an organisation, DHBs must give thought to how the organisation will be able to use the data effectively to minimise serious harm related to the pandemic.

DHBs should be mindful of the need for services to be co-ordinated, and the role of other providers and organisations in their area. Individual level data should only be shared with an organisation they're not enrolled with, where necessary.

The Ministry's advice is that the COVID-19 pandemic constitutes a serious threat to public health and safety.

COVID-19 vaccination is critical to prevent or lessen the threat of COVID-19, and information, including information that identifies individuals in some cases, may be needed to contact unvaccinated individuals to lessen this serious threat to public health.

Each request must be considered on a case-by-case basis, and DHBs must include their Privacy Officers in all decision making as they are specialists who can help assess whether the relevant conditions for sharing have been met in each

Guidelines for transparency and communication

The Ministry and DHBs have published, and will continue to publish, details about the information being shared with organisations on their websites. To manage concerns and meet Privacy Act requirements to let people know how their information is being used and disclosed, the public needs to be clearly advised of:

1. the uses and disclosures of personal information, particularly noting that information cannot be used or retained for other purposes;
2. the security requirements we require to be in place to ensure that personal information is protected from misuse, and from further disclosure;
3. how an individual can request access to, and correction of, their information, including access to information about who their information has been shared with how an individual can complain about the use or sharing of their information.

Section 1 – Data Sharing for Vaccination Outreach Work

Where the criteria for data sharing is met, DHBs should arrange and manage data sharing arrangements directly with the requesting organisation. This is not limited to health services and could include sharing information with iwi, hauora providers, NGOs providing social services such as mental health, alcohol and other drug services, disability support services.

Requests should be referred for consultation with the Ministry's COVID-19 Privacy Team where:

- there is uncertainty about how to fulfil the request; or
- identifying data is requested by a party or parties that are not yet authorised to hold data for purposes of providing vaccination or health services. Noting, that where there are existing sharing arrangements, the DHB should evaluate whether these can be extended to cover data for vaccination outreach purposes.

Queries can be directed sent to s 9(2)(a) [redacted] @health.govt.nz

Guidance for levels of information sharing

The level of information shared must be appropriate to what's required to address the threat. Consider whether identifying information needs to be provided, or whether the organisation can achieve their purpose with higher level, non-identifying information. This may be information about sufficiently large groups that it is already publicly available but, where this is not sufficient, smaller group or, in some cases, identifiable information may need to be shared.

Small Area/Non-identifying Information

Small area unit data can be used to identify areas with a high number of unvaccinated individuals so resources can be oriented towards those areas.

The smaller the geographic region the more targeted the interventions can be. However, address data is not perfect and using smaller areas may end up missing individuals who have moved or where there is an incorrect address. Using small area units would enable providers to identify specific areas within their catchment to target support whilst protecting identification of specific unvaccinated individuals.

A range of data sets is available to DHBs through Snowflake, and these are refreshed twice weekly.

Options for small area units are:

- Domiciles that have approximately 3000-5000 people;
- SA2 includes 2000-4000 people in urban areas and 1000-3000 in rural areas;
- SA1 includes approximately 100-200 people, maximum of 500;
- Meshblock areas, which include approximately 90 people on average.

Sharing identifiable information

For some populations direct contact may be the most appropriate way to support people to become vaccinated. However, persons under 16 years should not be directly contacted. Given the sensitivity of personally identifiable information, such information should only be shared with organisations:

- who can directly reach unvaccinated people in that specific area;
- who can meet the privacy and security requirements described below; and
- information provided about unvaccinated individuals in a specific location should include no more detail than is needed to achieve the purpose of disclosing it.

Requirements when sharing 12 year old and over identifiable information

DHBs must assess the sharing of identifying, or potentially identifying, information with organisations on a case-by-case basis, taking into account relevant considerations including:

- the degree to which an organisation can effectively contact unvaccinated individuals in their area and facilitate their access to vaccination;
- the appropriateness of the organisation to receive the requested information, recognising and upholding the mana and rangatiratanga of distinct groups;
- the level of information appropriate, given the service coverage of the organisation;
- the accuracy and possible limitations of the available data;
- completion of an appropriate privacy impact and security risk assessments to identify any risks and state how they will be mitigated; and
- all data shared being stored in a platform which has a completed privacy impact assessment and security risk assessments to reduce risks for malicious access and disclosure; and
- security roles and data partitioning systems being in place to ensure that access to data without authorisation is not possible, and that access is auditable.

Requirements for sharing data for ages 5-11 years

The Ministry has engaged with a variety of stakeholders to inform its decision on sharing data on children aged 5-11 years. It was agreed that data to be shared will be limited to:

- Name
- Date of birth
- NHI
- Meshblock information.

The information does **not** include phone numbers, email addresses, or street addresses associated with a child's record.

NB: The above conditions must be included in an updated Data-sharing Agreement or MOU before data is shared.

The data on children aged 5-11 years can be shared as appropriate to support vaccination outreach.

1. Data will be provided for those children that are not vaccinated and, in future, data for children who are due to receive their second dose after an interval of nine weeks and do not have a booking.
2. Supplying meshblock data is sufficient information on where the child lives. No individual address details will be disclosed.
3. No contact details will be disclosed.

For more information on data sharing on 5-11 years, See Memo (Appendix A) *Considerations for sharing data on children aged 5-11 years for outreach.*

The Ministry has received strong feedback from stakeholders about being transparent with whānau and children on why data is being shared. Information will soon be available on the Ministry's website on this to share with providers.

Conditions for data sharing

Recipient organisations must sign specific data access conditions which include that:

1. the data provided is only to be used for the purpose agreed, such as to contact unvaccinated individuals in specific areas with low uptake;
2. data will be destroyed on a date agreed with the DHB;
3. the DHB will be informed if an individual declines engagement with the provider for the purposes of recording it in CIR, and the DHB will inform other organisations which may be involved in a coordinated approach for the same population where possible, and will inform the Ministry so that the source data in CIR can be updated;
4. the data will not be shared with any person or agency not authorised by the agreement;
5. data will be transferred, stored, and used in a way which protects the privacy of individuals, and will be kept safe from accidental or malicious disclosure;
6. no data will be made public which would allow the identification of individuals; and
7. only people directly involved in contacting people for the purposes outlined in the agreement will have access to identifiable data.

DHBs must ensure that any data shared is limited to only what is necessary to achieve the stated outcomes.

Section 2 – Data Sharing with Local Providers

We are aware that DHBs have been receiving requests from contracted and non-contracted local providers to share data on vaccination.

1. Data can be shared where a data sharing agreement already exists and there is provision within the agreement for this.
2. Data cannot be shared until a data sharing agreement is in place with the requesting provider.

Please see the table below for guidance on requests from contracted and non-contracted local providers:

Organisations with data sharing agreements (e.g. contracted providers)

Requestor	Existing data sharing agreement?	Guidance
PHO	Existing data sharing agreement in place? DHB SRO to confirm	If **yes**, proceed as per existing agreement and ensuring controls provide a level of data security which is in line with the user agreement between The Ministry and the DHB.
		If **no**, consider implementing a data sharing agreement. Without a clear agreement in place, data cannot be shared.
Hauora providers	Existing data sharing agreement in place? DHB SRO to confirm	If **yes**, proceed as per existing agreement and ensuring controls provide a level of data security which is in line with the user agreement between The Ministry and the DHB.
		If **no**, consider implementing a data sharing agreement. Without a clear agreement in place, data cannot be shared.
NGOs	Existing data sharing agreement in place? DHB SRO to confirm	If **yes**, proceed as per existing agreement and ensuring controls provide a level of data security which is in line with the user agreement between The Ministry and the DHB.
		If **no**, consider implementing a data sharing agreement. Without a clear agreement in place, data cannot be shared.
ARC Facilities	Existing data sharing agreement in place? DHB SRO to confirm	If **yes**, proceed as per existing agreement and ensuring controls provide a level of data security which is in line with the user agreement between The Ministry and the DHB.
		If **no**, consider implementing a data sharing agreement. Without a clear agreement in place, data cannot be shared.
Other	Existing data sharing agreement in place?	If **yes**, proceed as per existing agreement and ensuring controls provide a level of data security which is in line

	DHB SRO to confirm	with the user agreement between The Ministry and the DHB.
		If **no**, consider implementing a data sharing agreement. Without a clear agreement in place, data cannot be shared.

As part of the process to provision vaccination data to PHOs, the Ministry requires that the DHB assumes responsibility for ensuring that the data sharing arrangement between themselves and the PHOs is governed by controls in line with the existing user agreement between the Ministry and the DHB.

Organisations with no contracts

Requestor	Existing data sharing agreement?	Guidance
Iwi organisations	Existing data sharing agreement in place? DHB SRO to confirm	If **yes**, proceed as per existing agreement and ensuring controls provide a level of data security which is in line with the user agreement between The Ministry and the DHB.
		If **no**, consider implementing a data sharing agreement. Without a clear agreement in place, data cannot be shared.
NGOs and Health and Social Care Providers	Existing data sharing agreement in place? DHB SRO to confirm	If **yes**, proceed as per existing agreement and ensuring controls provide a level of data security which is in line with the user agreement between The Ministry and the DHB.
		If **no**, consider implementing a data sharing agreement. Without a clear agreement in place, data cannot be shared.
Mayors, councils, territorial authorities	Existing data sharing agreement in place? DHB SRO to confirm	If **yes**, proceed as per existing agreement and ensuring controls provide a level of data security which is in line with the user agreement between The Ministry and the DHB.
		If **no**, consider the wider implications of a data sharing agreement and the intended use of the data before progressing.

Queries can be sent to s 9(2)(a) [redacted] @health.govt.nz

Section 3 – Data Sharing with an Employer or Persons Conducting a Business or Undertaking (PCBU)

The **COVID-19 Public Health Response (Vaccinations Order) 2021** requires all mandated workers in specified roles to be vaccinated. It is expected that employers/ PCBUs comply with the Order.

1. Employers must keep a record of the vaccination status of those employees that must be vaccinated against COVID-19. In practice, this information includes:
    - full legal names, and date of birth;
    - phone and email contacts;
    - any exemptions issued; and
    - proof of any COVID-19 vaccinations received overseas (if applicable).
2. All employees must provide authorisation for any employer/PCBU to hold their personal vaccination record.

Employee authorisation

3. All reasonable efforts must be made to inform employees of intentions to exchange identifiable information (thus as an employer, DHBs must also seek employee authorisation to access staff vaccination data).
4. Authorisation can be obtained directly from staff using a consent form or by conducting a specified opt-out period (making considerations for part time/temporary staff) to allow employees to communicate their dissent.

Employees opting – out

5. Those that express dissent within the specified opt-out period are exempt from having their records shared. Only consenting employee's information is shared.
6. An 'employee identifiable data-sharing agreement' which outlines the terms of the agreement, (employee authorisation) must be in place before vaccination data can be shared.

Queries can be sent to s 9(2)(a) [redacted] @health.govt.nz

Access to the Border Workforce Testing Register (the Register)

The Ministry is expanding access to the Register to assist employers or PCBU's in meeting the requirements of the Vaccinations Order 2021.

The Register provides a dashboard with a high-level view of employees' vaccination status. It will link a worker to their NHI number to automatically update their vaccination record from the COVID Immunisation Register (CIR).

Voluntary use of the Register can be gained by following the *Employee authorisation* and *Employee Opting out* process as above. Ensure that staff who opted out are not added to the register.

To start the process to access the register email s 9(2)(a) [redacted] @health.govt.nz.

Appendix: Memo - Considerations for sharing data on children aged 5 – 11 years

Memo

Considerations for sharing data on children aged 5-11 years for outreach

Date:	18 February 2022
To:	District Health Boards
From:	Gail Thomson, Operations Lead, National Immunisation Programme
For your:	Information

Purpose

The purpose of this memo is to inform you of the approach adopted by the Ministry for sharing data on tamariki aged 5-11 years for vaccination outreach activities.

If you have any questions, please contact me on **Gail.Thomson@health.govt.nz**

Background

Due to the highly infectious nature of COVID-19 variants, the Ministry believes that being fully vaccinated provides a higher level of protection against infection, severity of illness, hospitalisation and death.

To support the delivery of the COVID-19 Vaccination programme, the Ministry of Health's National Immunisation Programme currently shares personal and vaccination information for those aged 12 years and over, by entering into data sharing agreements and releasing specific data that includes:

- personal information to relevant health and social service providers about enrolled populations;
- personal information to Iwi / Māori organisations about tangata whenua in their rohe;
- aggregated (meshblock) information to providers who have demonstrated their ability to reach those who might lack access to vaccinations; and
- identifiable vaccination status of employees to employers for compliance to vaccine mandates (Vaccinations Order).

- Science and Technical advice received by the Ministry is that children under 12 years are at lower risk from direct health impacts of COVID-19 than older age groups. However, COVID-19 can have serious health consequences for some children. In addition, Māori and Pacific children are more likely to live in multigenerational families in the same home. There is risk of other household members being infected by unvaccinated children.
- For these reasons, and to limit the spread of COVID-19 in vulnerable families and communities, children aged 5-11 years were included in the vaccination programme from 17 January 2022. They are now eligible to receive the Covid-19 paediatric Pfizer dose.

Privacy Act 2020 and Health Information Privacy Code

The Ministry applies the statutory tests in the Privacy Act, when receiving requests for personal information about children. Under rule 11(2) d of the Health Information Privacy Code, information may be disclosed if on reasonable grounds three criteria are met:

1. **It is not desirable or practicable to obtain authorisation for the disclosure from the individual concerned.**
    - There are more than 470,000 children aged between 5 and 11 across Aotearoa New Zealand and approximately 115,000 are Māori. I It is not practicable to obtain authorisation for the disclosure from the individual concerned (or their caregiver).
2. **There is a serious threat to public health or public safety, or the life or health of the individual concerned or another individual.**
    - The COVID-19 pandemic presents an ongoing threat to the public health and safety for the New Zealand population, with a disproportionate impact on vulnerable population groups. While the risk of COVID-19 to children is less, there are still direct and indirect effects currently affecting children across New Zealand.
3. **Disclosure of the information is necessary to prevent or lessen that threat.**

For each request for information, to determine whether the information sharing is necessary. The Ministry will consider:

- what the organisation requesting the information would be able to do with the requested information
- any adverse consequences, in terms of the protection of life and health, of that disclosure and use
- whether there are other options to address the health risk that lessen the privacy intrusion but are effective to address the risk and urgency for information.

Even if all these criteria are met, there is residual discretion as to whether the information should be released.

The Ministry's Data Sharing Work Group has consulted this approach with the Office of the Privacy Commissioner.

Strategy for vaccinating children aged 5-11 years

The roll-out of vaccination to 5 to 11 year olds has involved additional considerations, so that service delivery is appropriate for this age range. In particular, children in this age group do not provide consent for themselves to receive vaccination, this is provided by the parent or guardian.

International experience shows that childhood COVID-19 vaccination campaigns are different from those of older children and adults. For example, hesitancy amongst parents may be higher, and communications for caregivers and children need to be different.

The Ministry has established an operational policy of not contacting a child under 16 years of age. The Ministry's Data Sharing Work Group has consulted this approach with the Office of the Children's Commissioner.

Another factor is that the national data sets the Ministry uses do not include details of familial relationships, which means the Ministry cannot identify a child's parent or guardian.

Supporting vaccination outreach

The outcome of meetings with relevant stakeholders reflected a strong appetite to share data in a safe way with iwi and service providers, including the Whānau Ora Commissioning Agency, for the purpose of supporting outreach activities. Data that will be shared on aged 5-11 years will be:

- Name
- Date of birth
- NHI
- Meshblock information.

Information does **not** include phone numbers, email addresses, or street addresses associated with a child's record.
Outreach activities are expected to engage with family and whānau of children who:

1. have not yet been vaccinated; and
2. received their first dose more than nine weeks ago – and are therefore due their second one.

Vaccination timeframes for outreach activities

It is important to note that the timeframe for vaccinations for tamariki should consider hesitancy of parents and caregivers. A longer gap between doses, such as the nine weeks, and not strictly bound by timeframes for adult (e.g. three weeks) will minimise feeling pressured when they have more time to think about returning for the second dose.

Vaccination outreach partners

It is important to work with regional and local partners to ensure outreach is directed at Priority Peoples (including Māori and Pacific, and those with disability, mental health, housing needs etc.)
A number of DHBs have achieved good vaccination outcomes in relation to reaching Priority Peoples. Much of this has been through working in partnership with other regional and local providers and targeting Priority Peoples and hard to reach people through joint approaches.