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4 April 2023

[REDACTED]

By email: [REDACTED]
Ref: H2023019859

Tēnā koe [REDACTED]

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 3 February 2023 for information regarding the effectiveness of Pfizer COVID-19 vaccines. Each part of your request is responded to below.

“All scientific evidence (data) that was used by the New Zealand Government to justify the introduction of vaccine passports, and provided the rationale for mandates levied on professions such as teachers, Police, health care workers, hospitality venues etc. This justification cited scientific evidence that vaccinated people could not transmit the virus and the unvaccinated would.

Despite extensive reports from credible medical doctors, professors and clinics already stating there was no sterilising Covid-19 vaccine introduced in the market, the New Zealand Government appeared to ignore this fact and instead worked on policies and set up restrictions based on the premise that these would prevent transmission of the virus. In December 2020 the Food and Drug Administration (FDA) in the United States made the following public statement “At this time data is not available to make a determination about how long the vaccine will provide protection nor is there evidence that the vaccine prevents transmission of SARS-CoV-2 from person to person”.

Manatū Hauora has identified 22 documents regarding vaccine passports and vaccine mandates within scope of your request. All documents are itemised in Appendix 1 and copies of the documents are enclosed. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

Information collated by Manatū Hauora about transmission of COVID-19 is available on our website on the COVID-19 Science news webpage here: www.health.govt.nz/covid-19-novel-coronavirus/covid-19-resources-and-tools/covid-19-science-news#variants.

In general (not COVID-19-specific), there are two mechanisms through which vaccines can potentially reduce transmission:

1. Preventing infection of the vaccinated person (if a person is uninfected, they cannot transmit the virus). This is measured in vaccine efficacy/effectiveness against infection.
2. Reducing the number of onward infections (if the vaccinated person does become infected). This is measured by assessing the reduction in the number of transmissions to contacts of infected individuals.

These two methods combine to provide a larger effect than either of them in isolation.

For the Pfizer vaccine, there is a substantial body available about its ability to reduce the number of infections (and the subsequent effect on transmission through reduction of infection). This data has been monitored by Manatū Hauora and is publicly available on our website on the COVID-19 Science news webpage, linked above.

Although the effectiveness of the vaccine against infection reduces over time, an effect does persist for a period after vaccination (for example it is estimated 50% of infections are prevented at around four months after vaccination for individuals aged 18-59 years). Effects on onward transmissions (that is, the ability of a vaccinated person to transmit on to other people) is substantially more challenging to measure (and the results are harder to interpret) as there are far fewer studies. The limited data that is available for Omicron on onward transmission after infection (all vaccines, not limited to Pfizer) is available on the COVID-19 Science news webpage.

It should be noted that data for vaccine effectiveness (against infection and onward transmission) for variants prior to Omicron have been monitored since trial data was first released by Pfizer in 2020. Vaccine effectiveness against infection was generally higher for previous variants than for Omicron.

The EU Digital COVID Certificate (EU DCC) is the format that Aotearoa New Zealand used for international COVID-19 travel vaccination certificates. Information about the EU DCC is publicly available here: https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/safe-covid-19-vaccines-europeans/eu-digital-covid-certificate_en. The EU DCC was one of several formats being used internationally for COVID-19 travel vaccination certificates. Aotearoa New Zealand was one of 48 non-European countries and territories that joined the EU DCC system. Further information on the EU DCC can be found here: https://ec.europa.eu/info/live-work-travel-eu/coronavirus-response/safe-covid-19-vaccines-europeans/eu-digital-covid-certificate/commission-implementing-decisions-equivalence-covid-19-certificates-issued-non-eu-countries_en.

On 15 November 2021, it was confirmed that Aotearoa New Zealand's international travel COVID-19 certificates were in accordance with the EU DCC standard. Information about this is publicly available here: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A32021D1993>. Using the EU DCC trust framework meant that Aotearoa New Zealand issued certificates were recognised by all countries that joined the EU DCC trust framework.

Please refer to the publicly available information below on vaccine protection:

- Information on vaccine safety and effectiveness considered by the COVID-19 Vaccine Technical Advisory Group, and advice provided by the group to the Director-General: www.health.govt.nz/about-ministry/leadership-ministry/expert-groups/covid-19-vaccine-technical-advisory-group-cv-tag.

- Information on vaccine effectiveness, including protection against infection, transmission, hospitalisation and reinfection: www.health.govt.nz/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-science-news
- Information on how vaccines provided substantial protection against death: www.health.govt.nz/publication/covid-19-mortality-aotearoa-new-zealand-inequities-risk
- The Future of the Elimination Strategy: www.beehive.govt.nz/sites/default/files/2021-08/Embargoed%20Skegg%20advice.pdf

Please refer to the publicly available information below on vaccine mandates:

- Previous OIA response on vaccine mandates in Aotearoa New Zealand: <https://fyi.org.nz/request/18826/response/73594/attach/7/H202203767%20response%20letter.pdf>.
- Vaccine mandates in the time of Omicron: <https://journal.nzma.org.nz/journal-articles/vaccine-mandates-in-the-time-of-omicron-open-access>.

All Ministerial Briefs and correspondence between 1 October 2020 and 28 February 2021 that relate to the effectiveness (or lack of effectiveness) of the Pfizer BioNTech COVID-19 vaccine to stop transmission of SARS-CoV-2 from vaccinated persons.

In addition, I am seeking:

All correspondence, and advice provided to Labour Party Ministers over this same time period in regards to adverse events (vaccine injury) or concerns around the safety of the Pfizer BioNTech COVID-19 vaccine.

The citing of scientific evidence was the foundation for introducing vaccine passports and vaccine mandates in New Zealand, within this response please reference what data was used and from what clinical trials (or otherwise) that showed the Pfizer BioNTech COVID-19 vaccine prevented transmission of the Covid-19 virus.”

During this time, Medsafe was in the process of considering a provisional approval of that and other COVID-19 vaccines and approved the Pfizer Comirnaty vaccine on 3 February 2021. Shortly after that decision, the COVID-19 Vaccine Technical Advisory Group provided additional advice supporting their use. Their advice and the subsequent advice to Cabinet are publicly available at the links below:

- www.health.govt.nz/system/files/documents/pages/20210205_-_cv_tag_recommendation_decision_to_use_the_pfizer_mrna_covid-19_vaccine.pdf
- www.health.govt.nz/system/files/documents/information-release/pfizer_recommendations_for_decision_to_use.pdf

In February 2021, advice to Cabinet considered incentives for border workers to be vaccinated. Further information on this advice is available at:

https://www.health.govt.nz/system/files/documents/information-release/maximising_covid-19_vaccine_uptake_in_tier_one.pdf. The paper noted at paragraph 13 that the extent to which the vaccines prevent COVID-19 transmission was not yet known. It proposed at paragraph 69 that leave support of up to a week in case of severe adverse reactions (for example, short term allergic reactions) was an option, but that such events would be very rare based on current data.

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

A handwritten signature in black ink, appearing to be 'A. Old', written in a cursive style.

Dr Andrew Old
Deputy Director-General
Public Health Agency | Te Pou Hauora Tūmatanui

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	29 March 2021	Memo: COVID-19 vaccine certificates for outgoing and incoming travel	Publicly available at: www.health.govt.nz/system/files/documents/information-release/h2022013228_response.pdf
2	17 May 2021	Memo: Vaccination Certificate on policy project overview and key issues	
3	17 June 2021	Talking Points: Border Executive Board Meeting	
4	3 August 2021	Briefing: Proof of COVID-19 vaccination in the context of border reopening scientific and public health considerations 20211448	Publicly available at: www.health.govt.nz/system/files/documents/pages/20211448_briefing.pdf
5	17 August 2021	Memo: New Zealand issued digital COVID-19 vaccination certificates	Publicly available at: www.health.govt.nz/system/files/documents/information-release/h2022013228_response.pdf
6	26 August 2021	Memo: COVID-19 digital vaccination certificate update and international requirements	
7	24 September 2021	Briefing: Update on the development of NZs digital COVID-19 vaccination certificate 20212055	
8	6-7 October 2021	Excerpt from Pacific Heads of Health Meeting pack for GM	
9	17 December 2021	DG Memo: Access to NZs international travel COVID-19 Vaccination certificates for New Zealanders vaccinated offshore	
10	4 August 2022	Excerpt from Aide-Memoire: Meeting between Minister Verrall and the EU Ambassador on COVID-19 20221227	
11	20-21 September 2022	Excerpt from Pacific Heads of Health Meeting pack for GM	
12	24 January 2022	COVID-19 Vaccination Certificates for Cross Border Travel (Phase one)	
13	22 March 2022	COVID-19 Vaccination Certificates for Cross Border Travel (Phase one) - Protocol Analysis Overview	
14	10 June 2022	SPC Covid-19 Travel Certificate Weekly Status Report Phase 1 Transition 220610	
15	15 February 2023	CAB-21-MIN-0019 Maximising Uptake of COVID-19 Vaccines in Tier One	Publicly available at: www.health.govt.nz/system/files/documents/information-release/maximising_covid-19_vaccine_uptake_in_tier_one.pdf

16	4 August 2021	HR20211564 COVID-19 Vaccination Uptake for Healthcare Workers	Publicly available at: www.health.govt.nz/system/files/documents/pages/20211564_briefing.pdf
17	11 November 2021	HR20212479 Policy decisions required for a further amendment to the COVID-19 Public Health Response (Vaccinations) Order 2021	Publicly available at: www.health.govt.nz/system/files/documents/pages/20212479_briefing.pdf
18	22 November 2021	HR20212495 Policy decisions required for further amendments to the COVID-19 Public Health Response (Vaccinations) Order (no. 5) 2021	Publicly available at: www.health.govt.nz/system/files/documents/pages/20212495_briefing.pdf
19	26 November 2021	HR20212541 COVID-19 Public Health Response (COVID-19 Vaccinations Certificate) Order 2021 – for signature	Publicly available at: www.health.govt.nz/system/files/documents/pages/20212541_briefing.pdf
20	21 January 2022	H20220009 COVID-19 Public Health Response (Vaccinations) Amendment Order 2022 – for signature	Some information withheld under the following sections of the Act: <ul style="list-style-type: none"> • Section 9(2)(a), and • Section 9(2)(h), to maintain legal professional privilege.
21	18 March 2022	Memorandum – Review of affected workers under the COVID-19 Public Health Response (Vaccinations) Order	Publicly available at: www.health.govt.nz/system/files/documents/information-release/h2022013610_response.pdf
22	30 June 2022	HR20221210 COVID-19 Public Health Response (Vaccinations) Amendment Order (No 5) 2022 – for signature	Publicly available at: www.health.govt.nz/system/files/documents/information-release/h2022013610_response.pdf

Briefing

COVID-19 Public Health Response (Vaccinations) Amendment Order 2022 – for signature

Date due to MO:	21 January 2022	Action required by:	21 January 2022
Security level:	IN CONFIDENCE	Health Report number:	20220009
To:	Hon Chris Hipkins, Minister for COVID-19 Response		
Copy to:	Hon Andrew Little, Minister of Health		
	Hon Dr Ayesha Verrall, Associate Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Dr Ashley Bloomfield	Director-General of Health	9(2)(a)
Steve Waldegrave	Group Manager, COVID-19 Policy, System Strategy and Policy	9(2)(a)

Minister's office to complete:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

COVID-19 Public Health Response (Vaccinations) Amendment Order 2022 – for signature

Security level: IN CONFIDENCE **Date:** 21 January 2022

To: Hon Chris Hipkins, Minister for COVID-19 Response

Purpose of report

1. This report recommends that you sign the attached COVID-19 Public Health Response (Vaccinations) Amendment Order 2022.

Summary

2. On 20 December 2021, Cabinet considered advice from the Director-General of Health and agreed:
 - a. to reduce the approved booster dose interval for those aged 18 years and over from six months to four months after completing their primary course,
 - b. that managed isolation and quarantine facility (MIQF), border and healthcare workers, be required to receive a booster dose after six months of completing their primary course.
3. To give effect to these Cabinet decisions, the policy decisions were approved on 7 January 2022 [HR20212779 refers] agreeing to amend the COVID-19 Public Health Response (Vaccinations) Order 2021 (Order) to:
 - a. require MIQF, border and healthcare workers included in Parts 1 to 7 of Schedule 2 of the Order, aged 18 years and over, who are eligible for a Pfizer or AstraZeneca vaccine booster dose (having completed their primary course six months prior), to have received their booster dose by 31 January 2022, or after six months since they were vaccinated, whichever is earlier; and
 - b. require affected workers included in Parts 8 and 9 of the Order to have received a Pfizer or AstraZeneca booster dose by 1 March 2022, if eligible, or six months from the date of completion of their primary vaccination course.
4. Due to concerns raised by the MIQF, border and healthcare workers sectors on the timing of the deadline, the date for the deadline was extended from 31 January 2021 to 15 February 2022 to allow time for workers to receive their booster dose [HR20220059 refers].

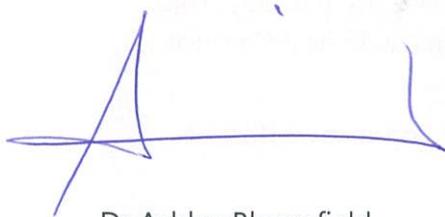
5. The attached COVID-19 Public Health Response (Vaccinations) Amendment Order 2022 (Amendment Order) gives effect to the policy decisions and is in line with the purposes of the COVID-19 Public Health Response Act 2020.
6. Once Ministerial consultation is complete, you are recommended to sign the Amendment Order. Officials recommend that you sign the Amendment Order on Friday 21 January 2022, so that it can be published in the *New Zealand Gazette* that day. This will allow officials to meet the statutory obligation to provide at least 48 hours' notice between gazetting and the Amendment Order coming into effect.
7. It is anticipated that the provisions of the Amendment Order will come into effect at 11:59 pm on Sunday 23 January 2022.

Recommendations

I recommend you:

- a) **Note** that the COVID-19 Public Health Response (Vaccinations) Amendment Order 2022 (Amendment Order) has been prepared for your signature and gives effect to policy decisions made by Cabinet on 20 December 2021 [HR20212229 refers]. **Noted**
- b) **Note** that Officials advise that the attached Amendment Order is in line with the purposes of the COVID-19 Public Health Response Act 2020, to prevent and limit the risk of, the outbreak or spread, of COVID-19. **Noted**
- c) **Note** that you must consult with the Prime Minister, Minister of Justice and Minister of Health on the attached Amendment Order and that this consultation has occurred. **Noted**
- d) **Note** that the due to concerns raised by the sector, the 31 January 2022 deadline for MIF, MIQ and border workers and healthcare workers was extended to 15 February 2022 to facilitate addressing some of the implementation issues being raised. **Noted**
- e) **Sign** the attached COVID-19 Public Health Response (Vaccinations) Amendment Order 2022. **Yes/No**
- f) **Note** that the Amendment Order will require managed isolation and quarantine facility, border, and healthcare workers included in Parts 1 to 7 of the Order, aged 18 years and over:
 - i. who are eligible for a Pfizer or AstraZeneca booster dose (having completed their primary course six months prior) to have received a booster dose by the later of 15 February 2022 or six months after their primary course; or
 - ii. if they are not yet eligible for a booster shot, to receive it as soon as they are.**Noted**

- g) **Note** that affected workers included in Parts 8 and 9 of the COVID-19 Public Health Response (Vaccinations) Amendment Order 2022 will be required to have received a Pfizer or AstraZeneca booster dose by 1 March 2022, if eligible, or six months from the date of completion of their primary vaccination course. **Noted**



Dr Ashley Bloomfield

Te Tumu Whakarae mō te Hauora
Director-General of Health

Date: 21 January 2022

Hon Chris Hipkins

Minister for COVID-19 Response

Date:

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

COVID-19 Public Health Response (Vaccinations) Amendment Order 2022 – for signature

Background

1. The new COVID-19 variant (B.1.1.529), Omicron, has been shown to be highly infectious. There is international evidence of the waning immunity provided by COVID-19 vaccinations and the highly transmissible Omicron variant is posing a greater health risk and becoming widespread internationally. Against this background, Cabinet considered advice from the Director-General of Health (Director-General) and the COVID-19 Vaccine Technical Advisory Group on 20 December 2021. Cabinet agreed to shorten the booster dosing interval to four months as well as to mandating vaccine booster doses for affected workers under the Order.
2. To give effect to these Cabinet decisions, policy decisions were approved on 7 January 2022 [HR20212779 refers] to amend the COVID-19 Public Health Response (Vaccinations) Order 2021 (Order) to:
 - a. require MIQF border and healthcare workers included in Parts 1 to 7 of the Order, aged 18 years and over, who are eligible for a Pfizer or AstraZeneca vaccine booster dose (having completed their primary course six months prior), to have received their booster dose by 31 January 2022, or as soon as practical if it has been less than six months since they completed their primary course
 - b. require all affected workers in Parts 8 and 9 of the Order, to have received a Pfizer or AstraZeneca booster dose by 1 March 2022, if eligible, or six months from the date of completion of their primary vaccination course.
3. Due to concerns raised by the MIQF, border and healthcare workers sector on the timing of the deadline, the deadline of 31 January 2021 was extended until 15 February 2022 to allow time for workers to receive their booster dose [HR20220059 refers].
4. It was agreed that the COVID-19 booster dose only be available to those aged 18 years or older, who have received their second dose of their primary vaccination six months prior to when their booster is due, as recommended by the COVID-19 Vaccine Technical Advisory Group.
5. An Epidemic Preparedness (Medicines Act 1981—COVID-19) Immediate Modification Order 2021 has been made, which authorises vaccinators to administer the third dose of the Pfizer/BioNTech (Comirnaty, Tozinameran, BNT162b2) vaccine to people over the age of 18 years who have received their second dose at least four months prior to the date they receive their booster dose.

Process for amending a section 11 Order

6. Under the COVID-19 Public Health Response Act 2020 (the COVID-19 Act), an Order may be made if:
 - a. a state of emergency has been declared (under the Civil Defence Emergency Management Act 2002);
 - b. an Epidemic Notice is in force (under the Epidemic Preparedness Act 2006); or
 - c. it has been authorised by the Prime Minister.
7. There is currently an Epidemic Notice in place, which allows Orders to be made under section 11 of the COVID-19 Act.
8. As the Minister for COVID-19 Response, you may make an Order under section 9 of the COVID-19 Act.
9. To make an Order under section 9, you must:
 - a. have received advice from the Director-General about –
 - i. the risks of the outbreak or spread of COVID-19; and
 - ii. the nature and extent of measures (whether voluntary or enforceable) that are appropriate to address those risks; and
 - b. have regard to any decision by the Government on how to respond to those risks and avoid, mitigate, or remedy the effects of the outbreak or spread of COVID-19 (including considering any social, economic, or other factors)
 - c. be satisfied that the proposed Order does not limit, or is a justified limit, on the rights and freedoms in the New Zealand Bill of Rights Act 1990
 - d. have consulted the Prime Minister, the Ministers of Justice and Health and any other Ministers you think necessary, and
 - e. be satisfied that this Order is appropriate to achieve the purpose of the COVID-19 Act.

Contents of the Amendment Order

10. The Amendment Order:
 - a. requires affected persons aged 18 years or over to receive a booster dose of either Pfizer/BioNTech (Comirnaty, Tozinameran, BNT162b2) or AstraZeneca (Vaxzevria, AZD1222) six months (or 184 days) following the completion of the primary doses listed in Schedule 3 of the Order, to continue to be treated as vaccinated; and
 - b. requires Persons Conducting a Business or Undertaking (PCBUs) to:
 - i. inform their workers the date by which they must have a booster;
 - ii. track compliance of their workers;
 - iii. ensure workers who are not boosted by the due date do not work in an affected role.
11. The Order includes the transitional provisions that:

- a. affected persons in Parts 1 to 7 of Schedule 2 of the Vaccinations Order who are yet to receive a booster are treated as boosted until the close of 15 February 2022 at the earliest; and
 - b. affected workers in Parts 8 and 9 of Schedule 2 of the Order who are yet to receive a booster are treated as boosted until the close of 1 March 2022 at the earliest.
12. The transitional provisions are included so workers who are already eligible for a booster dose have lead-in time to get their booster. Workers generally have 184 days after being vaccinated to receive their booster.
13. The Amendment Order is attached as Appendix One for your signing.

New Zealand Bill of Rights Act 1990

14. Each time an Order is proposed under the COVID-19 Public Health Response Act 2020 you must consider whether the exercise of such powers will be appropriate. The power to make an Order under section 11 of the Act must be exercised consistently with the New Zealand Bill of Rights Act 1990 (NZBORA).
15. Vaccinations constitute medical treatment and therefore every person has the right to refuse to be vaccinated if they choose. Mandatory vaccination of whatever sort, and by whatever means, will be inconsistent with that right unless it can be demonstrably justified. The Government has a legitimate interest in impeding community transmission of the COVID-19 virus. If the Minister for COVID-19 Response is satisfied, on the basis of credible evidence, that compulsory vaccination of affected workers will have that effect, or make a substantial contribution to it that cannot be otherwise achieved, it will be justified.

9(2)(h)

16.

17. Previous NZBORA advice has been given on the policy of the recent amendments to the COVID-19 Public Health Response (Vaccinations) Order 2021.
18. The proposed amendments to require COVID-19 vaccine booster doses for these groups of workers is to continue to maintain protection against the same level of risk of exposure particularly against the highly infectious Omicron variant. The proposed amendments therefore ensures that the Order appropriately implements those decisions and no further NZBORA considerations apply.

Equity

19. Requiring vaccinations (including boosters) may lower the risk of infection and transmission to communities of people that these workers ordinarily interact with including place, ethnicity, faith, and age-based communities. Vaccinations (including boosters) remain important to reduce risks to the community as well as potentially overwhelming the public health system, particularly with the highly infectious Omicron variant and particularly as New Zealand looks to reopen its border in 2022.

20. International evidence indicates that the effectiveness of COVID-19 vaccines against symptomatic disease begins to wane around three to four months after the second primary vaccination and significantly by six months after. Therefore, the risk of exposure remains high and the likelihood that there be higher health risks without a booster dose particularly against the Omicron variant is still present.
21. Māori and Pacific peoples have been disproportionately affected by COVID-19 so the Order may have a positive effect on reducing their exposure to COVID-19 and its highly infectious Omicron variant. Currently, Māori and Pacific people have lower vaccination rates meaning those people covered under the Order are more likely to be required to take action under the Order.
22. Workers subject to the Order who are unwilling to receive a Pfizer vaccine booster dose may be redeployed by their employers or may have their employment terminated (following appropriate human resource processes).
23. There is likely to be employment implications for those Māori and Pacific workers within these environments leading to termination of their employment with significant loss of income impacting on many households. Although we do not have official figures, we note that there will be a potential impact.
24. Disabled people, older people, and their whānau will continue to be positively impacted by the Order. There are high risks for disabled people and older people, many of whom experience co-morbid health conditions that raise their vulnerability should they be infected with the COVID-19 virus and increase the risks of associated health and well-being impacts.
25. Requiring vaccination and boosters for affected workers may promote equity by lowering the risk of transmission to communities of people that these workers ordinarily interact with. It is also important to reduce risks to the community by helping to prevent an overwhelmed health system.

Te Tiriti o Waitangi implications

26. The Ministry and other stakeholders will continue to work with Māori (and Pacific) providers to increase the number of kaimahi (staff) able to deliver the COVID-19 vaccinations and boosters. This will remain a critical enabler for lifting Māori (and Pacific) vaccination rates, encouraging uptake and increasing trust and transparency.
27. The Order supports health system resilience, the minimisation of community outbreaks, and any associated increase in restrictions. This is critical to minimising and addressing existing inequities and is consistent with the Tiriti principle of active protection.

Next steps

28. We invite you to sign the attached Amendment Order no later than 21 January 2022. This will allow the Amendment Order to come into effect at 11.59pm on Sunday 24 January 2022 to provide time for affected workers to receive their booster by the 15 February 2022 deadline.
29. To enable this, the Amendment Order must be gazetted on 21 January 2022 to meet the statutory 48 hours' notice before the amendment comes into force.

30. The Ministry will arrange for the Amendment Order to be published in the *New Zealand Gazette* and on the legislation website, and for the *Unite Against COVID-19* website to be updated to reflect the new requirements.

ENDS.

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Appendix One: COVID-19 Public Health Response (Vaccinations) Amendment Order 2022

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

IN CONFIDENCE

COVID-19 Public Health Response (Vaccinations) Amendment Order 2022

This order is made by the Minister for COVID-19 Response under sections 11 and 15(1) of the COVID-19 Public Health Response Act 2020 in accordance with section 9 of that Act.

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**COVID-19 Public Health Response (Vaccinations)
Amendment Order 2022**

cl 1

Order

1 Title

This order is the COVID-19 Public Health Response (Vaccinations) Amendment Order 2022.

2 Commencement

This order comes into force at 11.59 pm on 23 January 2022.

3 Principal order

This order amends the COVID-19 Public Health Response (Vaccinations) Order 2021.

4 Clause 4 amended (Interpretation)

In clause 4, insert in its appropriate alphabetical order:

booster dose means a dose of a COVID-19 vaccine specified in the first column of the table in Schedule 4 administered in accordance with the requirements specified for that dose in the second column of that table

5 New clause 7A inserted (Exclusion from duty under clause 7)

After clause 7, insert:

7A New clause 7A inserted (Exclusion from duty under clause 7)

Despite clause 7, an affected person who is vaccinated may carry out certain work without receiving a booster dose if the affected person—

- (a) is under 18 years of age; or
- (b) carries out certain work for a group specified in Part 10 of the table in Schedule 2 and does not carry out certain work for any other group specified in the table in Schedule 2.

6 Clause 8 amended (Duties of relevant PCBUs in relation to vaccinations)

Replace clause 8(3) with:

- (3) A relevant PCBU must not allow an affected person who provides a home-based education and care service to carry out certain work unless satisfied that every person who is—
 - (a) at least 12 years of age but under 18 years of age in the home where the home-based education and care service is provided is vaccinated; and
 - (b) 18 years of age or older in the home where the home-based education and care service is provided is vaccinated and has received a booster dose.

7 Clause 9B amended (Director-General may grant COVID-19 vaccination exemption)

Replace clause 9B(1) with:

- (1) A suitably qualified medical practitioner or nurse practitioner (the **applicant**) may apply to the Director-General for a COVID-19 vaccination exemption on behalf of a person who—
 - (a) belongs to a group specified in Part 6, 7, 8, or 9 of the table in Schedule 2 and—
 - (i) is not vaccinated;
 - (ii) has not received a booster dose; or
 - (b) belongs to a group specified in Part 10 of the table in Schedule 2 and is not vaccinated.

8 Clause 11A amended (Duties of relevant PCBUs of affected persons belonging to groups specified in Part 7, item 8.2 of Part 8, or Parts 9 or 10 of Schedule 2: vaccination records)

- (1) In the heading to clause 11A,—
 - (a) replace “**Parts**” with “**Part**”.
 - (b) replace “**vaccination**” with “**vaccine**”.
- (2) After clause 11A(2)(g), insert:
 - (ga) if the affected person has received a booster dose,—
 - (i) the name of the COVID-19 vaccine they received; and
 - (ii) the date on which they received that dose:
 - (gb) if the affected person (other than an affected person who is under 18 years of age or who belongs to a group specified in Part 10 of Schedule 2) is vaccinated but has not received a booster dose, the latest date by which they must receive the booster dose:

9 Schedule 1 amended

In Schedule 1,—

- (a) insert the Part set out in Schedule 1 of this order as the last Part; and
- (b) make all necessary consequential amendments.

10 New Schedule 4 inserted

After Schedule 3, insert the Schedule 4 set out in Schedule 2 of this order.

11 Consequential amendments to principal order

Amend the principal order as set out in Schedule 3.

**Schedule 1
New Part 8 inserted into Schedule 1**

cl 9

**Part 8
Provisions relating to COVID-19 Public Health Response
(Vaccinations) Amendment Order 2022**

15 Transitional provision for affected persons who belong to a group in Parts 1 to 7 of Schedule 2: booster dose

- (1) Subclause (2) applies to an affected person who—
- (a) is 18 years of age or older; and
 - (b) belongs to a group specified in Parts 1 to 7 of the table in Schedule 2; and
 - (c) was vaccinated on or before the commencement of this clause; and
 - (d) has not received a booster dose.
- (2) The affected person must be treated as a person who has received a booster dose (and may continue to carry out certain work) if,—
- (a) before 15 February 2022, they receive a booster dose; or
 - (b) on or after 15 February 2022, they receive a booster dose before the close of the date that is 183 days after the date on which they were vaccinated.

16 Transitional provision for affected persons who belong to a group in Part 8 or 9 of Schedule 2: booster dose

- (1) Subclause (2) applies to an affected person who—
- (a) is 18 years of age or older; and
 - (b) belongs to a group specified in Part 8 or 9 of the table in Schedule 2; and
 - (c) was vaccinated on or before the commencement of this clause; and
 - (d) has not received a booster dose.
- (2) The affected person must be treated as a person who has received a booster dose (and may continue to carry out certain work) if,—
- (a) before 1 March 2022, they receive a booster dose; or
 - (b) on or after 1 March 2022, they receive a booster dose before the close of the date that is 183 days after the date on which they were vaccinated.

17 Transitional provision for affected persons who are treated as vaccinated under clause 9 or 12 of this schedule

- (1) Subclause (2) applies to an affected person who—

**COVID-19 Public Health Response (Vaccinations)
Amendment Order 2022**

Schedule 1

- (a) is 18 years of age or older; and
 - (b) belongs to a group specified in Parts 7 to 9 of the table in Schedule 2; and
 - (c) is treated as vaccinated until the close of—
 - (i) 1 March 2022 under clause 9 of this schedule; or
 - (ii) 31 March 2022 under clause 12 of this schedule.
- (2) The affected person must be treated as a person who has received a booster dose (and may continue to carry out certain work) if they receive a booster dose before the close of the date that is 183 days after the date on which they were vaccinated.

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**COVID-19 Public Health Response (Vaccinations)
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Schedule 2

**Schedule 2
New Schedule 4 inserted**

cl 10

**Schedule 4
Booster doses**

cl 4

Booster doses of COVID-19 vaccine

1 dose of Pfizer/BioNTech (Comirnaty, Tozinameran, BNT162b2)

1 dose of AstraZeneca (Vaxzevria, AZD1222)

Administration requirements

Booster dose received—

- (a) before carrying out certain work; or
- (b) within 183 days of being vaccinated

Booster dose received—

- (a) before carrying out certain work; or
- (b) within 183 days of being vaccinated

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Schedule 3

Consequential amendments to principal order

cl 11

Clause 3

In clause 3, after “vaccinated”, insert “and have received a booster dose”.

Clause 7

In clause 7(a), after “vaccinated”, insert “and have received a booster dose”.

Clause 8

In clause 8(1), after “is vaccinated”, insert “and has received a booster dose”.

In clause 8(2)(a), after “vaccinated”, insert “and to receive a booster dose”.

Clause 9

In the heading to clause 9, after “**not vaccinated**”, insert “**or who have not received booster dose**”.

In clause 9(2), after “has not been vaccinated”, insert “or has not received a booster dose”.

In clause 9(2)(a), after “is vaccinated”, insert “and has received a booster dose”.

Clause 9A

In the heading to clause 9A, after “**not fully vaccinated**”, insert “**or who have not received booster dose**”.

In clause 9A(2), after “not fully vaccinated”, insert “or who has not received a booster dose”.

In clause 9A(4), replace “Schedule 3” with “Schedule 3 or 4”.

Clause 10

In clause 10(2)(a), after “vaccinated”, insert “and to receive a booster dose”.

In clause 10(2A), after “not vaccinated”, insert “or has not received a booster dose”.

Clause 11A

In clause 11A(2)(h), after “not vaccinated”, insert “or has not received a booster dose”.

Clause 12A

In clause 12A(5)(b)(ii), after “been vaccinated”, insert “or have received a booster dose”.

Explanatory note **COVID-19 Public Health Response (Vaccinations)
Amendment Order 2022**

Dated at Wellington this day of 2022.

Minister for COVID-19 Response.

Explanatory note

This note is not part of the order, but is intended to indicate its general effect.

This order, which comes into force at 11.59 pm on 23 January 2022, amends the COVID-19 Public Health Response (Vaccinations) Order 2021. The amendments require affected persons who are 18 years of age or older (and do not belong to a group specified in Part 10 of Schedule 2) to receive a booster dose of a specified COVID-19 vaccine.

Approval by resolution required

This order must be approved by resolution of the House of Representatives before the expiry of the period described in section 16(2) of the COVID-19 Public Health Response Act 2020. If this does not happen, the order is revoked on the expiry of that period.

Issued under the authority of the Legislation Act 2019.
Date of notification in *Gazette*:
This order is administered by the Ministry of Health.