



14 October 2022

§ 9(2)(a)

By email: § 9(2)(a)
Ref: H2022011272

Tēnā koe § 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (Ministry of Health) on 28 August 2022 for information regarding immunisation protection. Please accept our apologies for the delay in communicating a decision on your request. Manatū Hauora will respond to your request in turn.

What evidence do you have that supports your claim that "immunisation is the best protection against covid19" (as per your current - Aug 22- TV advertisements)?

The variants update provides information of SARS-CoV-2 variants that are of interest and concern available, publicly available at: www.health.govt.nz/covid-19-novel-coronavirus/covid-19-resources-and-tools/covid-19-science-news#variants. The variant updates serve as a comprehensive, relevant summary of what Manatū Hauora knows about the current variants of concern, including vaccine effectiveness against the Omicron variant.

The World Health Organization (WHO) weekly epidemiological report on 22 June 2022 included an updated summary of evidence on Omicron, including for vaccine effectiveness (VE), at: www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19---22-june-2022.

The report stated to date, 23 studies from ten countries have assessed the duration of protection of five vaccines against the Omicron variant. Findings from these studies show reduced VE of primary vaccine series against the Omicron variant than has been observed for previous variants. This is for all outcomes, severe disease, symptomatic disease, and infection.

However, in the majority of studies, VE estimates against the Omicron variant remain higher for severe disease. VE estimates against symptomatic disease and infection within the first three months of primary series vaccination tended to be lower than those against severe disease, and VE decreased more substantially over time. Booster vaccination substantially improves VE for all outcomes, but studies that assess VE of booster vaccination beyond six months are needed to evaluate the longer duration of protection.

Has the Ministry compared natural immunity to the Pfizer, or other, vaccines, and used this in your assessment?

On 22 March 2022, the COVID-19 Vaccine Technical Advisory Group (CV TAG) examined the following evidence to issue recommendations on vaccination after infection. This was stated in the memo entitled, "COVID-19 Vaccine Technical Advisory Group (CV TAG) Recommendations: Vaccination after infection with SARS-CoV-2", publicly available here: www.health.govt.nz/system/files/documents/pages/cv_tag_vaccination_after_infection.pdf. CV TAG noted the below:

- There is variation in the international advice on COVID-19 vaccination after infection.
- Vaccination after infection has been shown to produce superior immune responses compared to infection alone and is generally well-tolerated.
- For children and adolescents, there has been less time for data to accumulate about vaccination after infection than for adults, and data remain scarce in this age group.

Immunity, as a result of infection, is called infection-induced immunity and for a vaccine is called vaccine-induced immunity. Sometimes the term natural immunity is used to indicate immunity after infection. This term can be confusing as natural immunity usually means immunity that a person has without being vaccinated or infected. For more detailed description of infection-induced or vaccination-induced immunity see publicly available information here: www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/covid-natural-immunity-what-you-need-to-know.

Has the MoH taken into account the 99+% recovery rate in the above assessment?

The goal of the Government's COVID-19 response is to protect lives and livelihoods. Therefore, the Minimisation and Protection strategy for Aotearoa New Zealand focusses on:

- Those who are most at risk of severe disease/outcomes
- The health system that is required to treat these people and continue to function to maintain other health services.

This information can be found here: www.health.govt.nz/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-minimisation-and-protection-strategy-aotearoa-new-zealand.

Booster uptake in New Zealand, has directly played a role in excess mortality from COVID-19. A COVID-19 mortality analysis has been undertaken by Manatū Hauora, examining the role of factors such as vaccination status, and this will be published on our website shortly.

The CV TAG provides specific advice for groups at greater risk of experiencing impacts from COVID-19. Elderly, people with health condition or comorbidities are at an increased risk of poor outcomes. The CV Tag memo entitled "Second booster update: COVID-19 Vaccine technical Advisory Group (CV TAG) Recommendation" is publicly at: www.health.govt.nz/system/files/documents/pages/cv_tag_second_boosters_update.pdf.

There are a number of equity considerations which are important to consider:

- Māori and Pacific peoples have been disproportionately affected in the current outbreak.
- Māori and Pacific peoples are at greater risk of COVID-19 hospitalisation and severe disease, having respectively a 2.5-fold and 3-fold higher odds of being hospitalised compared to non-Māori. Māori are likely to spend 4.9 days longer in hospital.
- Māori and Pacific peoples are more likely to live in multigenerational families housing in overcrowded conditions, increasing the risk of transmission.

Has the MoH used any antibody tests to assess the level of natural immunity in the general population?

Manatū Hauora has not conducted a study assessing the seroprevalence of SARS-CoV-2 antibodies.

Will an antibody test be available for the public anytime soon?

COVID-19 serology is not centrally funded in New Zealand but may be funded for selected patients by district health boards. Approval for testing is usually determined by the clinical microbiologist overseeing the testing laboratory. More information about COVID-19 serology use can be found here: <https://journal.nzma.org.nz/journal-articles/covid-19-serology-use-and-interpretation-in-new-zealand-open-access>.

Why are you continuing to show advertisements similar to those ordered to be removed by the ASA (Advertising Standards Authority) after their recent rulings in favour of complaints against the MoH in regard to deceptive advertising (comparing Covid19 to the flu, among other issues)?”

This part of your request is refused under section 18(g)(ii) of the Act, as the information requested is not held by the Ministry and there are no grounds for believing it is connected more closely with the functions of another agency subject to the Act.

The Advertising Standards Authority (ASA) did not uphold complaints about the generic version of this advertisement, which does not call out a specific vaccination. The Complaints Board agreed that the advertisement was not misleading. The full decision can be found here: <https://www.asa.co.nz/backend/documents/2022/08/09/22069%20Appeal%2022009.pdf>

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

Nāku noa, nā



Dave Henderson
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