

16 December 2021

Wendy McGuinness

By email: [wmcg@mcguinnessinstitute.org](mailto:wmcg@mcguinnessinstitute.org)  
Ref: H202108106

Tēnā koe Wendy

### **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 2 July 2021 for a number of questions regarding the response to COVID-19.

We appreciate your patience as we work to respond to your request.

I will respond to each question in turn.

- 1. What was the composition of the NRS (i) as at 28 January 2021 (so that we can compare it with the 28 January 2020 NRS) and (ii) as at 31 March 2021 (so that we can assess stock levels at the end of this next quarter)?*
- 2. When can we expect the composition of the NRS to be next updated (the last time was 26 August 2020) and how regularly does the MOH plan to update the composition going forward?*

The Ministry updated the information on the composition of the National Reserve Supply on 13 August 2021. It is publicly available at: [www.health.govt.nz/our-work/emergency-management/national-reserve-supplies/composition-national-reserve-supply](http://www.health.govt.nz/our-work/emergency-management/national-reserve-supplies/composition-national-reserve-supply).

- 3. Can you confirm if the NRS will include the COVID-19 vaccines, or will vaccine stocks be reported separately? (Note: Previous vaccines have been listed in the NRS.) If yes, will the next composition provide the name, volumes, and number of doses for each type of COVID-19 vaccine 'in stock in New Zealand' (e.g. Pfizer)?*

The COVID-19 vaccination programme is being incorporated into the National Immunisation Programme, including childhood, MMR and flu vaccinations, as well as the ongoing COVID-19 vaccination effort.

- 4. What standard/s are being used by MOH to determine whether PPE is of a certain standard? In particular, what 'standard' is being used to determine decisions on the manufacture and purchase of P2/N95 masks? Note: We also believe the Australian Department of Health website, found here, maybe a useful example of how New Zealand might better present this type of information.*

The National Reserve Supply of respiratory protection (general purpose and P2 masks) must comply with the current Australian New Zealand Standards for Respiratory Protective devices. These standards are: AS/NZ 1716:2012 and ASTM 2100:19e1 or (EN)14683:2019.

- 5 a. Where does the MOH set out the current goals, purpose, content, management processes (including verification, setting minimum stock levels and the types of actions*

*that will be undertaken when stocks are low) and accountability (i.e. who is responsible when things go wrong and what actions are taken) of the NRS? If this information is not publicly available, can the MOH please provide?*

The National Health Emergency Plan (NHEP) provides the strategic framework to guide the health and disability sector in its approach to planning for, responding to and recovering from health-related risks and consequences of significant hazards in New Zealand. The current edition of the NHEP is available on the Ministry's website. As noted above, information regarding the National Reserve Supplies and its usage is publicly available on the Ministry's website. Operational management processes for supply items are the responsibility of the Emergency Management Team.

*5 b. Who in New Zealand is responsible for selecting and stocking highly specialised drugs for use during a pandemic?*

These are clinical decisions that would be made at the time of the pandemic.

*5 c. Who in New Zealand is responsible for selecting and stocking highly specialised drugs and treatments for treating burns after a volcanic eruption? Note: It was concerning so many burns patients were sent to Australia for better care.*

*5 d. Given New Zealand's recent volcanic history, particularly the Whakaari/White Island disaster, has a burns unit review been undertaken to assess and build New Zealand's capability to care for burn patients (e.g., if a volcano erupted in Auckland or Taupō)?*

In response to questions 5c and 5d, we suggest you contact the National Burns Service team at Counties Manukau District Health Board for this information.

*6. What is the average cost of a P2/N95 mask purchased by MOH in 'the year 2020' and 'the year 2021'?*

Of the purchases the Ministry made, the average price for both 2020 and 2021 was \$1.20-\$1.30 (excl GST).

*7. Has the MOH purchased P2/N95 masks from a New Zealand company? If not, why not?*

The Ministry has a contract with Quality Safety International for the National Reserve. P2/N95 particulate respirators were purchased off this contract in 2020.

*8. Has the MOH considered supporting one or more New Zealand companies to develop in-house production capability of P2/N95 masks? Please explain.*

The Ministry is not actively supporting suppliers to develop production capability. As a government agency, we provide support to current and prospective suppliers to grow their understanding of our requirements for products and procurement. We understand that New Zealand Health Partnerships Limited on behalf of the District Health Boards (DHBs) has actively supported New Zealand manufacturing capability.

*9. Can you advise what month and year the MOH expect to reach the 30 million N95/P2 masks mentioned in the Newsroom article (discussed above)? Is this product being purchased from overseas suppliers or New Zealand suppliers? Please explain. For each order, can you provide the cost of each mask?*

At the time of your request, the Ministry had about 17.5m P2/N95 particulate respirators. We expected to have received in total about 30 million P2/N95 particulate respirators before the



end of the calendar year. We currently hold about 25 million P2/N95 particulate respirators and in the period of 17 August 2021 – 1 December 2021 we have distributed more than 5 million P2/N95 respirators.

Please note that arrival of goods into New Zealand can be affected by international sea and air freight constraints. Answering specifically when we would expect to have 30 million P2/N95 particulate respirators is complex for several reasons due to variance in usage, any future policy changes, and ordering and despatch number variabilities. No one month of usage is the same and is often contingent on what is occurring within the health and disability sector at the time. For example, at the time of this request, we observed an increase in common flu-like illness and respiratory syncytial virus which resulted in increased demand on N95/P2 respirators as patients presented with symptoms similar to COVID-19. Since 17 August 2021, we have also experienced higher demand for N95/P2 respirators where it is consistent with Infection Prevention and Control guidance in response to COVID-19.

The cost-price of each mask is commercially sensitive and withheld under section 9(2)(b)(ii) of the Act.

*11. Has the MOH considered supporting one or more New Zealand companies to develop in-house production capability of surgical masks? Please explain.*

In March-May 2020, the Ministry of Health considered what PPE was manufactured domestically, and actions to ensure sufficient supply of key PPE items. OECD analysis at the time concluded that it would be excessively costly for every country to develop production capacity that matches crisis demand and encompasses the whole value chain. The report was relevant for the New Zealand context and domestic capacity and is one component part of a broader and considered suite of measures aimed at achieving diverse and resilient supply networks.

Surgical masks and medical masks are different in level of splash resistance requirements.

The Ministry has worked alongside the Ministry of Business, Innovation and Employment (MBIE). The COVID-19 Acceleration Fund was a mechanism to support innovation and design within New Zealand.

*12. Also in this article the MOH refer to 'eight weeks supply of essential PPE'. Given this,*

- a) Can you provide a comprehensive list of what MOH call 'essential PPE'?*
- b) Can you advise whether 'an eight week supply' refers to pre-pandemic demand (e.g. March 2019), high-level pandemic demand (e.g. March 2020) or low-level pandemic demand (e.g. March 2021)?*
- c) Can you advise if a minimum and maximum number of essential PPE and other items per person has been contemplated? If yes, please explain and provide. Note: We believe a better measure than the eight-week supply (mentioned in the Newsroom article) would be for the MOH to put in place a minimum and maximum number of items per citizen to be held in the NRS*

The COVID-19 PPE Central Supply comprises eight categories of PPE. We use an estimated low pandemic and high pandemic usage figure for forecasting. The eight week figure is based on the mid-range of these two, which equates to the below across the eight categories:

1. P2/N95 particulate respirators – mid-range pandemic usage 550,000/week
2. Procedure masks - Type IIR / Level 2 and Level 3 masks – mid-range pandemic usage 5,500,000/week
3. Isolation Gowns – mid-range pandemic usage 550,000/week
4. Disposable Aprons – mid-range pandemic usage 550,000/week

5. Gloves - Nitrile and Vinyl – mid-range pandemic usage 13,200,000/week
6. Eye protection – Face-shields/visors and glasses/goggles – mid-range pandemic usage 300,000/week
7. Hand Sanitiser – mid-range pandemic usage 75,000/week
8. Disinfectant Wipes – mid-range pandemic usage **N/A** – SOH 115m+

A minimum and maximum number of items of PPE per person has not been considered. The Ministry's central supply of PPE in response to COVID-19 is to support healthcare workers. It is not anticipated that every citizen will come into contact with COVID-19.

*15. Has any additional work been undertaken to develop a set of unique, comparable and consistent product codes for PPE across DHBs? Please explain.*

Yes – there is an active project underway to develop a national catalogue across medical consumables. In the interim, PPE has a national product code allocation across DHBs for them to order PPE through an online portal. This catalogue is actively reviewed and monitored to manage stock and rotation requirements.

*16. In response to the Newsroom article of 23 March 2021, 5 the MOH representative explains that the change to 'centralising PPE supply and distribution away from the DHBs in August [2020] was a significant change to the previous system'. Please explain. provide a copy of correspondence from the MOH to all DHBs setting out the new [August 2020] system.*

Prior to centralisation, the DHBs bought PPE supplies off National Contracts with New Zealand Health Partnerships, Pharmac or Healthsource. Under the centralised model, the Ministry buys PPE supplies at national volumes and distributes supplies to:

- DHBs
- Managed Isolation and Quarantine Facilities
- General Practices & Urgent Care
- Pharmacies
- Emergency Services
- Aged Residential Care facilities
- Home and Community Support Services & Disability Support Services; and others including border agencies supporting the COVID-19 response.

*17. Has the table on p. 1 of the 2013 National Health Emergency Plan: National Reserve Supplies Management and Usage Policies, 3rd edition been updated since 2013, and if yes, can you direct us to the relevant document and/or new table?*

This table remains current.

*18. How many medical ventilators are currently available in (i) public hospitals and (ii) private hospitals? Are we waiting for the delivery of any outstanding orders? If yes, please explain the number and type?*

Information on ventilator numbers in public hospitals and in the Ministry's national reserve is in the below table from the time of the request. Further information is publicly available and has been captured in written parliamentary questions. One example is Written Parliamentary Question 46631 (2021). This question can be found at the following link: [www.parliament.nz/en/pb/order-paper-questions/written-questions/document/WQ\\_46631\\_2021/46631-2021-hon-louise-upston-to-the-minister-of-health](http://www.parliament.nz/en/pb/order-paper-questions/written-questions/document/WQ_46631_2021/46631-2021-hon-louise-upston-to-the-minister-of-health).

**As at 14 July 2021: ICU-capable ventilators in public hospitals over time.**



Date	Public hospitals	National reserve	Total
Late March 2020	321	0	321
3 July 2020	347	0	347
15 January 2021	505	104	609
14 July 2021	629	133	762

We do not hold current information on ventilator numbers in private hospitals. Your request for this information is refused under section 18(g)(i) of the Act, as the information requested is not held by the Ministry and there are no grounds for believing it is held by another agency subject to the Act.

We are not waiting any outstanding orders.

19. *Has New Zealand set up any ECMO (extracorporeal membrane oxygenation) centres?*

The Ministry encourages you to contact Auckland DHB for this information. Auckland DHB houses New Zealand's referral centre for this complex and rare form of therapy. Contact information for Auckland DHB is available here: [www.adhb.health.nz/contact-and-feedback/official-information-act-requests/](http://www.adhb.health.nz/contact-and-feedback/official-information-act-requests/).

20. *Has the MOH considered real-time public reporting of the genome sequences of those who have returned positive COVID-19 tests?*

Genome sequencing is undertaken by the Institute of Environmental Science and Research (ESR). We encourage you to contact ESR regarding this topic, they can be reached at the following page: [www.esr.cri.nz/home/contact-form/](http://www.esr.cri.nz/home/contact-form/).

21. *Will the stock of vaccines be made public on a regular basis (e.g. monthly)? If yes, please explain what will be made public (and what will not) and when it will be made public.*

Please refer to the publicly available data for a breakdown of vaccines available for distribution at the end of each week: [www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-vaccine-data](http://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-vaccine-data).

22. *If yes, will the public records include vaccine stock ordered (i.e. ordered but not yet arrived in the country), type ordered, amount ordered and expected delivery date?*

High level numbers of anticipated vaccine deliveries are announced by the Minister for COVID-19 Response, Hon Chris Hipkins, when the delivery schedule is available. For example, on 14 July 2021 the Minister announced that New Zealand would receive 1.5 million doses of Pfizer vaccine in the month of August.

26. *The MOH website states that individuals will have digital access, but how will that be made available? Who is responsible for providing digital access to vaccination passports – the NIS?*

27. *Will hard-copy vaccination certificates (or passports) also be provided to those who are vaccinated?*

28. *With the establishment of the NIS, can you advise:*

- a) *When will the NIS be in operation?*
- b) *What are their terms of reference?*
- c) *Who will they report to?*
- d) *How will they be funded and by how much (\$) in the 2021 and 2022 financial years?*
- e) *What information will be provided to the public in terms of regular reporting on vaccination uptake? For example, summary data grouped:*
  - *by job type or special groups (e.g. medical staff, border staff, aged-care residents, patients with medical conditions)*
  - *by age*
  - *by ethnicity*
  - *by location, and*
  - *by type of vaccination.*

Information regarding providing proof of vaccination status including for domestic and international purposes is available at the following link: [www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/my-covid-record-proof-vaccination-status](http://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/my-covid-record-proof-vaccination-status).

The COVID Immunisation Register (CIR) is the tool used to record COVID-19 vaccinations. Further information about the CIR can be found on the Ministry's website here: [www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-and-your-privacy/covid-immunisation-register-cir-privacy-statement](http://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-and-your-privacy/covid-immunisation-register-cir-privacy-statement).

Data and statistics regarding the vaccine can be found at the following address: [www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-vaccine-data](http://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-vaccine-data). This includes, Ethnicity, age, location and number of doses.

29. *We have read articles on the benefits of vaccinating people who have or have had Long COVID. Is this something the MOH is considering as part of its vaccination strategy?*

The evidence of vaccination improving long-term symptoms of COVID-19 is preliminary and has not been peer reviewed. Anecdotal reports and some preliminary studies suggest that some people experience an improvement in long COVID symptoms after vaccination, indicating a potential role for vaccines as a treatment option. However, there have been few formal studies looking at the impact of vaccines on long COVID, so these reports should be interpreted with caution. Further investigation is needed, and we will continue to monitor this research.

The rollout to the general population began in late July 2021 so everyone over 16 in New Zealand (later extended to those 12 years and older) was eligible for a vaccine (via a cascading age band approach). Relevant underlying conditions in the sequencing framework is based on eligibility for the publicly funded influenza vaccine ([www.influenza.org.nz/eligibility-criteria](http://www.influenza.org.nz/eligibility-criteria)). As sufferers of long COVID-19 have not yet been added to this list, they did not meet the eligibility criteria for priority vaccination under the sequencing framework.

30. *What organisation is responsible in New Zealand for reviewing the effectiveness of vaccinations against emerging global variants?*

While Medsafe, does approve applications for vaccine approval, they do not carry out research reviewing the effectiveness of vaccines against emerging global variants. Medsafe would assess applications for changes in the current vaccines, or new vaccines developed for new variants if applications were made, but does not do the research to see if the current products are effective against any new variants.



The Ministry is continuing to monitor international research and developments of COVID-19 vaccines. Information regarding this is commonly published on Medsafe's website and the science and insights page on the Ministry's website here: [www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-and-tools/covid-19-science-news](http://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-resources-and-tools/covid-19-science-news).

31. *Who is looking at ways to 'top-up' New Zealanders if a new variant evolves that is not effective against the vaccines New Zealand has currently purchased?*

The Ministry, as explained in the response to the above question.

36. *Who are the current members of the COVID-19 Vaccine Strategy Taskforce?*

Information regarding the taskforce is available at: [www.mbie.govt.nz/science-and-technology/science-and-innovation/international-opportunities/covid-19-vaccine-strategy/](http://www.mbie.govt.nz/science-and-technology/science-and-innovation/international-opportunities/covid-19-vaccine-strategy/).

37. *Is there a document that sets out the options and decision-making framework used by MOH (or equivalent) to develop a vaccination strategy (in addition to the four strategy documents listed above)?*

Detail about the vaccine strategy, planning and insights can be found on the Ministry's website here: [www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-strategy-planning-insights](http://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-strategy-planning-insights).

40. *Is MOH preparing post-vaccination strategy?*

Please refer to the publicly available information regarding the COVID-19 protection framework available here [www.covid19.govt.nz/traffic-lights/](http://www.covid19.govt.nz/traffic-lights/). You might also be interested in the Prime Minister's announcement available at the following address: [www.beehive.govt.nz/release/traffic-light-levels-announced](http://www.beehive.govt.nz/release/traffic-light-levels-announced).

41. *Is the opening up of the border dependent on a certain uptake of the vaccine to create some form of herd immunity?*

Information about the border re-opening can be found here: [www.covid19.govt.nz/travel/international-travel-and-transit/travel-to-new-zealand/](http://www.covid19.govt.nz/travel/international-travel-and-transit/travel-to-new-zealand/). You might also be interested in the recent announcement by Hon Chris Hipkins, Minister for the COVID-19 response: [www.beehive.govt.nz/release/reconnecting-new-zealand-%E2%80%93-next-steps](http://www.beehive.govt.nz/release/reconnecting-new-zealand-%E2%80%93-next-steps).

45. *Is the 2013 National Health Emergency Plan: National Reserve Supplies Management and Usage Policies, 3rd edition still operational? Are there any plans to review and update this policy document? If yes, please explain*

46. *Is the 2017 New Zealand Influenza Pandemic Plan: A framework for action still operational? Has a specific plan been put in place instead (e.g. a New Zealand SARS Pandemic Plan)? Is the MOH considering, or working on, a new plan for pandemics generally?*

Both versions of these documents remain operational. The Ministry is planning to review these documents and will publish the next edition once these reviews are completed.

47. *Is a comprehensive independent review will be going to be undertaken of the government's pandemic response?*

Any decision to review New Zealand's response to the pandemic lies with the Government.

50. What work is being done by the MOH to review possible new viruses that might cause a pandemic globally or in New Zealand? Can you advise who in government is responsible and accountable for assessing and reporting on potential risks of a new pandemic? What organisation/s is the MOH working with to manage and prevent future pandemics globally (e.g. in addition to WHO)?

The Ministry is responsible for assessing and reporting on emerging infectious diseases that may impact on public health.

The Ministry contracts ESR to provide scientific services across the domains of communicable diseases, environmental health, and other areas. ESR provides to the Ministry analysis and interpretive reporting of epidemiological risks, both nationally and internationally.

The New Zealand Government is a signatory to the International Health Regulations 2005, requiring participation with the global community in sharing information on the emergence of international disease threats and other health risks. The Ministry of Health is responsible for liaising with national focal points overseas.

The Ministry of Health also liaises with and receives updates from the Communicable Disease Network (Australia) and the Pacific Public Health Surveillance Network (PPHSN).

*Given the responses to our OIAs, we remain concerned that New Zealand is unfortunately undertaking risky experiments that are not well administered<sup>18</sup> and that could lead to an epidemic or pandemic – in livestock or humans. The Institute attended the hearing on the resulting ERMA decision 200223 and we believe the decision makers would be very concerned about the sloppy implementation of controls and overall poor governance by AgResearch. Given this, the Institute supports a reassessment of the experiments by the EPA under s 68 of the Hazardous Substances and New Organisms Act 1996. To enable us to confirm the MOH is aware of the issues these experiments raise, can you confirm:*

51. Have MOH staff been briefed on these experiments and the risks they involve?

No.

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](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 website at: [www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests](http://www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests).

Nāku noa, nā



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