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DE Sheridan

By email: fyi-request-19393-2e653240@requests.fyi.org.nz

Ref: H202206566

Tēnā koe DE

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 18 May 2022 regarding COVID-19 deaths. Each part of your request is responded to below.

1. Patients hospitalised with covid, who are severely ill, can be hospitalised for more than 28 days.

Q1.1 What was the length of hospital stay (in 7 day brackets) for those who were hospitalised (eg 104 in hospital 1-7 days; 23 in hospital 8-14 days etc)

Q1.2 How many people who were in hospital with covid for “more than 28 days” in New Zealand (up to 17 May) died?

Q1.3 In how many of these cases where the person was in hospital over 28 days, was covid considered the primary or contributing cause of death?

The Ministry is planning to update their website in the coming weeks to include further hospitalisation data. Therefore, this part of your request is refused under section 18(d) of the Act, as the information requested will soon be publicly available.

2. Re: Who determines cause of death in covid cases, and how is it done

Q2.1 How many people are involved in determining the cause of death of people who died who had been infected within 28 days (or longer) of a covid infection?

If the person died of natural causes at home or in the community, the person’s general practitioner would normally determine the cause of death and complete the certificate of cause of death. If the person died in an aged care facility a general practitioner would normally complete the certificate of cause of death in consultation with the nursing staff at the facility. If the person died in hospital a doctor that provided care to the person whilst in hospital would complete the certificate of cause of death, often in consultation with other members of the clinical team that provided the clinical care to that patient prior to their death.

If the coroner had taken jurisdiction over the death under section 14 of the Coroners Act 2006 the cause of death would be determined by the coroner in consultation with the pathologist who conducted the post-mortem examination (if one was performed).

Q2.2 What are the qualifications and experience in determining causation - of each of those involved in this process?

Certificates of cause of death can only be completed by registered medical practitioners and registered nurse practitioners. Pathologists working on behalf of the coroner are registered medical practitioners with additional qualifications and experience in anatomic pathology. Information about the education, qualifications and experience required to practice as a pathologist in New Zealand can be found on the Medical Council of New Zealand (MCNZ) website: www.mcnz.org.nz/registration/scopes-of-practice/vocational-and-provisional-vocational/types-of-vocational-scope/pathology/

Q2.3 Please indicate what method is used for this retrospective assessment of cause of death: eg medical file review etc

The certifying doctor or nurse practitioner reviews the patient's medical notes (and hospital discharge summary if the deceased had recently been discharged from hospital), before completing the certificate of cause of death. The certificate of cause of death is usually completed within 24 hours of the death.

Q.2.4 Why was there such a significant increase in the number of cases reported as assessed today vs formerly (including a great increase in numbers where covid was not deemed a primary or contributing cause of death?) press release 2.4

The Ministry put in place an expedited process for coding the cause of death of COVID-19 related deaths. The increase was the result of processing previously announced deaths through this process. This is stated here: www.health.govt.nz/news-media/news-items/covid-19-deaths-reporting-update.

3. Direction from the Ministry of Health or others in government or consultants - on the definitions and criteria to be used to include or exclude Covid as a primary or contributory cause of death

Q3.1 Has the individual or individuals making the assessment of cause of death received definitions, and/or guidelines from the Ministry of Health or anyone else on determining the cause of death?

Links to advice for health practitioners on how to certify cause of death for anyone dying from or with Covid-19 are posted on the Ministry's website here: www.health.govt.nz/covid-19-novel-coronavirus/covid-19-information-health-professionals/recording-covid-19 and here <https://www.health.govt.nz/our-work/regulation-health-and-disability-system/burial-and-cremation-act-1964/completing-death-documents/covid-19-deaths>.

The Ministry's advice reflects the guidance provided by the World Health Organization (WHO) for certifying cause of death for people who die from, or with Covid-19 and it has not changed during the course of the pandemic.

The Ministry provides more general guidelines on cause of death certification, based on WHO guidelines, on its website here: www.health.govt.nz/our-work/regulation-health-and-disability-system/burial-and-cremation-act-1964/completing-death-documents/medical-certificate-cause-death/completing-medical-certificate-cause-death-form#part%201.

Q3.2 Please provide copies of these definitions and guidelines (with dates, in the event there have been multiple instructions) which were provided to the individual or individuals determining the cause of death.

As provided above. The guidance and instructions on how to determine cause of death have not changed during the pandemic.

Q3.3 Please provide the name of the government official and department or consultant that provided this direction on definition and/or cause of death criteria

The Ministry follows the international guidelines for the classification of cause of death provided by the World Health Organization (WHO). This includes the WHO guidelines for the certification and classification of Covid-19 as cause of death found here: [www.who.int/publications/m/item/international-guidelines-for-certification-and-classification-\(coding\)-of-covid-19-as-cause-of-death](http://www.who.int/publications/m/item/international-guidelines-for-certification-and-classification-(coding)-of-covid-19-as-cause-of-death).

4. Current death and vaccination status data suggest only the vaccinated have died (which surprised me). The govt seems to often change definitions.

4.1 What criteria is included in the: "Not fully vaccinated" column.

Defined as not being fully vaccinated in New Zealand includes both people who have not received any doses of vaccine or have only received one dose.

4.2 Please provide the death numbers for each subset of those in the "not fully vaccinated" group.

4.3 Have any (and if so how many) unvaccinated people died of covid?

Not fully vaccinated deaths breakdown as of May 19, 2022:

Age group	No doses received prior to being reported as a case	Partially vaccinated	Total
Total	208	31	239

More information on this is available here: www.health.govt.nz/covid-19-novel-coronavirus/covid-19-data-and-statistics/covid-19-case-demographics#deaths

5. Age of children and youth who died

5.1 How old were each of the 3 children who died to date, under the age of 10 (and what was their vaccination status?)

5.2 How old were the 4 youth who died between age 10-19 who died to date) and what was their vaccination status?)

The Ministry cannot release this level of detail for the data requested in this part of your request, as it is small and is therefore withheld in full under section 9(2)(a) of the Act, to protect the privacy of natural persons, including deceased natural persons. 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.

6. Cause of death should indicate serious organ injury, where present. Though the cause of the recent hepatitis outbreak in children is unknown - liver (and other organ) injury (or serious exacerbation of an underlying chronic condition) secondary to covid infection has been reported in young and older people (It is possible some people had multiple of the following complications). It is important to know what organs were affected by people who died; in order to monitor potential long term consequences (such as diabetes etc) in those who survive.

6.1 Of all those who died, how many had lung injury which covid likely caused or significantly contributed to or exacerbated?

6.2 Of all those who died, how many had cardiovascular injury which covid likely caused or significantly contributed to or exacerbated?

6.3 Of all those who died, how many had neurological injury (including but not limited to stroke) which covid likely caused or significantly contributed to or exacerbated?

6.4 Of all those who died, how many had a bleeding disorder which covid likely caused or significantly contributed to or exacerbated?

6.5 Of all those who died, how many had septicemia or DIC which covid likely caused or significantly contributed to or exacerbated?

6.6 Of all those who died, how many had hepatic injury which covid likely caused or significantly contributed to or exacerbated?

6.7 Of all those who died, how many were undergoing cancer treatment, but covid likely caused complications that significantly contributed to death?

6.8 Of all those who died, how many were undergoing renal dialysis due to chronic kidney disease - but covid likely caused or significantly contributed to destabilisation and death?

6.9 Of all those who died, how many were on prednisone or major immunosuppressants for autoimmune related conditions or following transplants - but covid likely caused or significantly contributed to destabilisation and death?

The Ministry does not hold classified cause of death data available from 2020 onwards. Therefore, these parts of your request are refused under section 18(g)(i), as the information is not held by the Ministry.

7. There has been an extraordinary increase in the number of older people who died since the start of the phase out of covid controls - during a period when essential workers were allowed to return to work after very short quarantine (and in some instances even if the very short quarantine was not over). In addition, people were previously reported to have died at home, infected with covid. This calls to question where people (not just older people) were when they died. You can't reduce preventable deaths without the facts. In broad terms (eg at home, in hospital, in an aged care facility, in a chronic care nursing home, in prison etc)

7.1 Please break down where those who died were at the time they died (by 10 year age bands from age 1 to 90+)

7.2 Were those with dementia or in a totally dependent state treated any differently?

7.4a How many staff in nursing homes or aged care were infected?

7.4b How many returned to work within 7 days?

7.4c How many returned to work in less than 7 days?

The Ministry does not hold the information in its requested form. As such while the Act allows New Zealanders to ask for information from Ministers and government agencies, there is no requirement for agencies to create new information, compile information they do not hold or provide or prove an opinion. As such your request 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 connected more closely with the functions with another agency subject to the Act.

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

A handwritten signature in blue ink, appearing to read 'Dave Henderson', with a long horizontal line extending to the right.

Dave Henderson
**Acting Group Leader, Intelligence, Surveillance and Knowledge
Public Health Agency, Ministry of Health**