

26 July 2022

Chris McCashin  
fyi-request-19762-e5548f1a@requests.fyi.org.nz

Tēnā koe Chris,

**Your Official Information Act request, reference H202208412:**

Thank you for your email of 28 June 2022 requesting information relating to Sudden Infant Death Syndrome (SIDS).

As part of the transformation of the health and disability system reforms, as of 1 July 2022 the functions previously under the Ministry of Health's Child and Community Health team have now transferred to Te Whatu Ora Health New Zealand (Te Whatu Ora). As the matters you have raised now fall under the functions of Te Whatu Ora, our agency will respond to your request which has been considered under the Official Information Act 1982 (the Act). I shall quote and respond to each part of your request below.

*Are you able to provide from 1990 - 2022 the following:*

- Total number of deaths registered as being from SIDS*
- I am assuming that given there are recommendations for babies to be vaccinated with certain shots then all of the infants who died from SIDS would have had a shot or two - Yes or No*

This information is publicly available at the following link: [www.minhealthnz.shinyapps.io/fetal-and-infant-deaths-web-tool/](http://www.minhealthnz.shinyapps.io/fetal-and-infant-deaths-web-tool/). Please note currently the confirmed numbers of registered deaths from SIDS are provided up to 2018. Therefore, your request for data between 2019 and 2022 is refused under section 18(g)(i) of the Act. Vaccination is not one of the variables that we collect data for sudden unexpected death in infancy (SUDI)/SIDS. Please refer to the above link for available variables.

*- Is there any baseline data available to compare SIDS for babies that have had no vaccinations versus babies who received the recommended shots - if not what would be required to source this information - begin recording this data in New Zealand*

SUDI/SIDS and immunisation both occur in close temporal association, so it is common to believe there may be a link between the two events. This question has been addressed by several research projects published over the last 25 years, two of which are referenced below.

The international evidence as well as substantial research in New Zealand has conclusively and repeatedly found that maternal smoking in pregnancy, infant in prone sleeping position, and bed-sharing are the main risk factors for SUDI/SIDS. The association between immunisation and SIDS/SUDI has been investigated thoroughly and there is either no causal relationship, or potentially a protective effect of immunisation on SUDI/SIDS. New Zealand research carried out by internationally renowned New Zealand paediatrician Professor Ed Mitchell in 1995 confirmed this in a large sample of New Zealand infants.<sup>1</sup> The same findings were found in the United Kingdom and reported in the British Medical Journal (BMJ) in 2001 by Dr Peter

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<sup>1</sup> Mitchell et al Archives of Disease in Childhood 1995; 73:498-501

Fleming.<sup>2</sup> Dr Fleming also found that immunisation did not increase the risk of SUDI/SIDS in the infants studied and that the trend of the association was clearly towards protection.

Current data from New Zealand also does not support a correlation between immunisation and SUDI/SIDS. Rates of SUDI/SIDS are higher among pēpi Māori, who have a lower immunisation rate in the first year of life compared with European babies who have higher rates of immunisation and a SUDI/SIDS rate almost 8.5 times lower than pēpi Māori.

Te Whatu Ora is confident in the international studies contacted and does not believe it is appropriate to undertake further research into this issue.

*Please provide from 1990 - 2022 the following*

*- Total number of deaths registered as being from SADS*

*- From 2021 - 2022 can you confirm if the person who died from SADS received the clot shot / mRNA jab*

*- The Medsafe reports state there are 160 deaths plus another 2,982 people who died within 21 days of their 1st, 2nd or 3rd clot shot. Are you able to tell me how many of these 3,142 deaths were registered as SADS if any*

*- With the country having a high vaccination rate is there any baseline data and / or control groups that are being monitored or could be set-up to measure SADS in the vaccinated versus unvaccinated*

*- if this is not being done or unable to be done then doctors will continue to be "baffled by this sudden phenomenon" that has recently surfaced]"*

The term Sudden Adult Death Syndrome (SADS) is sometimes used interchangeably with Sudden Arrhythmic Death Syndrome. Sudden Arrhythmic Death Syndrome deaths will tend to be coded to cardiac arrhythmia, alongside other cardiac arrhythmia deaths. Te Whatu Ora is able to provide the number of deaths due to *Cardiac arrhythmia, unspecified* (ICD 10-AM version 11 code I49.9) however this is not quite the same thing as SADS.

Sudden unexplained deaths might have an R96.0 code *Instantaneous death* recorded, either as underlying cause or contributing cause. This code can also be used for Sudden Unexplained Death of Someone with Epilepsy (SUDEP). Neither of these codes are specifically related to SADS as they include deaths due to other causes.

A third code may be deaths where we do not have a cause, R99 *Other ill-defined and unspecified causes of mortality* though again, this includes a variety of unrelated scenarios.

As SADS is not necessarily a defined category of its own, this part of your request is refused under section 18(g) of the Act. If you are interested information relating to these codes, you may wish to make another request for information. Please note you are welcome to request this data directly from [data-enquiries@health.govt.nz](mailto:data-enquiries@health.govt.nz).

You are advised of your right to also raise any concerns with the Office of the Ombudsman. Information about how to do this is available at: [www.ombudsman.parliament.nz](http://www.ombudsman.parliament.nz) or by phoning 0800 802 602.

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<sup>2</sup> [www.bmj.com/content/322/7290/822.full](http://www.bmj.com/content/322/7290/822.full)

As this information may be of interest to other members of the public, Health NZ may decide to proactively release a copy of this response on Te Whatu Ora's website. All requester data, including your name and contact details, will be removed prior to release.

Nāku iti noa, nā

A handwritten signature in blue ink that reads "D Woodley". The signature is fluid and cursive, with the first letter 'D' being particularly large and stylized.

Deborah Woodley  
**Interim Director**  
**Population Health Commissioning**