MINISTRY OF HEALTH
MANATŪ HAUORA

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

[redacted]

By email [redacted]
Ref H202203338

Tēnā koe [redacted]

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 28 February 2022 for information relating to the COVID-19 vaccine. I will respond to each part of your request in turn.

> *The statistics for all Emergency hospital visits with an outcome of either myocarditis. Pericarditis or Tachycardia in the last 12 months,*
> *Along with comparative figures over the last 5 years*

Emergency department visits reported to the Ministry by the National Non-Admitted Patient (NNPAC) collection do not include diagnostic information. Therefore, instead of emergency department visits, we have provided you a breakdown of hospital discharges, from publicly funded hospitals, with a primary diagnosis of acute myocarditis, pericarditis, or paroxysmal tachycardia over the last six years. This has been attached as document 1 in Appendix 1 of this letter. Importantly, there are many different ICD10 codes used to identify that a person has been hospitalised for myocarditis or pericarditis or tachycardia. Since your request did not specify any particular type of myocarditis/pericarditis or tachycardia we have provided you with the numbers for acute myocarditis, acute pericarditis, and paroxysmal tachycardia. Consequently, you may find that these numbers do not match other published figures.

> *I request all copies of correspondence between MOH including Dr Ashley Bloomfield's office and all and any New Zealand Coroners in relation to suspected deaths related to the covid 19 vaccines.*

On 16 March 2022 the Ministry was contacted by the Ministry of Justice (MOJ) about a request that they had received from you regarding this part of your request. As the information you requested from MOJ was identical to the request the Ministry received, we have decided to consolidate these parts of the requests into one.

The Ministry has identified four documents within the scope of this part of your request. These include email correspondence and letters between the Ministry and the Coroner's Court. These are enclosed as documents 2 to 5 in Appendix 1. Where information is withheld, this is noted in the Appendix and the document itself. 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.

Please note some of the information you seek related to the Coroners Court cannot be answered by the Ministry of Health as it pertains to on-going coronial investigations. As you may be aware, the Coroners Court is part of the judicial arm of government and is excluded from public service agencies and organisations subject to the OIA (please refer to section 2(6)(a) of the Act).

> *Also any official correspondence between the MOH including Dr Ashley Bloomfield's Office and the New Zealand Coronial services office in relation to suspected Covid 19 Vaccine deaths*

This part of your request is refused under section 18(g)(ii) as the information is not held by the Ministry and there are no grounds to believe it is held by any other agency subject to the Act.

I trust this 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 Ministry of Health website at: www.health.govt.nz/about-ministry/information-releases.

Nāku noa, nā

Astrid Koornneef
Director
National Immunisation Programme

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	2014-2021	Breakdown of the statistics over the last six years on publicly funded hospital discharges with a primary diagnosis of acute myocarditis, acute pericarditis or paroxysmal tachycardia.	Released in full.
2	23 August 2021 – 24 August 2021	Email correspondence between the Ministry and the Deputy Chief Coroner	Released with some information withheld under section 9(2)(a) of the Act – to protect the privacy of natural persons, including that of deceased natural persons.
3	23 August 2021 – 24 August 2021		
4	2 September 2021	Letter from Dr Tim Hanlon to Deputy Chief Coroner Anna Tutton	Released in full.
5	10 September 2021	Letter from Deputy Chief Coroner Anna Tutton to Dr Tim Hanlon	

Document 1

Publicly funded hospital discharges with a primary diagnosis of acute myocarditis, acute pericarditis and paroxysmal tachycardia by financial year, age group and sex

ICD-10-AM version 8 code	Description
I40	Acute myocarditis
I30	Acute pericarditis
I47	Paroxysmal tachycardia

Extracted: 16/03/2022
Source: National Minimum Dataset (NMDS)
Data for 2020 and 2021 may be incomplete.

Financial Year	Diagnosis	Discharges
2014/15	Acute myocarditis	70
	Acute pericarditis	297
	Paroxysmal tachycardia	2558
2015/16	Acute myocarditis	67
	Acute pericarditis	277
	Paroxysmal tachycardia	2701
2016/17	Acute myocarditis	64
	Acute pericarditis	233
	Paroxysmal tachycardia	2602
2017/18	Acute myocarditis	88
	Acute pericarditis	225
	Paroxysmal tachycardia	2666
2018/19	Acute myocarditis	78
	Acute pericarditis	246
	Paroxysmal tachycardia	2664
2019/20	Acute myocarditis	39
	Acute pericarditis	235
	Paroxysmal tachycardia	2666
2020/21	Acute myocarditis	66
	Acute pericarditis	277
	Paroxysmal tachycardia	2947

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Document 2

From: Andrew Connolly <Andrew.Connolly@health.govt.nz>
Sent: Monday, 23 August 2021 9:14 pm
To: Deborah Woodley <Deborah.Woodley@health.govt.nz>; Tutton, Coroner S9(2)(a) Andrew_connolly@moh.govt.nz
Cc: Wilkinson, Bradley <Bradley.Wilkinson@justice.govt.nz>; Tim Hanlon <Tim.Hanlon@health.govt.nz>; Caroline Greaney <Caroline.Greaney@health.govt.nz>
Subject: RE: Covid vaccination information for coroners please

Dear Coroner Tutton

My apologies. Mr Wilkinson and I have communicated over a issues regarding getting a pathologist into the country – the email below slipped my mind.

I am unable to assist as I have no knowledge of these matters.

I am more than happy for your staff to contact me if I have not responded in a reasonable time.

Kind regards

Andrew Connolly

Andrew Connolly
Chief Medical Officer | Ministry of Health
E: andrew.connolly@health.govt.nz | Mobile: S9(2)(a) | www.health.govt.nz

From: Deborah Woodley <Deborah.Woodley@health.govt.nz>
Sent: Monday, 23 August 2021 9:02 pm
To: Tutton, Coroner S9(2)(a) ; Andrew_connolly@moh.govt.nz
Cc: Wilkinson, Bradley <Bradley.Wilkinson@justice.govt.nz>; Tim Hanlon <Tim.Hanlon@health.govt.nz>; Caroline Greaney <Caroline.Greaney@health.govt.nz>
Subject: RE: Covid vaccination information for coroners please

Hi Anna

As you note the Ministry is incredibly busy at present and so it is taking us a bit longer than we would normally take to respond to the many emails we are receiving.

RELEASED UNDER THE OFFICIAL INFORMATION ACT 82

Document 2

Please find copied into this response two people involved in the vaccination programme who should be able to assist in responding to your request for information.

Tim is the GM, Post Event and Caroline is the GM of the Vaccination Director's office.

Kind regards
Deborah

From: Tutton, Coroner S9(2)(a)
Sent: Monday, 23 August 2021 5:46 pm
To: Andrew_connolly@moh.govt.nz; Deborah Woodley <Deborah.Woodley@health.govt.nz>; Jane Kelley <Jane.Kelley@health.govt.nz>
Cc: Wilkinson, Bradley <Bradley.Wilkinson@justice.govt.nz>
Subject: Covid vaccination information for coroners please

Kia ora,
Last week, Bradley Wilkinson of the Ministry of Justice emailed you Dr Connolly to request information that is important for coroners making decisions relating to post-mortem examinations of deceased people who have had covid vaccinations recently.

Bradley wrote:
Yesterday at the Clinical Governance Group there were discussions regarding deaths after a Covid Vaccination. Are you able to please provide any guidance to the below?

- The time frame after vaccination within which a death might potentially have been caused by or contributed to by the Covid vaccination.
  Research suggests that might be as long as 93 days. Has the MOH adopted a particular timeframe?
- Information/advice for coroners re the importance of the public health information likely to be obtained as a result of post-mortem examinations conducted on deceased known to have had a recent Covid vaccination (to assist coroners to balance the rights of families who object to a post mortem and the public interest in determining whether the vaccination caused or contributed to the death)
- Are there arrangements that will enable pathologists/coroners to get access to the central vaccination register to determine whether and, if so, when, where and with what deceased people have been vaccinated
- Is there a communication channel between coroners and the Ministry of Health re: Covid related matters
- Information as to the current vaccination policy/framework of the vaccination system – e.g. is all vaccinating being done via the DHBs so that info required by coroners will be held by individual DHBs?

No reply has been received.

I appreciate that the Ministry has a lot on its plate right now. However, increasing numbers of deaths of people who have been vaccinated are being reported (as expected as vaccination rates increase), and coroners want to ensure they are making decisions in relation to those matters that are based on accurate and current information and a sound understanding of the Ministry's position in relation to relevant public health interests.

I have included Ms Woodley and Ms Kelley in this email as those named as Ministry contact points in the MOU between the Chief Coroner and the Ministry in relation to covid-19 matters.

Many thanks for your assistance,
Anna Tutton

CORONERS COURT
Te Kōti Kaitirotiro Matewhawhati

Deputy Chief Coroner A Tutton
P +64 3 3530444
Christchurch, New Zealand
www.justice.govt.nz

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Document 3

From: Caroline Greaney <Caroline.Greaney@health.govt.nz>
Sent: Tuesday, 24 August 2021 8:20 am
To: Deborah Woodley <Deborah.Woodley@health.govt.nz>; Tutton, Coroner S9(2)(a) Andrew_connolly@moh.govt.nz
Cc: Wilkinson, Bradley <Bradley.Wilkinson@justice.govt.nz>; Tim Hanlon <Tim.Hanlon@health.govt.nz>
Subject: RE: Covid vaccination information for coroners please

Kia ora Coroner Tutton

I wanted to acknowledge your request for information, and confirm that we will bring together a response for you. It is likely to take us a couple of days - we'll do our best to provide the information as swiftly as we can.

Ngā mihi,
Caroline

Caroline Greaney
Group Manager, Office of the National Director
COVID-19 Vaccine and Immunisation Programme
Ministry of Health
Cell: S9(2)(a)
Email: Caroline.Greaney@Health.govt.nz

MINISTRY OF HEALTH
MANATŪ HAUORA

From: Deborah Woodley <Deborah.Woodley@health.govt.nz>
Sent: Monday, 23 August 2021 9:02 pm
To: Tutton, Coroner S9(2)(a) Andrew_connolly@moh.govt.nz
Cc: Wilkinson, Bradley <Bradley.Wilkinson@justice.govt.nz>; Tim Hanlon <Tim.Hanlon@health.govt.nz>; Caroline Greaney <Caroline.Greaney@health.govt.nz>
Subject: RE: Covid vaccination information for coroners please

Hi Anna

As you note the Ministry is incredibly busy at present and so it is taking us a bit longer than we would normally take to respond to the many emails we are receiving.

Please find copied into this response two people involved in the vaccination programme who should be able to assist in responding to your request for information.

Tim is the GM, Post Event and Caroline is the GM of the Vaccination Director's office.

Kind regards
Deborah

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Document 3

From: Tutton, Coroner S9(2)(a)
Sent: Monday, 23 August 2021 5:46 pm
To: Andrew_connolly@moh.govt.nz; Deborah Woodley <Deborah.Woodley@health.govt.nz>; Jane Kelley <Jane.Kelley@health.govt.nz>
Cc: Wilkinson, Bradley <Bradley.Wilkinson@justice.govt.nz>
Subject: Covid vaccination information for coroners please

Kia ora,
Last week, Bradley Wilkinson of the Ministry of Justice emailed you Dr Connolly to request information that is important for coroners making decisions relating to post-mortem examinations of deceased people who have had covid vaccinations recently.

Bradley wrote:
Yesterday at the Clinical Governance Group there were discussions regarding deaths after a Covid Vaccination. Are you able to please provide any guidance to the below?

- The time frame after vaccination within which a death might potentially have been caused by or contributed to by the Covid vaccination.
  Research suggests that might be as long as 93 days. Has the MOH adopted a particular timeframe?
- Information/advice for coroners re the importance of the public health information likely to be obtained as a result of post-mortem examinations conducted on deceased known to have had a recent Covid vaccination (to assist coroners to balance the rights of families who object to a post mortem and the public interest in determining whether the vaccination caused or contributed to the death)
- Are there arrangements that will enable pathologists/coroners to get access to the central vaccination register to determine whether and, if so, when, where and with what deceased people have been vaccinated
- Is there a communication channel between coroners and the Ministry of Health re: Covid related matters
- Information as to the current vaccination policy/framework of the vaccination system – e.g. is all vaccinating being done via the DHBs so that info required by coroners will be held by individual DHBs?

No reply has been received.

I appreciate that the Ministry has a lot on its plate right now. However, increasing numbers of deaths of people who have been vaccinated are being reported (as expected as vaccination rates increase), and coroners want to ensure they are making decisions in relation to those matters that are based on accurate and current information and a sound understanding of the Ministry's position in relation to relevant public health interests.

I have included Ms Woodley and Ms Kelley in this email as those named as Ministry contact points in the MOU between the Chief Coroner and the Ministry in relation to covid-19 matters.

Many thanks for your assistance,
Anna Tutton

CORONERS COURT
Te Kōti Kaitirotiro Matewhawhati

Deputy Chief Coroner A Tutton
P +64 3 3530444
Christchurch, New Zealand
www.justice.govt.nz

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Confidentiality notice:
This email may contain information that is confidential or legally privileged. If you have received it by mistake, please:

Document 4

133 Molesworth Street
PO Box 5013
Wellington 6140
New Zealand
T+64 4 496 2000

2 September 2021

Anna Tutton
Deputy Chief Coroner
S9(2)(a)

Tēnā koe Coroner Tutton,

Thank you for your email of 23 August 2021, requesting further information for coroners making decisions relating to the post-mortem examinations of deceased people who had received a dose of Comirnaty. The Ministry's Chief Medical Officer has asked that I respond to you directly.

The Post-Event group of the COVID-19 Vaccination and Immunisation Programme works closely with Medsafe and the Centre for Adverse Reactions Monitoring (CARM) to provide support in the pharmacovigilance of the administration of Comirnaty. I have consulted with them to provide you with a thorough response.

I note your question about a timeframe within which deaths might potentially be caused by or contributed to by the administration of Comirnaty. It is important to note that death is an outcome, not an adverse reaction. Therefore, I am advised by Medsafe and CARM that there is no set limit for the timeframe, as it will depend on what the fatal adverse reaction was and a biologically relevant timescale for that reaction.

I also note your request for advice and information to facilitate the decision-making process of coroners who may need to balance the rights of families that wish to object to a post-mortem examination and the interest of public health information on Comirnaty. The decision will require the advice of the health care professionals involved and information about the possible relationship of the cause of death with vaccination. For example, Medsafe has identified that myocarditis may occur in a small number of people following immunisation with Comirnaty. Therefore, in the event of a death due to myocarditis, a post-mortem investigation would likely be beneficial. In contrast, death due to the progression of cancer after a dose of Comirnaty, will not be related to the vaccination. An investigation would be helpful in instances where there are unusual clinical presentations, either: possibly linked to events of interest, or unable to be clinically categorised or linked to underlying conditions. Similarly, in the event of an unexpected death such as a death in a fit and healthy individual who has received Comirnaty, an investigation would also be helpful. In cases such as these, examinations are valuable for the causality assessment process where we may need to establish a cause or exclude the vaccine.

As you mentioned, as the rollout progresses the number of deceased people who have also received a dose of Comirnaty will continue to increase, whether or not the deaths have any relationship to the vaccination. The Ministry currently receives a spreadsheet outlining the deaths following vaccination with Comirnaty that have been referred to a Coroner. Concurrently, we receive similar information from CARM. The two processes result in some overlap, but there have been instances where CARM is investigating a death and requires a clear communication channel for information held by Coronial Services.

It would be helpful to establish a closer communication channel between Coronial Services and the Ministry of Health to facilitate and streamline this process. Within the Ministry of Health, these functions would fall under the Post-Event group. I am happy to establish myself as the

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

contact person for communications between Coronial Services and the Ministry of Health in matters relating to deceased individuals who have received a dose of Comirnaty.

The COVID-19 Immunisation Register (CIR) manages the records related to the delivery of vaccinations to individuals. In the event that the volume of work requiring the Coronial Services to access information held by the CIR should grow substantially, it may be possible to provide Coronial Services staff with 'read-only access' to the CIR. In this way, determining a deceased person's vaccination status will only require inputting their National Health Index number into the CIR.

I have asked the Ministry officials in charge of the CIR to investigate providing 'read-only access' for Coronial Services staff. To facilitate this process, it would be appreciated if you could please provide an understanding of the number of staff who would require this access, the estimated volume of these searches, and the criteria under which an investigation would require access to the CIR. The Ministry is able to provide Coronial Services staff with the necessary training for the CIR in due course.

I would also like to provide you with a brief overview of the framework of the Programme, as I note your question about how the framework is structured in terms of the reporting of adverse effects following immunisation (AEFIs). District health boards plan and fund the administration of vaccinations, depending on the needs of their local populations and their health infrastructure. The Ministry acts as a governing body that monitors the roll-out, issues guidance, and provides logistical and operational assistance. This means that within the framework, AEFIs from COVID-19 vaccination are reported to CARM and thereby the Ministry's Post-Event group.

I hope this information is useful and I look forward to working with you.

Nāku noa, nā

Dr Tim Hanlon
GM Post-Event
COVID-19 Vaccine and Immunisation Programme

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Document 5

OFFICE OF THE CORONER

10 September 2021

Dr Tim Hanlon

GM Post-Event

COVID-19 Vaccine and Immunisation Programme

Ministry of Health

covid-19vaccine@health.govt.nz

Kia ora Dr Hanlon,

Thank you for your letter of 2 September 2021 in response to my request for information relating to deaths of those who had had covid-19 vaccinations shortly before death.

You have advised of your view that it would be helpful to establish a closer communication channel between the Coronial Services Unit (CSU), (the group within the Ministry of Justice responsible for providing support to the Coroners) and the Ministry of Health to facilitate and streamline processes relating to the reporting of deaths following vaccination.

The Chief Coroner and the Director-General of Health signed a Memorandum of Understanding (MOU) on information sharing in 2020, which was revised in June 2021 to include vaccination related issues. The points of contact for the Ministry of Health nominated in that MOU are Deborah Woodley and Jane Kelley. I understand that Jane Kelley has left the Ministry of Health and that Kirsten Stephenson has taken her place. I also understand that minor amendment proposals to the MOU have been sent to the Ministry of Health for comment.

The nominated contact points for the office of the Chief Coroner are Adam Nees and Silva Hinek. The Chief Coroner, Judge Marshall, has said she is also available to discuss matters with Ministry of Health nominees when required or appropriate. Silva Hinek is an appropriate contact point within CSU for CARM related matters.

I have discussed the issue of access to the Covid-19 immunisation register with the Chief Coroner. Providing that all pathologists who conduct post-mortem examinations on the direction of coroners have access to the register, she does not consider it necessary for CSU staff to have access to it.

Thank you for your assistance.

Coroner A J Tutton

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

DX: WX10073 Christchurch, New Zealand
Phone: +64 3 353 0444 Fax: +64 3 353 0446
www.justice.govt.nz/coroners