

Office of the Prime Minister

Prime Minister

Minister for National Security and Intelligence

Minister for Child Poverty Reduction

Minister Responsible for Ministerial Services

Associate Minister for Arts, Culture and Heritage



AS Emet
fyi-request-17381-f06cedee@requests.fyi.org.nz

Ref: PMO 2021-296

Dear AS Emet

Official Information Act request relating to Pandemic Plan

Thank you for your request made under the Official Information Act 1982 (the Act), received on 29 October 2021. You requested:

- a. *Is it correct that the New Zealand Influenza Pandemic Plan of 2017[1] was the sole or primary government plan for pandemic management, prior to the COVID-19 pandemic? What other pandemic planning was in place prior to the COVID-19 pandemic?*
- b. *Is it correct that the New Zealand Influenza Pandemic Plan of 2017 was intended to establish a framework for action that can readily be adopted and applied to any pandemic, irrespective of the nature of the virus and its severity?*
- c. *Does the New Zealand Influenza Pandemic Plan of 2017 recognise that people who recover from a viral disease are likely to acquire natural immunity? On the balance of evidence (both for and against) is there reason to believe that this is not the case with COVID-19?*
- d. *Is it correct that the New Zealand Influenza Pandemic Plan of 2017 is based on planning around a respiratory virus with a case fatality rate (CFR) of 2%?*
- e. *In countries/states with populations and healthcare systems comparable to New Zealand: During the course of the COVID-19 pandemic, what has been the case fatality rate of COVID-19? How does that data distinguish "dying of COVID-19" from "dying with COVID-19"? What has been the average and median age of COVID-19 deaths, and how does that compare to average life expectancy? What comorbidities (eg cardiovascular disease, obesity, hypercholesterolemia, hypertension, low/deficient serum vitamin D, low/deficient serum zinc) stand out as relevant to infection, disease progression or death? On average, how many of those comorbidities are associated with each COVID-19 death?*
- f. *Within New Zealand: During the course of the COVID-19 pandemic, what has been the case fatality rate of COVID-19? How does that data distinguish "dying of COVID-19" from "dying with COVID-19"? What has been the average and median age of COVID-19 deaths, and how does that compare to average life expectancy? What comorbidities (eg cardiovascular disease, obesity, hypercholesterolemia, hypertension, low/deficient serum vitamin D, low/deficient serum zinc) stand out as*

relevant to infection, disease progression or death? On average, how many of those comorbidities are associated with each COVID-19 death?

- g. On what basis (eg what balance of evidence, both for and against) was the New Zealand Influenza Pandemic Plan of 2017 effectively set aside, in favour of pandemic planning that appears more ad lib? What legal process was required for such change of plans?*
- h. What is the current status of COVID-19 pandemic planning? Where can these plans be found in their entirety? Are these plans being made up ad lib? How have they evolved thus far?*
- i. Is it correct that the New Zealand Influenza Pandemic Plan of 2017 aims towards recovery from a pandemic, and expediting the recovery of population health, communities and society where they have been affected by the pandemic, pandemic management measures or disruption to normal services? Is it correct that the intent of that plan is a return to pre-pandemic normal, as quickly as practicable?*
- j. Does current COVID-19 planning (and variations) aim towards recovery from a pandemic, and expediting the recovery of population health, communities and society where they have been affected by the pandemic, pandemic management measures or disruption to normal services? Is it correct that the intent of COVID-19 planning is a return to pre-pandemic normal, as quickly as practicable?*
- k. By what means does current COVID-19 planning have to work towards recovery from a pandemic, and expediting the recovery of population health, communities and society where they have been affected by the pandemic, pandemic management measures or disruption to normal services? On what basis (both for and against) have restrictions and disruptions to normal life, over an extended period of time, been assessed and calculated to be (presumably) of net benefit, compared to alternative courses of action, such as allowing COVID-19 to spread, and reaching natural/acquired herd immunity?*
- l. On what basis (eg what balance of evidence, both for and against, both planned and ongoing) is current COVID-19 planning expected to facilitate a return to pre-pandemic normal? Over what timeline?*
- m. Considering growing concerns that COVID-19 vaccines offer limited efficacy over a limited duration, and also considering growing safety concerns about the COVID-19 vaccines, what basis (both for and against) is there for relying on COVID-19 vaccinations as a means to return to normal? What other factors are influencing the apparent reliance on COVID-19 vaccines, at the exclusion of all other options?*
- n. On what balance of evidence (both for and against) have alternatives to COVID-19 vaccinations been considered for prevention and early treatment protocols, such as those developed by The FLCCC?[2][3]*
- o. Are you or your office aware of any other persons, boards, councils, committees, subcommittees, organisations, bodies, or individuals, whether or not based in New Zealand, whether or not subject to OIA Requests,*

which have had influence over any of the matters raised herein? If so, who/what are they?

- 1- <https://www.health.govt.nz/system/files/documents/publications/influenza-pandemic-plan-framework-action-2nd-edn-aug17.pdf>
- 2- <https://covid19criticalcare.com/covid-19-protocols/>
- 3- <https://covid19criticalcare.com/covid-19-protocols/medical-evidence-and-optional-medicines/essential-documents/>

I believe the requested information is more closely connected to the functions of the Ministry of Health (MOH). While this would usually be transferred to MOH under section 14(b)(ii) of the Act, I have been advised that MOH have received the same request from you and will be providing you with a response. Therefore, I believe a transfer to MOH is unnecessary at this time.

Yours sincerely



Raj Nahna
Chief of Staff