



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

2 November 2022

s 9(2)(a)

By email: s 9(2)(a)
Ref: H2022013610

Tēnā koe s 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (the Ministry of Health) on 29 September 2022 for information regarding COVID-19 vaccine mandates. You requested:

“Could you please provide any evidence for the impact of workplace vaccine mandates on the transmission of COVID, any evidence for the effect of specific health profession mandates on workplace transmission, and the rationale for requiring specific health workplace mandates whilst not requiring other workplace mandates nor widespread isolation of workplace contacts of cases. The lack of requirement for workplace contacts of cases implies Public Health did not determine the risk of transmission high enough to justify this restriction, so please provide the justification for the ongoing removal of unvaccinated staff from health workplaces.”

I have identified three documents within scope of your request. All documents are itemised in Appendix 1 and copies of the documents are enclosed. Where information is withheld under section 9 of the Act, I have considered the public interest in releasing information and consider that it does not outweigh the need to withhold at this time.

The COVID-19 Public Health Response (Vaccinations) Order 2021 (the Order) was enacted to keep our COVID-19 frontline staff safe and to ensure our most vulnerable communities are protected from severe illness and from being exposed to any new variants. Cluster outbreaks occurred in a number of aged care facilities, where many elderly patients with comorbid health conditions would be at greater risk of illness and death. It is important to protect those most vulnerable groups and the mandates played a key role in this. While vaccine mandates have impacted on the freedoms, rights, or health of some New Zealanders, this was considered proportionate, appropriate and justified in protecting vulnerable communities from the worst effects of COVID-19.

The mandate was revoked on 26 September 2022 due to declining case rates in the community and the reducing effect of vaccination to prevent Omicron transmission. While there is a reduced effectiveness for preventing transmission compared to the Delta variant, vaccination reduces transmission risk.

With the Order being revoked, many workers who stopped working due to being unvaccinated will be eligible to return to work. However, it is likely that some health sector employers will make their own decision to require that workers in certain roles are vaccinated.

Vaccination remains a key pillar of New Zealand's public health response to COVID-19. Vaccination reduces the risk of a person experiencing significant health impacts of COVID-19 and of transmitting the virus. Vaccine effectiveness to protect against Omicron infection is around 55-70% after a booster dose of Pfizer. Vaccine effectiveness against hospitalisation sits at ~90% after a Pfizer booster dose (including in those over 65 years of age) and remains at above 70% three months after the booster. Manatū Hauora regularly updates this information in the Variants Update which can be found at: www.health.govt.nz/covid-19-novel-coronavirus/covid-19-resources-and-tools/covid-19-science-news.

With high rates of vaccination in both the disabled and general population, measures such as personal protective equipment (PPE), face masks, and ventilation are more effective in reducing the risk of transmission of COVID-19.

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 or by calling 0800 802 602.

Please note that this response, with your personal details removed, may be published on the Manatū Hauora website at: www.health.govt.nz/about-ministry/information-releases/responses-official-information-act-requests.

Nāku noa, nā



Steve Waldegrave
Associate Deputy Director-General
Strategy, Policy, and Legislation | Te Pou Rautaki

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	18 March 2022	Memorandum – Review of affected workers under the COVID-19 Public Health Response (Vaccinations) Order	Released in full.
2	30 June 2022	Briefing 20221145 – COVID-19 Public Health Response (Vaccinations) Amendment Order (No 5) 2022 – for signature	Some information withheld under section 9(2)(a) of the Act, to protect privacy of natural persons.
3	29 August 2022	Briefing 20221210 – Review of the COVID-19 Public Health Response (Vaccinations) Order 2021	Some information withheld under the following sections of the Act: <ul style="list-style-type: none">• Section 9(2)(a), and• Section 9(2)(h), to maintain legal professional privilege.

Memorandum

Review of affected workers under the COVID-19 Public Health Response (Vaccinations) Order

To: Dr Ashley Bloomfield, Director-General of Health

From: Stephen Glover, Group Manager, COVID-19 Policy

Date: 18 March 2022

For your: Consideration

Purpose

1. This memo provides initial advice on the medium-term approach to the ongoing use of vaccine mandates and required testing for specific workforces in line with the broader public health approach post the peak of the Omicron outbreak.

Context

DPMC Cabinet Paper

2. We have recently provided input into the Department of Prime Minister and Cabinet (DPMC) Cabinet paper titled 'The COVID-19 response for post-peak Omicron' (to be considered by Cabinet on 21 March). DPMC considered our advice alongside public health advice from the Strategic COVID-19 Public Health Advisory Group, who were asked to review the worker groups covered by the COVID-19 Public Health Response (Vaccinations) Order 2021 (the Vaccinations Order).
3. The Cabinet paper proposes to remove the requirement for Education workers, and implicitly removes Group 10 workers (those workers who work in workplaces where a COVID-19 Vaccination Certificate is required to enter) to be vaccinated from the COVID-19 Public Health Response (Vaccination) Order 2021, once the Omicron peak has been reached. It also includes advice that health workers should remain covered until after winter.
4. We note that while we support these recommendations for the most part, we will be reviewing the settings for ECE workers as there may be a case to maintain an ongoing vaccine mandate for this workforce. This is due to children 4 years old and under not being vaccinated.
5. We also committed to providing further advice about ongoing use of vaccine mandates, by 27 June and then 26 September unless changes are proposed earlier. We are considering the ongoing use on the mandates sooner rather than later in the context of a rapidly shifting

landscape and in the context of new information on how progress under the mandates is tracking. This paper also considers the vaccination mandates in the context of the COVID-19 Public Health Response (Required Testing) Order 2021 and other relevant public health mitigations for these workforces.

6. The DPMC Cabinet paper also signals a new strategic approach to manage the ongoing situation as we prepare to enter post peak settings, including:
- **Minimise the impact by ensuring high rates of up-to-date vaccination** - Continue promoting and delivering vaccines including further boosters if indicated to reduce the risk of infection and transmission and minimise the severity and impact of COVID-19 infections.
 - **Support the health system to cope with both residual baseline and potential surges in demand** – this includes reducing the pressure on the health system as much as possible by empowering the majority of the New Zealand population to self-manage COVID-19 and targeting resources carefully.
 - **Focus resources on those most at risk** – by targeting resources very carefully, we are also conserving resources for those most at risk of severe health outcomes, which also helps us fulfil our equity and Treaty of Waitangi responsibilities.

Current state/data for relevant worker groups

7. Due to the recommendations in the DPMC paper for Education and Group 10 workers to be removed from the Order, this paper will provide up-to-date information and analysis for the remaining key groups of workers in the health care, border and Corrections workforces.
8. We have obtained up to date data on the vaccination status of these key workforces to consider:

Worker groups	Percentage (currently working) who have received 2 x primary doses	Percentage who have received 1 x boosters	Percentage not yet due booster dose	Percentage due booster and yet to receive
Health care workers (DHBs) ¹	100%	93%	Of the 7% not boosted many not due yet (exact figures unknown)	exact figures unknown ²

¹ We only have data for all healthcare workers in the 20 nationwide DHBs as we are not able to obtain up-to-date vaccination data from the other healthcare sectors at this time therefore the data for this workforce is representative only – DHBs workers potentially carry some of the greatest risk. DHB workers represent up to 40% of the overall health workforces.

² Not all workers are eligible for their booster as at 14 March 2022. Others not boosted are covered by Significant Service Delivery Disruption exemptions so are still at work. Out of over 92,000 total workforce, only 222 have either been stood down due to vaccination status or are on extended leave for other reasons.

Frontline Corrections workers	100%	85%	13.2%	1.4%
All border workers	100%	93%	7%	0%

9. Of those workers yet to receive their booster dose, all 7% of outstanding border workers are not yet due their booster, and 13.2% of Corrections workers are not yet due. Of those Corrections workers who are due and have not yet received their booster, most are either off work for other reasons or are yet to have their booster recorded. Less than 20 people have been removed from frontline duties due to being overdue their booster.
10. We can see from these numbers that vaccinations rates among these worker groups are very high, and without further requirements for additional booster/vaccine doses, the mandates will shortly no longer serve a purpose as they stand.
11. This paper will outline any potential rationale for ongoing use of the mandates, the risks including the legal risk, and any alternative options to assist employers to maintain the up-to-vaccination status of their workforces.

Analysis

Change in risk profile

12. Vaccine mandates were enacted with a clear public health rationale to provide personal protection against COVID-19 to workers in high-risk settings (such as border and health care workers), and to help prevent transmission between workers and to vulnerable people to whom they have a duty of care (health care, education and prisons), or to those in public facing roles.
13. Omicron is now spreading widely in the community, and based on modelling, is likely to be near its peak. For most people it will cause milder illness than earlier variants, as it is more transmissible and the vaccinations are less effective at reducing transmission. Our intent to maintain broad population protection with high vaccination uptake remains, with the focus moving to providing personal protection to reduce health impacts and hospitalisations, rather than a strong focus on reducing transmission.
14. The vaccination requirements in the Order represent a limitation on the right to refuse medical treatment for affected workers. These requirements were shown to be reasonable, justified and proportionate in the circumstances under which they were enacted. Given the change in the risk profile now that we have a highly vaccinated population and widespread Omicron, careful consideration of the ongoing limitation on BORA rights and the proportionality of mandates is required.
15. Given the changes in the strategic context, we have assessed the ongoing use of vaccine mandates and the associated use of required testing for border workers. The intent is to provide an initial view on whether these are the most effective tools to help fulfil the strategic objectives, and when we should be looking to remove any mandates entirely.

Additional COVID-19 vaccine doses:

16. International evidence is emerging that immunity gained from booster doses also wanes in a similar timeframe as immunity from primary doses wanes. Therefore, consideration is currently being given to the potential need to roll-out additional boosters, (or a fourth dose) across the population *in particular for high risk/vulnerable groups including older people and, potentially, Health & Disability Sector staff.*
17. This work is progressing and is likely to propose fourth doses as other countries such as UK, US, Sweden, and Israel have done. Their use is likely to initially focus on protecting populations that are at higher risk, including the elderly, Māori and Pacific peoples, and will need to consider the context over the coming months as the Omicron outbreak peaks and tails off, with a large proportion of the population having been recently exposed to COVID-19 infection and therefore having gained some natural immunity.
18. We propose that any guidance and enforcement around vaccine mandates will need to reflect up to date guidance around when people should be vaccinated post-infection (currently 3 months).
19. Should fourth doses be considered essential for the health, Corrections, and border workforces, consideration needs to be given to whether the mandates continue to be the most appropriate and proportionate tool to achieve uptake, or whether other employer-based, or public health measures would be more proportionate.
20. Beyond fourth doses, the World Health Organisation (WHO) has urged pharmaceutical companies to prioritise progressing longer lasting and more effective COVID-19 vaccines. Therefore, the vaccine landscape beyond fourth doses is unknown, but the focus will remain on workers here maintaining their up-to-date vaccination status.
21. To maintain justification for the vaccination order, amendments would be required that state workers must maintain an up-to-date vaccination status, and that includes fourth doses (at the appropriate dose interval), and any doses beyond.
22. This could only be justified if there is a clear public health rationale for the need for fourth doses (or any further doses to maintain vaccination status), in the context in which the Order is amended. For example, the context would be likely to include:
- a continuing widespread outbreak (or risk of an outbreak from a new variant of concern)
 - evidence of the importance of fourth doses for the affected workforces
 - evidence of further waning immunity, and
 - evidence of increasing hospitalisations in groups beyond the expected vulnerable groups (such as elderly, people with co-morbidities - for which targeted additional vaccination could more appropriate).
23. We note that if we were to maintain the ongoing use of vaccine mandates, we would also review the ongoing coverage of affected workforces. This would include consideration of ECE workers.

Options for maintaining up-to-date vaccination status

24. **Option one – amend the current Vaccination Order requirements to maintain an ‘up to date’ vaccination status:** This option would set a legal requirement for consistent coverage in workforces where that is deemed appropriate.

25. Based on current analysis, we believe there is limited value in maintaining vaccine mandates as they stand, particularly once the booster requirement is fulfilled. At this point, the intent of increasing vaccine uptake to protect vulnerable populations and maintain personal safety will have been fulfilled, and any legal grounds for the mandates remaining in their current form will be difficult to defend.
26. For most workforces, the date by which boosters will be required (in all but exceptional circumstances) is close. These timeframes have been effective in increasing booster uptake in these populations, as set out in the table at para 7 above.
27. By updating the definition, this would ensure high levels of ongoing vaccine coverage among a workforce where most people have agreed to be vaccinated. However, this would need to be justifiable over less onerous provisions (see option 2 and 3). While there is a strong ongoing case for requiring high levels of vaccination for the particular workforces, there will need to be careful consideration around the ongoing use of these measures and whether this can be resolved by narrowing the scope of this mandate.
28. **Option two – support employment based contractual responses for workers at risk:** Once all workers (or as high a percentage as possible) in these workforces have received their booster doses, any new employees coming into these sectors could be captured by employment contractual requirements for vaccinations. This would shift the responsibility for setting vaccine requirements to the employer. Employers could set these requirements informed by health and safety assessments using updated guidance developed and provided by MBIE, WorkSafe and the Ministry of Health.
29. There is precedent for these approaches with certain health care workers currently being subject to other contractual vaccination requirements for vaccines such as TB, MMR and others. Outside of these workforces, Defence personnel are subject to a list of vaccination requirements before they can enlist in the forces.
30. The DPMC Cabinet paper notes that the Ministry of Business, Innovation and Employment and WorkSafe will update guidance for businesses, workers and unions to reflect the removal of government vaccination mandates and use of My Vaccine Pass. This will emphasise that businesses need to consider any ongoing restrictions under the Health and Safety at Work Act framework, normal employment law obligations and any other relevant legislation. Employers / PCBUs will need to update any risk assessments they have undertaken to reflect updated public health advice on residual risks that businesses need to manage. This will need to reflect a clear public health rationale that we will work with them on.
31. **Option three – targeted public health approach for these worker groups:** Prior to the pandemic, sections of the health workforce, for example, have always had certain vaccinations such as MMR and TB highly recommended for them to have prior to entering the workforce, or to work in certain settings.
32. This approach could be rolled out more widely to more workforces with clear communications and public health messaging, and alternative means of incentivising uptake. Lessons learned from the COVID-19 vaccination roll out of the approaches that have made a difference to uptake include:
 - Decrease in travel time to access vaccination (interaction with more deprived regions)
 - Increase in delivery site capacity

- Marketing – e.g. vaxathon or other local events
 - Targets- e.g. 90% regional targets motivated people in neighbourhoods (we lack current target for boosters).
33. These methods can be adapted to different workplaces, workforces and across regions. Workplace-based delivery of vaccinations, so that employees can easily book and receive their vaccinations during work time, has also been shown to be highly effective, for both COVID-19 and annual influenza vaccines.
34. Other 'test to work' options can also be utilised alongside the public health approach such as RAT testing to ensure employees are not currently infected, as well as new COVID-19 immunity testing devices available to test current immunity levels.

Required Testing Order

35. We have also considered the ongoing use of the Required Testing Order, however we note that this needs to be aligned to decisions around the ongoing use of the Vaccine Order for Border Workers, as well as the ability to fulfil the most recent advice on testing and surveillance.
36. Based on internal consideration, it is considered that there is no longer a public health justification for the RTO now that border workers are currently at no greater risk in their work setting than in the community, for both the risk of Omicron and any new variant. Now that MIQ requirements have been removed, it is considered more likely that a traveller will bring any new variant into the community than a border worker.
37. Essentially, both orders depend on the same public health rationale that they are there to protect against new variants at the border. With the phased re-opening of the border, the number of people crossing the border and entering the community without entering isolation diminishes the ongoing value of identifying cases through regular worker testing diminishes. At this scale, surveillance testing at the border (including surveillance testing of international arrivals) is likely to be more effective at early detection, particularly where this includes testing of symptomatic cases and confirmatory PCR testing to enable Whole Genome Sequencing.
38. Based on the proposed review of the Vaccine Order and recent advice on strengthening testing and surveillance settings, we will look to review the ongoing use of the Required Testing Order to ensure that it is the appropriate mechanism for testing and surveillance at the Border and enables ongoing surveillance and testing over the next three months, although it is likely that we will need to reduce the workforce coverage based on assessment of public health risk.

Next steps

39. Pending your agreement, we will provide more comprehensive advice on changes to the Vaccinations Order to reflect the change to require an up-to-date vaccination status and the removal of border workers from this group. This will also include advice on based on a review of workforces covered by the Vaccine Order (including ECE workers).
40. We will seek further legal analysis to inform this advice, including engaging with Crown Law on the Bill of Rights Act implications.

41. We will also provide further advice on the Required Testing Order informed by decisions in this paper and advice on testing and surveillance settings.
42. Additionally, COVID-19 Policy will lead work with WorkSafe, the Ministry of Business, Innovation and Employment to develop enhanced guidance for workforces who have been previously covered by the Vaccination Order on potential ongoing requirements and options to maintain up-to-date vaccination status for higher risk workforces.

Recommendations

It is recommended that you:

- a) **Note** that this advice is intended to support potential discussion at Cabinet on 21 March on the ongoing use of the COVID-19 Public Health Response (Vaccinations) Order 2021 (the Vaccination Order) **Noted** ✓
- b) **Note** that Vaccination Order has been effective in supporting high levels of booster uptake in the affected workforces to date, but the high uptake cannot be attributed solely to the mandates. **Noted** ✓
- c) **Note** that once affected workforces have met their booster requirements (very soon), the ongoing use the Vaccination Order in its current state, it will be challenging to argue that there is a justifiable public health rationale. **Noted** ✓
- d) **Agree** to develop advice to the Minister for COVID-19 response to present the following options:
 - 1) Update the Vaccination Order to reflect a requirement to maintain an up-to-date vaccination status for the workforces currently covered by the Vaccination Order (noting that Education and Group 10 workforces may no longer be included), and this will include fourth, and any further doses. **Yes/No**
 - 2) Once the affected workforces meet their booster requirements, remove the Vaccination Order, noting that this will be before the end of Winter 2022, and provide appropriate guidance for employers to maintain contractual requirements for vaccination and public health measures to support ongoing high levels of vaccination. **Yes/No**
 - 3) Once the affected workforces meet their booster requirements, remove the Vaccination Order, and work to support the affected workforces to implement a public health based, non-mandatory approach to vaccinations including supporting ease of access to vaccines and workplace testing **Yes/No**
 - 4) A combination of options 2 and 3 based on the most appropriate approach for each workforce currently under the Vaccination Order. **Yes/No**
- e) **Note** we would review workforce coverage under the Vaccination Order if it is to remain in force to ensure that coverage is limited and commensurate with the public health intent, including: **Yes/No**

- the Border workforce
- the Health workforce (including disability and aged care workers)
- and ECE workforce.

- f) **Note** that the System, Strategy & Policy group will lead work to review the ongoing use of the Required Testing Order to ensure it remains fit for purpose, pending decisions on the ongoing role of the Vaccination Order and advice on the role of testing and surveillance at the border. **Noted** ✓
- g) **Note** that System, Strategy & Policy and COVID-19 Health System Preparedness directorate will work with the Ministry of Business, Innovation and Employment, WorkSafe on guidance to support high ongoing levels of vaccine uptake for groups no longer covered by the vaccine mandate. **Noted** ✓
- h) **Note** that in the development of this more comprehensive advice we will consult with Crown Law. **Noted** ✓

Signature _____

Dr Ashley Bloomfield
Te Tumu Whakarae mō te Hauora
Director-General of Health

21
Date: 18 March 2022

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Briefing

COVID-19 Public Health Response (Vaccinations) Amendment Order (No 5) 2022 – for signature

Date due to MO:	30 June 2022	Action required by:	30 June 2022
Security level:	IN CONFIDENCE	Health Report number:	20221145
To:	Hon Dr Ayesha Verrall, Minister for COVID-19 Response		
Copy to:	Hon Andrew Little, Minister of Health Hon Kelvin Davis, Minister of Corrections Ministers with Power to Act on COVID-19		

Contact for telephone discussion

Name	Position	Telephone
Dr Ashley Bloomfield	Director-General of Health	s 9(2)(a)
Stephen Glover	Group Manager, COVID-19 Policy Response, System Strategy and Policy	

Minister's office to complete:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment

COVID-19 Public Health Response (Vaccinations) Amendment Order (No 5) 2022 – for signature

Security level: IN CONFIDENCE **Date:** 29 June 2022

To: Hon Dr Ayesha Verrall, Minister for COVID-19 Response

Purpose

1. This report recommends that you sign the attached COVID-19 Public Health Response (Vaccinations) Amendment Order (No 5) 2022 (the Amendment Order).

Summary

2. Vaccine mandates under the COVID-19 Public Health Response (Vaccinations) Order 2021 (Vaccinations Order) were enacted with a public health rationale to provide protection against COVID-19 to workers in high-risk settings, and to help prevent transmission between workers and vulnerable people to whom they have a duty of care, or to those in public facing roles.
3. The Vaccinations Order is under regular review to ensure it remains a proportionate measure in the Government's overall COVID-19 response and in relation to the current public health risk.

Health and disability sector workers

4. On 21 March 2022, Cabinet directed the Ministry of Health (the Ministry) to report back by early April on a review of the health and disability sector workers covered by the Vaccinations Order with a view to narrow the range of workers to which it applies, if appropriate [CAB-22-MIN-0086 refers].
5. Subsequently, in early April 2022, the Ministry conducted a review of health and disability workers covered by the Vaccinations Order. At the time, the review found it appropriate to retain the Vaccinations Order for certain health and disability settings, but these settings are to be focused on capturing those workers for whom the risks of contracting and transmitting COVID-19 remain higher in the workplace than in the broader community.
6. On 9 May 2022, Cabinet agreed that the Vaccinations Order be amended to remove workers from the Order for whom being onsite at health and disability premises is incidental to their core role and that the Ministry consults with the Parliamentary Counsel Office (PCO) to redraft the relevant clauses [SWC-22-MIN-0078 refers].
7. It was also proposed that all workers employed by health and disability services who, in the course of their usual duties, work face to face with those receiving health and

disability services should be covered by the Vaccinations Order (this includes workers in primary care settings, pharmacies, Māori health clinics and other similar settings).

Border workers

8. On 25 May 2022, Minister Hipkins agreed to the removal of border workers from the Vaccinations Order based on public health advice that indicated that there was no longer a public health rationale for continuing to include these workers [HR20220891 refers].
9. Furthermore, legal advice indicated that maintaining border workers in the Vaccinations Order creates legal risk as vaccinations requirements impose a limit on the right to refuse to undergo medical treatment under section 11 of the New Zealand Bill of Rights Act 1990.
10. Minister Hipkins agreed to the Ministry of Health instructing PCO to draft an amendment to the Vaccinations Order to give effect to this decision.

Prison workers

11. Subsequently, on 19 June 2022, you agreed to a further amend the Vaccinations Order, and issue drafting instructions to PCO, to remove corrections (prison) workers from the Vaccinations Order based on similar considerations as for border workers [B4371 refers].

The Amendment Order

12. The attached Amendment Order gives effect to the above-mentioned decisions and is in line with the purposes of the COVID-19 Public Health Response Act 2020. It also makes consequential amendments to the COVID-19 Public Health Response (Protection Framework) Order 2021 to continue the requirements for certain border workers to wear medical grade face coverings.
13. You have fulfilled your statutory requirement to consult with relevant Ministers on the proposed changes in the Amendment Order.

Next steps

14. The Amendment Order needs to be signed 48 hours before it comes into force. Therefore, it needs to be signed before 11.59 pm on 30 June 2022 to meet this 48-hour requirement.
15. Should you agree to sign the attached Amendment Order, the changes for border and prison workers will come into effect on 2 July 2022 at 11:59 pm.
16. The changes for health and disability sector workers will come into effect at 11.59 pm on 7 July 2022. This timeframe is to allow operational changes to be implemented.

Recommendations

We recommend you:

- a) **Note** the COVID-19 Public Health Response (Vaccinations) Amendment Order (No 5) 2022 gives effect to decisions regarding the removal of border workers, prison workers and certain health and disability sector workers from the Vaccinations Order. **Noted**
- b) **Note** that officials advise that the COVID-19 Public Health Response (Vaccinations) Amendment Order (No 5) 2022 is in line with the purposes of the COVID-19 Public Health Response Act 2020 which is to prevent and limit the risk of, the outbreak or spread, of COVID-19. **Noted**
- c) **Note** that the statutory requirement to consult with relevant Ministerial colleagues has been fulfilled. **Noted**
- d) **Note** that the COVID-19 Public Health Response (Vaccinations) Amendment Order (No 5) 2022 needs to be signed by 11.59pm on 30 June 2022 and the changes for border and prison workers will come into effect on 2 July 2022 at 11.59pm. **Noted**
- e) **Note** that to allow for operational changes to be implemented, the changes for health and disability sector workers will come into effect on 7 July 2022 at 11.59pm. **Noted**
- f) **Sign** the attached COVID-19 Public Health Response (Vaccinations) Amendment Order (No 5) 2022. **Yes/No**



Dr Ashley Bloomfield

Te Tumu Whakarae mō te Hauora,
Director-General of Health

Date: 30/06/2022



Hon Dr Ayesha Verrall

Minister for COVID-19 Response

Date:

30/6/22

Briefing

Review of the COVID-19 Public Health Response (Vaccinations) Order 2021

Date due to MO:	29 August 2022	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	20221210
To:	Hon Dr Ayesha Verrall, Minister for COVID-19 Response		

Contact for telephone discussion

Name	Position	Telephone
Stephen Glover	Group Manager, COVID-19 Policy	s 9(2)(a)
Dr Diana Sarfati	Director-General of Health	

Minister's office to complete:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Review of the COVID-19 Public Health Response (Vaccinations) Order 2021

Security level: IN CONFIDENCE **Date:** 29 August 2022

To: Hon Dr Ayesha Verrall, Minister for COVID-19 Response

Purpose of report

- 1 This report provides advice on whether the maintenance of the vaccine mandates for health and disability sector workers under the COVID-19 Public Health Response (Vaccinations) Order 2021 (Vaccinations Order) remains justified.
- 2 Your agreement is sought to instruct Parliamentary Counsel Office (PCO) to draft a Notice to give effect to the recommendations in this report.
- 3 This report discloses all relevant information and implications.

Summary

- 4 The purpose of the Vaccinations Order is to prevent, and limit the risk of, the outbreak or spread of COVID-19 by requiring certain work to be carried out by affected persons who are vaccinated against COVID-19 and have received a COVID-19 booster dose.
- 5 The Vaccinations Order has helped to ensure high vaccination and booster levels among specified categories of health and disability workers covered by the vaccination mandate in the Order.
- 6 The high vaccination rates among those workers still covered by the mandate as well as among the general population, offers protection to vulnerable patients who may be at greater risk if they contract COVID-19. Public health advice is that there is no longer a rationale for continued vaccine mandates for any categories of worker under the Vaccinations Order.
- 7 In the current environment, maintaining the vaccine mandates in the Vaccinations Order¹ creates New Zealand Bill of Rights Act 1990 (NZBORA)-related legal risk if challenged. Manatū Hauora therefore recommends that the Order be revoked.
- 8 Once the Order is revoked there would need to be a lead-in period of at least a fortnight to allow and disability support and care providers time to prepare. Government agencies such as Manatū Hauora, Whaikaha and the Ministry of Business Innovation and Employment will need to update websites and resources and advise stakeholders of the changes. Likewise, providers will need to provide the revised vaccination messaging to their workforce.
- 9 If you agree with the recommendations in this report, your agreement is also sought for Manatū Hauora to issue drafting instructions to the Parliamentary Counsel Office.

¹ Vaccination requirements under the COVID-19 Public Health Response (Air Border) Order 2021 are outside the scope of this report.

- 10 At the request of the Minister for Disability Issues, a consultation was held with the disability sector. The consultation ran between 4 and 8 August with a hui for affected communities and a meeting with peak and care providers. Each of these groups was in favour of revoking the Vaccinations Order as allowing workers to return to the sector would help relieve pressure on the workforce. Noting that disability advocates were concerned for individuals to maintain control in decision-making in who provides their care.

Recommendations

We recommend you:

- a) **Note** that vaccine mandates in the COVID-19 Public Health Response (Vaccinations) Order 2021 (Vaccinations Order) were enacted with a clear public health rationale to provide personal protection against COVID-19 to workers in high-risk settings, and to help prevent transmission between workers and vulnerable people to whom they have a duty of care, or to those in public-facing roles. **Noted**
- b) **Note** that the Vaccinations Order is reviewed regularly to ensure that our approach to COVID-19 remains proportionate, responsive and effective. **Noted**
- c) **Note** that the Vaccinations Order was last amended on 30 June 2022 and that the vaccine mandate is now restricted to health and disability sector workers in public-facing roles. **Noted**
- d) **Note** that new workers could be covered by employer/Person Conducting a Business or Undertaking (PCBU)-based vaccination requirements rather than through a vaccine mandate. **Noted**

s 9(2)(h)

- f) **Agree** to Manatū Hauora issuing drafting instructions to the Parliamentary Counsel Office to revoke the COVID-19 Public Health Response (Vaccinations) Order 2021. **Yes/No**
- g) **Note** that revoking the Vaccinations Order will include the removal of: **Noted**
- the vaccine mandate for the remaining health and disability sector workers
 - vaccination exemption provisions
 - the obligation for PCBUs to keep vaccination records for employees
 - schedules specifying vaccinations and boosters.
- h) **Note** employer requirements and workforce knowledge may help to sustain the vaccination rates amongst health care workers after the Order has been revoked. **Noted**
- i) **Note** that the disability sector has been consulted on the preparation of this report. **Noted**

- j) **Agree** to circulate this report to the Prime Minister, the Minister of Justice, the Minister of Health, the Minister for Disability Issues, and any other Ministers you consider should be consulted, to fulfil the requirements for making orders under section 11AA of the COVID-19 Public Health Response Act (2020). **Yes/No**



Dr Diana Sarfati

Te Tumu Whakarae mō te Hauora

Director-General of Health

Date: 26/8/22

Hon Dr Ayesha Verrall

Minister for COVID-19 Response

Date:

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Review of the COVID-19 Public Health Response (Vaccinations) Order 2021

Background

1. Vaccine mandates under the COVID-19 Public Health Response (Vaccinations) Order 2021 (Vaccinations Order) were enacted to provide personal protection against COVID-19 to workers in high-risk settings, and to help prevent transmission between workers and vulnerable people to whom they have a duty of care, or to those in public-facing roles.
2. The stated purpose of the Vaccinations Order is to prevent, and limit the risk of, the outbreak or spread of COVID-19 by requiring certain work to be carried out by affected persons who are vaccinated against COVID-19 and have received a COVID-19 booster dose.
3. The vaccination requirements in the Vaccinations Order represent a limitation on the rights and freedoms affirmed by the New Zealand Bill of Rights Act 1990 (NZBORA), including the right to refuse medical treatment. These requirements need to be kept under review to ensure they remain reasonable, justified and proportionate, particularly when circumstances have changed.

Current scope of the Vaccinations Order

4. The Vaccinations Order stipulates that certain health and disability workers (as defined in Schedule 2 of the Order – see Appendix 1) can only carry out their work if they are vaccinated and have received a booster dose.
5. The Vaccinations Order further contains several provisions relating to the following:
 - duties of Person(s) Conducting a Business (PCBU) in relation to vaccinations – Duties include reminding workers that they need to be vaccinated and boosted to carry out work. They must also not allow people to work if they are not vaccinated/exempted.
 - exemptions – The Director-General may grant temporary exemptions to allow people who are not fully vaccinated to work provided certain criteria stipulated in the relevant clause are met. The Director-General may also grant medical exemptions. In addition, the Minister for COVID-19 Response may also grant exemptions under specified circumstances.
 - vaccinations records – Affected workers must allow the relevant PCBU to access any COVID-19 vaccination record Manatū Hauora may have for him/her. PCBUs must keep and maintain vaccination records for affected workers containing information such as: the affected person's date of birth, address, telephone number, vaccination status and the name of the vaccine(s)/booster administered.
 - infringement offences (for non-compliance with the relevant provisions of the Vaccinations Order).
 - vaccination specifications (list of names of permitted vaccines and administration requirements).

- booster dose specifications (list of names of permitted vaccines and administration requirements).

Only “frontline” health and disability workers are now covered by the Vaccinations Order

6. Since 7 July 2022, when the latest changes to the Vaccinations Order came into force, the vaccine mandate has been restricted to a limited number of health and disability sector workers who are more likely to come into contact with people who are at greater risk of serious harm should they be infected with COVID-19.
7. The vaccine mandate now applies to the following categories of workers listed in Schedule 2 of the Vaccinations Order (see Appendix 1):
 - health practitioners² providing health services to patients in person (such as doctors, nurses, and dentists).
 - workers in medical centres/GP practices and pharmacies (such as receptionists and assistants) whose role involves being within 2 metres or less of a health practitioner or member of the public for 15 minutes or more.
 - workers who are employed or engaged by certified providers (such as hospitals, rest homes and residential disability care settings) who, as part of their ordinary duties, have face-to-face contact with people to whom healthcare services are provided.
 - care and support workers who are employed or engaged to carry out work that includes going to the home or place of residence of another person to provide care and support services funded by the Ministry of Health, a Te Whatu Ora district or ACC.
8. Since the vaccine mandate covers many occupations and physical settings, it has proven difficult to obtain up-to-date data on the vaccination status for all health and disability sector workers currently covered by the Vaccinations Order. However, vaccination rates – two doses and first booster – are estimated to be ≥95%.
9. This is corroborated by data Manatū Hauora has obtained from TAS – Kāhui Tuitui Tāngata regarding the vaccination status of District Health Board (DHB) employees. As of 27 June 2022, 96.8 percent of the DHB workforce was fully vaccinated and boosted.

Assessment of Continued Need for Vaccinations Order

Public health rationale

10. Public health advice is that there is no convincing rationale for a continued vaccine mandate for health and disability sector workers because of:
 - the high vaccination rates among this group of workers as well as among the general population - as of 19 July 2022, 95.2 per cent of the eligible general population (12+) have received at least two vaccine doses. Across the general population, 73.3 per cent had received at least one booster dose.
 - the reduced effectiveness of vaccines at preventing Omicron transmission.
 - the reduced risk of reinfection for those who have recently recovered from COVID-19.

² As defined in the Health Practitioners Competence Assurance Act 2003

- the declining number of active Omicron cases in the community reduces the risk of transmission meaning there is less emphasis for a vaccination mandate to protect those most vulnerable.

Workforce issues

11. A range of other factors have been raised in support of the revocation of the Vaccinations Order. Chief amongst these is the potential to relieve staffing issues in the healthcare sector. Lifting the vaccine mandate will enable a small number of unvaccinated/not fully vaccinated workers to return to work. Within the current context of severe staff shortages due to winter illnesses and COVID-19, the potential reengagement of these workers may alleviate some pressure on the sector.
12. However, this needs to be balanced against the health system's ability to cope with these challenges to date and the recent decline in cases numbers.
13. In addition, a recent court decision in favour of an unvaccinated employee of the Royal District Nursing Service (RDNS) could have significant implications. The court found that the RDNS employee did not need to be vaccinated in order to be a paid home carer for a member of their own household. Our initial assessment is that this decision should have limited implications for the vaccination mandate for public-facing health and disability workers more broadly.

Are mandates necessary to maintain already high vaccination rates

14. s 9(2)(h) [REDACTED] This reflects the current public health advice regarding high vaccination rates among the general public and the health and disability sector and reduced effectiveness of vaccines at preventing transmission and given that COVID-19 has become an established disease in New Zealand.
15. While public health advice is that there is no longer a clear public health rationale for a continued vaccine mandate, clearly vaccination remains highly recommended for all workers and indeed for all New Zealanders.
16. There is a risk that removing the vaccine mandate may lead to lower vaccination rates among health and disability workers in future. However, health and disability sector workers are assumed to have an increased awareness of infectious disease control and this will inform individual vaccination choices (including whether to get a second booster). As such, it is anticipated that the health and disability workforce vaccination rate will likely mirror, and possibly exceed, the rates for the general population aged 12 years and over.
17. Further, PCBUs may still require their workers to be up to date with their vaccinations. This is discussed further below.

Managing uncertainty

18. Circumstances can change/have changed in the past, and the emergence of new COVID-19 variants or findings that would suggest that current vaccines are losing their effectiveness over time will likely lead to different public health advice regarding vaccinations (and vaccine mandates).
19. As part of this future proofing, it may be necessary to retain a mandate to be able to manage these potential uncertainties. This is anticipated in the Post-winter strategy and

the move to baseline and reserve measures. However, this approach does not preclude these reserve measures being in place once we move to the new framework for managing COVID-19 in the future.

Duty of care

20. While the focus has been on vaccination to protect health and disability workers, consideration also needs to be given to the impact on patients or others receiving services from health and disability providers.
21. High risk, vulnerable or marginal populations may have a limited ability to manage any risks they face from COVID-19. This includes their ability to being treated by a vaccinated worker. In such circumstances, it may be necessary to retain the mandate for certain sectors that may be deemed 'riskier' than others (e.g., disability services – people with disabilities often have other conditions which put them at extra risk).
22. However, there are other settings in which a patient is (at least) equally vulnerable to COVID-19 infection and the consequent effects as people in certain disability settings.³
23. Under the 'Health and Safety At Work (HSWA) Act PCBUs must ensure the health and safety of their workers and other people on their premises (including visitors and clients). If the mandate were to be revoked, employers could introduce requirements for their workers be vaccinated to help protect both the worker and to reduce the risk of transmission to their vulnerable patients, as part of their overall approach to managing health and safety risks. Manatū Hauora will work with Te Whatu Ora and the Ministry of Business, Innovation and Employment to provide guidance to support this.

Broader equity considerations

24. The COVID-19 pandemic has disproportionately affected Māori, Pacific, and disabled peoples. Vaccination rates for Māori continue to lag behind the general population. On 19 July 2022, 56.4 per cent of Māori were fully vaccinated and had received a booster dose compared to 73.3 per cent of the overall population. The equivalent vaccination rate for Pacific peoples on 19 July 2022 was 60.8 per cent.
25. According to data obtained from Whaikaha/Ministry of Disabled People, 93 per cent of disabled people aged 18 years and over who receive Disability Support Services funding have been double vaccinated. In total 84 per cent of disabled people over 18 years of age have received a booster shot. Vaccination rates amongst 5–17-year-olds with disabilities is relatively low, with only 51 per cent double vaccinated and a further 16 per cent with a single booster shot.
26. Considering the vaccination rates, Māori and Pacific peoples are at higher risk of infection and are likely to experience more severe COVID-19 symptoms than other population groups. However, the overall risk of infection is lower. With high vaccination rates and falling case numbers, PCBUs can manage these risks in particular healthcare settings e.g., through ventilation, masks, IPCs and potentially their own vaccination requirements for staff. Hence the mandate is no longer necessary to maintain the level of protection being provided.

³ e.g. a person who is immune comprised following radiation treatment.

27. Disabled people and tāngata whaikaha Māori are also more likely to get infected and experience more severe COVID-19 symptoms than other population groups. This is due to underlying medical conditions, congregate living settings or systemic health and social inequities. Any reduction in COVID-19 protections to date have resulted in disabled people feeling unsafe, choosing self-isolation as their safest option.
28. Reliance on a combination of other public health measures such as mask wearing does not necessarily reduce the risk of becoming infected for disabled people. This is particularly so people who may have trouble understanding information or practicing preventative measures such as hand hygiene and social distancing.
29. There may however be positive employment implications associated with the removal of the Vaccinations Order for Māori, Pacific and disabled peoples. As stated previously, lifting the vaccine mandate will enable a small number of unvaccinated/not fully vaccinated health and disability workers to return to work or gain employment.

s 9(2)(h)

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

s 9(2)(h)

Options

Option 1: Status quo: Retain the current mandate for health care workers to be vaccinated to work in the sector.

36. Vaccination is seen as a protective measure for the most vulnerable and marginalised groups in society. Vaccination mandates for the disability and health workforce would continue to provide the most vulnerable with an added layer of protection.

Option 2: Further refine the application of the mandate

37. Retain the vaccination mandate for the wider health care workforce, but remove whānau and family carers living in the same household from the Order to allow them to resume paid care duties and relieve financial pressures. Losing paid carer roles has caused significant financial strain particularly for Māori and Pacific peoples.

Option 3: Revoke the Order

38. Revoke the vaccination mandates for health workers, given the high rates of vaccination among both workers and the elderly and disabled populations they care for. The provision of other protective measures such as ventilation, PPE, and mask wearing would help reduce the risk of infection transmission. s 9(2)(h)

Discussion

39. Taking public health and legal advice into account, there is limited value in maintaining the vaccine mandates for health and disability sector workers.

40. The current workforce is highly vaccinated, and the vaccine mandate may therefore be considered to have fulfilled its purpose. Any new employees entering the sector could be covered by employer-based vaccine requirements set out in employment agreements.

41. s 9(2)(h)

42.

43. Under HSWA (Health and Safety at Work Act), PCBUs are required to ensure the health and safety of people on their premises. In future, we would expect PCBUs to put in place their own role-specific requirements to ensure that their workers, visitors and patients/clients are protected from COVID-19 and this may include vaccination requirements for certain roles or settings.

44. We will ensure that PCBUs will have access to relevant information to make informed decisions around what kind of requirements might be appropriate for them (see under 'Communications' heading).
45. The Public Health Risk Assessment (PHRA) on 17 August considered the Vaccinations Order as part of a review of the five remaining mandated COVID-19 response measures. Given the public health rationale for the broader measures no longer exists the PHRA recommendation was to revoke the Vaccinations Order and remaining vaccination mandates for health and disability sector workers as soon as possible. The rationale was that this represents a step-down from mandatory measures largely designed for a pre-Omicron response context to a more voluntary/guidance-based measure more suited to our current outbreak context. The PHRA noted that it is important that any removal of this mandate be supported by strong communications.
46. Based on the above, Manatū Hauora proposes that the vaccine mandate for health and disability sector workers is no longer required and that the Vaccinations Order should be revoked.

Summary of what will happen to the functions of the Vaccinations Order if it is revoked

47. As noted above, the Vaccinations Order currently enables/performs several functions. If the Vaccinations Order is revoked, these functions will either become redundant or will be (partly) replaced. Further details are provided below.

Vaccine mandates

48. The vaccine mandates in the Vaccinations Order would be replaced by public health advice regarding the importance of vaccination as a measure to protect individuals in the community, and by arrangements between employers and employees.
49. Public health advice about the importance of vaccination is readily available on the Manatū Hauora and the Unite against Covid-19 websites.
50. Under HSWA, PCBUs (i.e., employers) are required to ensure, so far as is reasonably practicable, the health and safety of workers, and that other persons are not put at risk by its work. We do not have full information about the extent to which employers have considered the health and safety risk associated with COVID-19 and whether they have put appropriate protective measures in place. We are aware that some employers (for example, ex-DHBs) have done so.
51. As noted separately below, work is already under way to ensure that public health messaging about the importance of vaccinations is reinforced if/when you decide to revoke the Vaccinations Order.

Requirement on PCBUs to keep vaccination records of employees

52. This requirement would be replaced by individual arrangements regarding vaccination records between PCBUs and their employees. A PCBU may ask workers if they have been vaccinated if they can demonstrate a legitimate need to know the vaccination status of those workers. Once the Order is revoked the responsibility could fall back to employers under the Health and Safety at Work (HSWA) Act. Manatū Hauora, Whaikaha and other agencies will need to provide clear guidance on this as part of the transition.

Vaccination exemption schemes

53. The Government would no longer operate centralised exemption schemes. Any provisions regarding exemptions from vaccination requirements would be created and maintained by individual PCBUs.

Schedules currently in the Vaccinations Order specifying vaccinations and boosters for affected workers

54. Vaccines available in New Zealand are listed on the Manatū Hauora website. Listed vaccines have been provisionally approved by Medsafe after a thorough assessment.

Health and Safety at Work Act 2015 (HSWA) PCBU COVID-19 obligations

55. Once the Order is revoked responsibility would shift back to employers under the HSWA. Employers would need to be supported with clear guidance on this as part of the transition from the Order. An adequate lead-in period is necessary to support that transition to allow for education and appropriate messaging and communications to the sector.
56. Under the HSWA, PCBUs (i.e., employers) are required to ensure, so far as is reasonably practicable, the health and safety of workers, and that other persons are not put at risk by its work. This means that PCBUs will need to consider the risk their employees and patients/clients are facing from COVID-19 and have appropriate measures in place to mitigate this risk (this may include vaccinations).
57. When considering role-specific COVID-19 measures/requirements, such as requiring employees to be vaccinated, employers will need to consult with their employees, and they should base their decision-making on the latest public health advice.

Communications

58. Clear communications and public health messaging and alternative means of incentivising uptake could be used to support on-going up-to-date vaccination among health workers. Work is currently underway to ensure that this messaging will be available if/when you decide to revoke the Vaccinations Order.
59. The Ministry of Business, Innovation and Employment and WorkSafe New Zealand will continue to play an important role in providing COVID-19 vaccination guidance to employers and employees.
60. The Employment New Zealand website⁴ already provides information on what employers not covered by a vaccine mandate can do to mitigate COVID-19 risk in the workplace. Following the removal of the Vaccinations Order, Manatū Hauora will work together with Te Whatu Ora to update guidance for the health and disability sector on potential vaccination requirements in the workplace (following a work health and safety risk assessment).

Disability sector consultation

61. As part of this review a consultation with the disability sector was conducted between 4 and 8 August 2022. Whaikaha Ministry for Disabled People facilitated a hui for

⁴ <https://www.employment.govt.nz/workplace-policies/coronavirus-workplace/covid-19-vaccination-and-employment/>

representatives from affected communities and a meeting held with peak and disability support and aged care providers.

62. The consultation with disability support and care providers gave advocates and those working in the sector an opportunity to have a voice on an issue that has impacted some quite significantly.
63. There was strong support from care providers for removing the vaccination mandate for disability support and care workers. This is because not allowing family and whānau carers to undertake home care responsibilities has added to workforce pressures. The loss of family and whānau carers has also placed significant financial strain on those whānau. With generally lower vaccination rates for Māori and Pacific peoples, allowing family and whānau carers to resume paid carer duties would be beneficial. Guidance on the Manatū Hauora website has been updated to clarify that family and whānau carers providing care in their own home are not covered by the vaccination mandate⁵.
64. There were equity concerns from whānau and disability support advocates over individual and/or whānau rights to maintain autonomy to decide on who provides care. For vulnerable individuals in receipt of home care if the mandate was lifted, they face losing their ability to decide who provides that care. A secondary consideration here is the privacy rights of workers and whether they can be compelled to declare their vaccination status.
65. The disability community has felt left out of previous COVID-19 response measures for example accessing second booster vaccinations. Other concerns included monitoring ventilation and air flow in schools particularly in winter and whether removing the vaccination mandate would leave families vulnerable.
66. Māori and other marginalised communities feel particularly vulnerable due to the lack of timely information required to make an informed decision. This may raise human rights or Treaty of Waitangi issues. If the mandate was rescinded employers may decide to retain vaccination requirements for staff raising time and financial resourcing issues. In addition, organisations would have to maintain their obligations under the HSWA.
67. Given the broad support expressed for revoking the vaccination mandate, Manatū Hauora's advice would be given the high rates of vaccination of health and disability workers, disabled people, and aged care residents the risk of infection is reduced. In tandem with other measures such as face mask wearing it would be reasonable to lift the mandate.
68. The consultation included representatives from the following groups:
 - Association of Blind Citizens New Zealand
 - Balance Aotearoa
 - Parents of Vision Impaired (NZ) Inc.
 - Deaf Aotearoa
 - Disabled Persons Assembly NZ
 - Kāpo Māori Aotearoa
 - Muscular Dystrophy of New Zealand Inc

⁵ <https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-response-planning/covid-19-mandatory-vaccinations#healthdis>

- People First New Zealand
- I.Lead
- Tōfā Mamao Collective
- Carers Alliance/Carers New Zealand
- Te Roopu Waiora
- Disability Connect
- Autism New Zealand
- Te Ao Mārama
- Mana Pasefika
- New Zealand Human Rights Commission
- Visionwest
- Home and Community Health Association
- New Zealand Disability Support Network
- Whaikaha Ministry for Disabled People

Next steps

69. If you agree that the vaccine mandate for health and disability sector workers is no longer required, the Ministry will issue drafting instructions to the Parliamentary Counsel Office to revoke of the COVID-19 Public Health Response (Vaccinations) Order 2021.

ENDS.

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982