

Ref: HNZ0008528

Tēnā koe

Official information request about COVID-19 consent forms and School-Based Programmes

Thank you for your request under the Official Information Act 1982 (the Act) to the Manatū Hauora - Ministry of Health on 26 November 2022. You requested:

- A. *Fertility Issues: Information showing the due diligence undertaken concerning the impact of the vaccine on the fertility of children and young adults in the future.*
- B. *Gifts and Monetary Rewards: Information concerning any gifts and monetary reward received by a member of parliament and/or Government employee, contractor or the like from a third party (including (but not limited to) Pfizer and/or its subsidiaries) in connection with the roll-out of the Pfizer vaccine or the vaccine in New Zealand.*
- C. *Contract: A copy of the applicable contract between the supplier of the vaccine in New Zealand and the Government.*
- D. *Paediatric Ingredients: Information concerning the different ingredients (e.g., Tromethamine) used in the vaccine for children, which is different from that in the vaccine for adults.*
- E. *Consent Forms: Copies of the consent form and information provided (or proposed to be) to either the parent or guardian of a minor or young adult concerning the risks versus the benefits of the vaccine being administered to:*
 - 5-to 11-year-olds;
 - 12 to 18-year-olds; and
 - 6 months to 5-years-olds.
- F. *Possible Heart Issues: the statistics for people that have presented at an emergency department with an initial presentation of possible heart issues in the last five years with a breakdown of ages.*
- G. *Clinical Evaluation: an unredacted copy of the Clinical Evaluation dated January 2020 (TT Number TT50-10853 and Application ID 109400).*
- H. *School-Based Programmes: all information regarding any plans for a school-based rollout of the vaccine in 2023 and what the requirements are for parental consent of children and young adults under 18 years?*
- I. *General Vaccine Schedule: all information concerning the alleged proposal that the Government is considering adding the vaccine to the general vaccination schedule.*

On 8 December 2022, parts E and H of your request were transferred to Te Whatu Ora - Health New Zealand under section 14 of the Act, as the information is more closely connected with the functions of our agency.

Part E of your request has been declined under s18(e), on the grounds that the information requested does not exist. The same consent form is used for all age groups in New Zealand. A copy of the current COVID-19 vaccine consent form is attached to this response for your consideration. Further resources on the COVID-19 vaccine can be found on the Manatū Hauora

website here: www.health.govt.nz/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-resources.

In response to part H of your request, there are currently no plans for a school-based COVID-19 vaccination programme in 2023. The only approved vaccination programme which will continue to operate in an education setting for the 2023 calendar year is the delivery of the Tetanus, Diphtheria and Pertussis (Tdap also known as Boostrix) vaccines as well as the Human Papillomavirus Vaccines (HPV) vaccine to year seven and eight students in participating schools.

The Tdap vaccine protects against Diphtheria, Tetanus, and Pertussis while the HPV vaccine protects against types of HPV that can cause cancer. Districts are responsible for the delivery model for these vaccines, which may include delivery through school-based immunisation programmes (SBIP), primary care, or other local health service providers. The Ministry of Education requires school-based vaccination consent from a parent/legal guardian for any child under the age of 16.

Documentation on the SBIP is available online here:

The Professional Standards of school-based immunisation service delivery

- www.health.govt.nz/publication/professional-standards-school-based-immunisation-service-delivery.

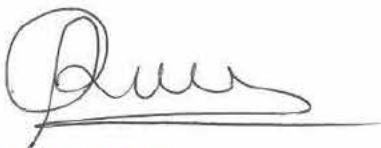
Consumer collateral (consent forms and brochures)

- www.healthed.govt.nz/resource/after-your-school-immunisation
- www.healthed.govt.nz/resource/immunise-against-hpv-human-papillomavirus-%E2%80%93-english-version
- www.healthed.govt.nz/resource/year-7-immunisation-tetanus-diphtheria-and-whooping-cough-pertussis-boostrix%E2%84%A2-vaccine
- www.healthed.govt.nz/resource/hpv-vaccine-human-papillomavirus-vaccine-parent-consent-form.

Should you have concerns with this response please contact hnzOIA@health.govt.nz.

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Nāku noa, nā



Astrid Koornneef
Interim Director, Prevention
Te Whatu Ora
Health New Zealand

Authorised prescriber (incl. medical practitioner, nurse practitioner or pharmacist prescriber)

I confirm that I have explained the reasons for, the risks and benefits of the **Pfizer** or **Novavax** vaccination to the person named on this consent form. (please circle one above)

Name _____ APC number _____

Signature _____ Date / /
DD / MM / YYYY

For prescription requirements please see the relevant Policy Statement.

Information for Vaccinator

Details confirmed Positive answer to any screening questions? Yes No

If yes, record information and advice given: _____

Informed consent obtained? Yes No Date / / Time _____
DD / MM / YYYY

Vaccine							Diluent		
Name of vaccine	Date	Time	Dose	Site	Batch	Expiry	Pfizer only		
							Batch	Expiry	Time of reconstitution
Paediatric Pfizer			0.2mL						
Pfizer/BioNTech			0.3mL						
Novavax			0.5mL						

Paediatric Pfizer	Dose 1 5-11 years	<input type="checkbox"/>	Dose 2 5-11 years	<input type="checkbox"/>	Dose 3* 5-11 years	<input type="checkbox"/>				
Pfizer	Dose 1 12 years and above	<input type="checkbox"/>	Dose 2 12 years and above	<input type="checkbox"/>	Dose 3* 12 years and above	<input type="checkbox"/>	Booster 1 16 years and above	<input type="checkbox"/>	Booster 2 For those eligible 16 years and above	<input type="checkbox"/>
Novavax	Dose 1 18 years and above	<input type="checkbox"/>	Dose 2** 18 years and above	<input type="checkbox"/>	Booster 18 years and above	<input type="checkbox"/>	Booster 2 For those eligible 18 years and above	<input type="checkbox"/>		

*These doses are considered off-label use. **A second primary dose following another COVID-19 vaccine (i.e., a mixed dose schedule) is considered off-label.

Vaccinator information

Name _____

Signature _____

Post vaccination information given

Observation area information

Details of any AEFI or observations recorded

CARM Report completed

Signature _____

Departure time _____

Vaccination site clinical lead

When administering an off-label dose of vaccine, the clinical lead signs as an informed consent final check with the consumer.

Name _____

Signature _____

Date / /
DD / MM / YYYY

When a prescription is used, the prescriber must retain this form or a copy, and hold securely as a medical record in accordance with local policy.