



# COVID-19 & Vaccinations

## Context – Issues and Updates as at 17 October 2021

### Kaupapa | Purpose

This document supports understanding of the context and issues about vaccination against COVID-19. The contextual information is changing daily, so please note the date of publication of this document.

Information shared in this document includes:

- Information on progress towards 90% vaccination, and issues arising from the roll out.
- The lower vaccination rate for **Māori**, and for **Pacific** communities.
- Vulnerability includes heightened risk for those who are non-vaccinated, the disabled, those in Aged Residential care, and those at risk from family violence.
- A note on **communications** emphasises the importance of discussion and advice from trusted people, rather than government.

**Decisions about COVID-19 vaccination should be made with appropriate and trusted professionals. The information shared by NZCCSS should not be replace professional advice.**

### Horopaki | Context

The past week has brought a change from an emphasis on voluntary vaccinations to mandated vaccinations for some of our workforce.

The mandates as described to media, will apply to those designated “health” workers by 1 December 2021, and those working in education settings (excluding tertiary) by 1 January 2022. We are awaiting the actual orders release, and hope that these categories will be far better defined within this.

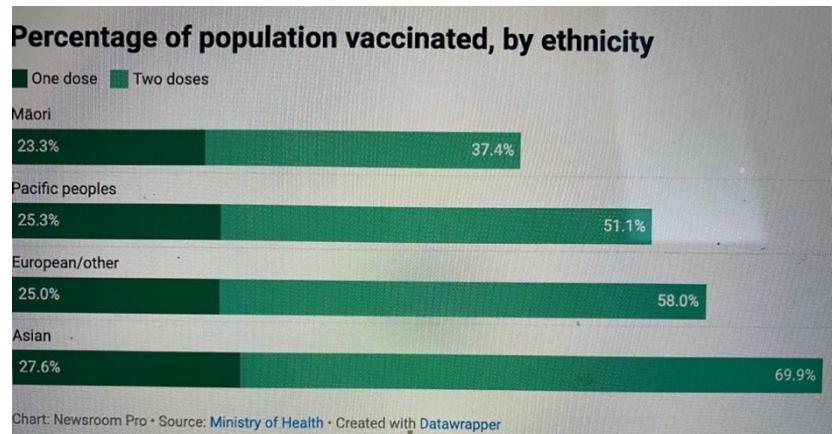
The government remains focused on ensuring that health workers are vaccinated. The 11 October announcement of mandatory vaccination for health workers and school workers leaves out many social services context, despite the advocacy of NZCCSS, and many others, for government to include social services in mandated vaccinations.

The 17 October Super Saturday Vaxathon brought a sea-change in vaccination rates: Now 85% of the eligible population (those aged over 12) has had at least one dose of the Pfizer vaccine, and 65% of those eligible are fully vaccinated. A *New Zealand Herald* survey released on 8<sup>th</sup> October found that 91% of New Zealanders now intend to be vaccinated.

## Koretake me Whakaraerae | Vulnerability & Inequality

According to Statistics NZ data, about 23 per cent of Māori and 27 per cent of Pasifika people were under 12 and therefore ineligible for vaccination.

[COVID Tracker](#) indicates that there remains a challenge in [reaching 90%](#) for Māori and Pacific to be fully vaccinated.



Ministry of Health Newsroom Chart from 7 Oct 2021

The [K shaped recovery](#) refers to the profile of inequity in the recovery process.

### Māori

Vulnerable ethnicities (Maori, Pasifika) are [over-represented in the non-vaccinated group](#), either due to vaccine anxiety, distrust of government, exposure to misinformation, and other barriers to correct health information and services. Overcoming these barriers remains complex, [with multiple factors involved](#), including the fact that many people rely on family members for their essential information regarding health matters. That information is often [poorly informed and misguided](#).

Māori are more exposed to Delta risk, as in greater numbers of Māori infected from community transmission ([Dr Rawiri Taone](#), 8 Oct). Dr Taone spoke of cases in gangs, people in transitional housing, and Auckland City Mission, and in Northland, Whangarei and Hamilton, Taranaki. These are Māori demographic areas, indicating greater risk in marginal communities. 'For Māori the chances of being hospitalized after getting COVID-19 are 100 times more than for a fully vaccinated person'. Taone thinks the Māori vaccination rate is less than 30%. The key message is 'take the vaccine to the whānau'.

Te Rōpū Whakakaupapa Urutā National Māori Pandemic Group: Māori are at higher risk because of poorer health, including respiratory disease and poverty. There needs to be more roll out with young Māori – given the high [Māori population under 30](#). (Professor Chris Cunningham, Massey University Te Pūmanawa Hauora Māori Health and Development Research centre). Whānau ora are focusing on Māori vaccination in Auckland.

**Te Whānau O Waipareira Trust**, is a leader in providing vaccinations in Auckland. Te Whānau-ā-Apanui are vaccinating their people in the villages and rural areas around Te Kaha.

**Porirua:** Ora Toa have been running the community vaccination centres and drive-throughs since March. Maraeroa Marae provide vaccinations.

To remain up to date with vaccination rates, we recommend checking on the Ministry of Health website, [here](#).

### *Further Resources re Māori and COVID-19*

Below are some links to articles that NZCCSS found both interesting, thought provoking and reflective of the general commentary in this area:

[https://www.teaomaori.news/maori-are-left-vulnerable-shocking-outbreak-statistics-say?\\_ga=2.249702853.2101314428.1633851432-89326755.1628016845](https://www.teaomaori.news/maori-are-left-vulnerable-shocking-outbreak-statistics-say?_ga=2.249702853.2101314428.1633851432-89326755.1628016845)

<https://www.stuff.co.nz/pou-tiaki/126641014/governments-covid19-response-is-a-breach-of-te-tiriti-o-waitangi-mori-health-experts-say>

<https://www.theguardian.com/world/2021/oct/11/maori-party-warns-reopening-new-zealand-amid-covid-outbreak-would-be-modern-genocide>

### *Pasefika*

Assoc. Prof of Public Health Collin Tukuitonga said Māori and Pasefika should have been prioritized as Group 1 for the vaccine roll out.

Tukuitonga said ‘there were not enough resources to empower Māori and Pasifika health care providers to deliver the vaccine.’ As of 7 October, Ministry of Health said, of the eligible Pasifika population, 68 per cent had one shot and 36 per cent had both. Pacific peoples make up 8% of the eligible population, and if 6% are vaccinated this would be significant in achieving 90% overall.

The median age of Pasefika population is 23, compared to the general population of 37.

In Porirua, Wellington, Pacific Health Plus and Porirua Union & Community Health Services are [collaborating on a vaccination centre](#). They have run pop-up events in churches and community centres in Porirua. Samoan, Tongan, Niuean, Tuvalu, Tokelauan, Fijian communities [join for drive-through and pop-up](#) vaccination events:

Samson Samasoni highlights the heavy reliance on digital communications on COVID-19 and the impact of the digital divide for Pacific communities. The digital focus for COVID-19 information excludes those who are not on line. Thirty percent of Pasefika don't operate on line. What is the best method for hard to reach? Focus groups give more nuance and allow for collective communications. Samasoni said reporting on vaccination rates for Pasefika leads to view of Pasefika as resistant or hesitant people.

### *Inequality*

By far the great majority of hospitalized COVID-19 cases have not been vaccinated – an unvaccinated person with COVID-19 is [119 times more likely](#) than a vaccinated person to end up in hospital (NZ data).

The government faces a challenge in getting vaccines to populations who are resistant to official information, and those living “off grid”, especially those in remote rural locations who never engage with government or official services of any sort, and prefer to manage their own lives. It will be necessary to create mobile units to visit those people.

Case numbers are now on the rise, with 51 new cases on Sunday 17<sup>th</sup> October. It has spread beyond Auckland to Waikato and Northland, and all three regions are in Level 3 lockdown. Health providers are now braced for a possible rapid escalation in cases. Auckland University epidemiologist Rod Jackson has said that almost all those who are unvaccinated can expect to get COVID-19, and soon.

Suggestions to [support and resource vaccinations](#) through staffing and funds in Māori and Pacific communities. (Asher Wilson-Goldman. [Vaccinating the last 17 percent](#))

**Disability and Residential Aged Care** facilities – under Level 4: The Ministry of Health instructed disability and aged care residential facilities to stop all non-essential services and family visits. At Level 3 connections to some family and whanau additional caregivers is allowed.

**Family Violence:** COVID-19 has heightened the risks for those most vulnerable to family violence, especially women, children, disabled and rainbow people and those from ethnic-minority communities. Losing a job, a business, hours of work, sleep and connections with friends heightens stress. Seek help from Social Services or Women’s Refuge.

*Further General Resources/Links*

<https://www.theguardian.com/world/2021/oct/11/new-zealand-covid-update-country-on-knife-edge-as-cases-expected-to-rise-further>

<https://www.nzherald.co.nz/nz/covid-19-delta-outbreak-nz-needs-95-vax-rate-before-even-thinking-of-xmas-freedom-top-expert/YUL7WMDLC356GT4VGX3L7YZN6M/>

<https://thespinoff.co.nz/science/26-08-2021/siouxie-wiles-what-we-know-about-covid-vaccines-effectiveness-and-boosters/>

*Children*

The media are beginning to share information and perspectives related to the vaccination of children 5-11 against COVID-19 and also, the impact on children of contracting the delta variant. Below are some articles that we found useful to help out understanding in this area.

From the Spinoff – [How vulnerable are children to Covid-19, and can they develop long Covid?](#) (Aug 27)

From Stuff – [Children aged 5 to 11 could be in line for Covid-19 vaccine, politicians say](#) (Oct 13)

– [Covid-19 – What we are learning about Delta outbreaks and children](#) (Oct 6)

The Ministry of Health needs to speed up planning for the vaccination of children aged 5 and up. Vaccination of children will require a roadmap for implementation including delivery in schools. In the meantime, protocols for prevention for children need to be developed.

COVID-19 case numbers have grown in Scotland since schools returned from summer holidays on 16-18 August.

Similarly, as schools reopened in US states, paediatric cases increased fivefold in a month. Children represented 22.4 percent of all weekly reported cases in the US according to data collected by the American Academy of Paediatrics and the Children’s Hospital Association.

While the risk of serious infection and death is much lower for children than for adults, it nevertheless remains a risk. Among 24 states reporting age-specific hospitalization data, children accounted for 1.6 percent to 3.6 percent of the states’ total hospitalizations.

**Whakawhiti Kōrero | Communications**

Newsroom share a clear and direct explainer in relation to comms and covid [here](#), summarized below:

Communications about COVID-19 and vaccinations are often conveyed as matter of urgency. The pressures of lockdown, including the effects on mental wellbeing and employment changes and fears, and the prospect of long economic changes may cause anxiety and even panic.

For those who are uncertain or reluctant to be vaccinated it is better to take time and allow their views to be heard and respected. People resist being rushed and will adhere to the vaccine resistant 'too fast' messaging.

Vaccination is part of public health. There is general acceptance of vaccinations requirements for polio, measles, whooping cough, hepatitis B and other public health diseases.

What is normal, here and around the world, is vaccination as a core public health tool that people use to stay healthy. It is critical that we focus on that in the vaccination discussion.

Importantly:

Vaccination discussions can be addressed by people trusted within their own communities. Of course, this relies on people seeing and hearing from the people they trust, not just from central government figures. So now, all the attention and resources need to go into those communities they should have gone into to start with, so trusted leaders and experts can talk to their people about why vaccination is the next tool to maintain our health.

[Oceania Health Care](#) prepared for the pandemic by doing work with managers, talking about hesitancy, showing videos, and bringing in a clinical pharmacologist for one-to-one talks with staff on understanding the virus and the vaccine.

Vaccination [policy or guidelines tips](#) include being clear about your intent, whether supporting mandatory vaccination or voluntary. An important way to show good faith is to get staff input to the development and review of the policy and procedure.

#### *Further Resources/Links*

**Communication and Pasefika**, Samson Samasoni, *Spinoff* The Fold. Sept 19.

<https://thespinoff.co.nz/politics/20-09-2021/if-we-want-to-reach-90-vaccination-we-need-to-change-up-our-strategy/>

**Te Whanau Waipareira** (<https://www.waipareira.com/why-maori-are-lagging-behind-in-vaccinations/>) Claims that the system is designed for middle-class non-Maori New Zealanders, and that the system for Maori needs to be designed for and run by Maori.

**The Fono** (<https://thefono.org/news/general/the-fonos-mobile-testing-unit-meets-addresses-communities-needs/>) Looks at the structural reasons for lower Pasifika engagement with

**Pacific Health Plus** (<https://www.phplus.co.nz/covid-19-vaccinations>) This is providing Covid vaccinations at the Freedom church in Porirua, with a focus on Porirua's Pasifika communities.