



Briefing

UPDATE ON ACTIONS ARISING FROM RAPID STATUS ASSESSMENT ON CONTACT TRACING, CASE INVESTIGATION AND TESTING

To Hon Dr Ayesha Verrall Associate Minister of Health

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Purpose

This briefing provides an update on the Ministry of Health's actions following the rapid status assessment into the current system capacity for contact tracing, including case investigation functions, and COVID-19 testing (Rapid Assessment).

Recommendations

1. **Note** that the Ministry of Health is making progress against the actions that arose from the rapid assessment into contact tracing, case investigation and COVID-19 testing (Rapid Assessment).
2. **Note** that the Ministry of Health forecasts that the laboratory capacity for PCR test processing will meet and potentially exceed its target of 40,000 PCR tests processed a day by the end of December 2021, and 60,000 by the end of March 2022.
3. **Note** that the Ministry of Health will provide further advice on the increased laboratory processing capacity for PCR tests when it can confirm how much the 60,000 capacity could be exceeded by.
4. **Indicate** whether:
 - 4.1. the new reporting the Ministry of Health is providing to Ministers on a regular basis on the forecasted capacity for testing is sufficient.

YES NO

OR

4.2. you would like an additional report back on the Ministry's progress in assessing the required lab capacity for PCR testing by the 10 February 2022. YES/NO



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20/12/2021



Dr Hon Ayesha Verrall
Associate Minister of Health.

21/12/2021

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Minister's office comments:

- Noted
- Seen
- Approved
- Needs change
- Withdrawn
- Not seen by Minister
- Overtaken by events
- Referred to

My main concern is that most recent briefing stated pooling was part of baseline capacity. My understanding is that we cannot rely on pooling as during periods of high prevalence it is not efficient. I am concerned that ~~we~~ after cab paper + months of focus definitions are not adhered to. (Definitions need to be agreed bth ministers/MOH/labs.)

UPDATE ON ACTIONS ARISING FROM THE RAPID STATUS ASSESSMENT ON CONTACT TRACING, CASE INVESTIGATION AND TESTING

Background

1. In late November 2021 I undertook a rapid status assessment into the current system capacity for contact tracing, including case investigation functions, and COVID-19 testing, as well as work being undertaken to increase the operational readiness of these functions prior to New Zealand's transition to the COVID-19 Protection Framework (CPF) (the Rapid Assessment).
2. Dr Ashley Bloomfield, Director-General of Health, and Brook Barrington, Secretary of the Department of the Prime Minister and Cabinet (DPMC) accepted the findings of the Rapid Assessment.
3. The Secretary of the DPMC and the Director-General of Health reported the findings of the Rapid Assessment and their proposed next steps to you on 2 December 2021.
4. This Briefing provides you with a brief update on progress by the Ministry against the recommendations from the report back on the Rapid Assessment.

Contact tracing capacity

Rapid Assessment findings and action: Baseline and surge capacity to call over 11,000 contacts within 24 hours (by late December); workforce increased to 270FTE (by late December); e-survey introduced; digital pathway for contacts and cases.

5. As at 10 December 2021, progress to ensure the scalability of capacity for contact tracing and functions is proceeding as anticipated in the Rapid Assessment. There is baseline capacity to manage up to 3,550 initial calls per day to identified contacts, with additional capacity to surge and call over 11,000 contacts if required. Contracts are in place to scale follow up communication to monitor contacts during their isolation period to manage between 40,000 – 65,000 contacts per day. Any necessary surge in contact tracing activity will be managed through a retained workforce of 270 FTE.
6. To continue system enhancements for contact tracing, the Ministry on 3 December 2021 updated the locations of interest page to improve public visibility of locations of interest, including highlighting high-risk events, and providing users with the ability to filter locations of interest by city and suburb. It has also introduced an application programming interface to enable media outlets to more easily republish exposure events.
7. The Ministry has developed guidance for education and workplace settings to support the management of cases and contacts. This guidance prepares these settings for increases in cases and contacts; informs these settings how they will be categorised and pre-empts the collection of relevant contact tracing information. This is intended to speed up contact tracing processes and ensure case investigation capacity is effectively used, by assessing and providing oversight to areas of high public health risk.

8. Technology enhancements for contact tracing are also being implemented. This includes continuing the use of the e-survey piloted at the beginning of the Delta outbreak. An online portal to enable organisations with a positive case to upload contact tracing information directly into the National Contact Tracing System (NCTS) on 14 December. It is anticipated that this will be available to the public in early 2022.

Case investigation capacity

Rapid Assessment findings and action: Capacity for 200 case investigations across 12 PHUs; 475 additional people trained in case investigation; number of case investigations to 1000 a day; additional system enhancements

9. Increases to case investigation capacity have been progressed in line with the Rapid Assessment. As at 13 December, a workforce of 310 people has been trained and supervised in case investigation. Reach Aotearoa, a telehealth provider, is training approximately 50 people per day through to 20 December when the Ministry anticipates that the provider will have 610 people trained in case investigation. This will provide capacity to manage up to 1,000 case investigations per day nationally (this is based on several assumptions, including the length of time for case investigations).
10. Reach Aotearoa, who took over the national allocator role on 9 November 2021, had as at 14 December completed 722 case investigations, and is currently managing approximately 33% of all cases reported daily.
11. All Public Health Units (PHUs) have activated their response teams and are ready to support any cases and contacts in their regions. Ten of the PHUs currently have no or low case numbers and continue to have capacity to support the national response (including case investigation and exposure management).
12. Technology enhancements are planned for January 2022 to facilitate more rapid case investigations (and more efficient contact tracing activities). This includes a case information sharing tool that will enable cases to upload their information directly into the NCTS. The tool will be provided to cases following an initial interview with the public health team.

Testing capacity and procurement processes

Rapid Assessment findings and action: Increase to processing 40,000 PCR tests a day and surge of 60,000 (by end December); increase to 60,000 PCR tests a day and 72,000 surge (by end March)

13. The Ministry has advised that the increase in laboratory capacity to process PCR Tests is progressing well across the network in New Zealand and will potentially exceed the capacity anticipated by the Rapid Assessment (60,000 by the end of March 2022). This potential increase in laboratory processing capacity is a recent development and has not yet been confirmed. The Ministry is waiting for the laboratories to confirm whether they can make further investments in equipment and facilities before it can provide confirmation of the potential capacity increases above 60,000.

14. The Ministry advises that the current and forecasted laboratory capacity numbers through to Q1 2022 are:
- a) As at 15 December, laboratory baseline capacity was 32,980 tests per day. This is progress since the 23,590 PCR test capacity that was available at 29 November 2021 (the date of the Rapid Assessment). This increase reflects recent developments in laboratory infrastructure and equipment. As noted in the Ministry's briefing to you on 17 December 2021 (Health Report number 20212703), the Ministry has also clarified the definition of "baseline test capacity" with the laboratory network, which has contributed to a refresh of the actual capacity figures.
 - b) By the end of December 2021, the baseline capacity level is expected to reach 40,000 as planned. The Ministry has identified it could potentially achieve capacity as high as 48,490 tests by the end of December, but it is waiting for further information from laboratories before it can be certain that figure is correct.
 - c) By the end of March 2022, the Ministry expects the baseline capacity to exceed the 60,000 forecasted level. The Ministry is waiting for further information from laboratories before it can confirm a revised forecast.
15. The Ministry has not provided us with an update of Attachment C of the Rapid Assessment, nor has it indicated to us how increases to laboratory capacity have been and are predicted to be made outside of its Briefing to you on 17 December 2021. The Ministry is however providing Ministers with a weekly Laboratory Capacity dashboard on key statistics and issues, which should include this information.
16. We understand that you have been briefed separately on the provision of Rapid Antigen Tests to the pharmacy network, and so this is not covered in this Briefing.

Rapid Assessment Action: The Ministry to undertake an assessment of the available modelling and impact of decisions made about testing requirements on the lab capacity needed for December onwards.

17. The Ministry is continuing to undertake work to identify the additional laboratory processing capacity that might be needed in first quarter of 2022. It is doing this alongside the modelling for this time period, which is not yet available for February and March. From the modelling that it has received, the Ministry has not been required to significantly change its approach, nor does it anticipate that additional capacity over what it is putting in place will be required. The Ministry will assess the information available in January 2022 resulting from implementation of the COVID-19 Protection Framework (CPF) and holiday period movements.
18. In the meantime, the Ministry advises that it is continuing to explore options with lab providers to scale up testing capacity, as it considers the impact of Reconnecting New Zealanders step 3 (due in April 2022). The Ministry is also monitoring new evidence relating to the Omicron variant and considering the implications for testing demand and types of tests.

Rapid Assessment Action: Appoint an independent person to assess the viability of ongoing contract negotiations with Rako

19. This has now been done. The Ministry has engaged an independent probity advisor, who will advise on the viability of the contract with saliva testing provider Rako. The Ministry has also engaged a new contract manager to assist with the reset of the relationship.

Testing innovation

Rapid Assessment Action: Chief Testing Advisor to chair an external workshop on informing priorities for testing innovation and improvements to the processes for doing this

20. This is underway. Dr Kirsten Beynon started as Chief Testing Advisor within the Ministry on 13 December 2021. As Dr Benyon only started three days ago, work has not yet commenced on convening the workshop.

Equity

Rapid Assessment Action: Documentation of practices used by Auckland and Waikato PHUs to reach hard to access/reach populations for contact tracing

21. This is well underway. The Ministry has advised that the report documenting practices used by Auckland and Waikato to reach hard to access populations during the Delta outbreak has been drafted. Final conversations occurred on Wednesday 15 December with the three reviewers (including ARPHS), and the report has now been submitted to the Director-General of Health for his consideration.

Rapid Assessment Action: The Ministry to arrange a workshop to discuss best practice in reaching marginalised and hard to reach populations and identify any actions the Ministry could take in Q1 of 2022

22. This is underway. The Ministry advises that it is developing an approach to this work based on the final report on Auckland and Waikato experiences (now received by the Director-General of Health, as advised above) and in light of your feedback to the Briefing on the Rapid Assessment this is not a task for external experts; that additional human resources might be needed; and that there should be engagement with Māori and Pacific experts as required.

Next Steps

23. The Ministry is making progress against the findings and actions of the Rapid Assessment and the planned work the Ministry had underway to increase capacity for contact tracing, case investigation and testing. While there are a number of assumptions (such as the modelling for Q1 2022; the impact of Reconnecting New Zealanders; and the introduction of any new variants) laboratory testing capacity is increasing as forecast and will reach and may potentially exceed a base capacity level of 40,000 by the end of December 2021 and 60,000 tests by the end of March 2022.
24. The Ministry will continue to report to you on additional laboratory capacity as part of the new reports being provided and will also provide advice about forecast testing capacity as it firms up its position.
25. If you considered it necessary, a follow up check in could be undertaken at the end January on the Ministry's progress in assessing the required capacity and in meeting its forecasted requirements. This would enable the modelling available in January for the remaining part of the quarter to be assessed and its impact on capacity needs determined. If this is considered appropriate, an update could be provided to you by the 10 February 2022.