

Email correspondence held by the Ministry of Health relating to PCR testing capacity

Some information has been withheld under the following sections of the Act:

- 9(2)(a) - to protect privacy of natural persons
- 9(2)(b)(ii) - where its release would likely unreasonably prejudice the commercial position of the person who supplied the information
- 9(2)(g)(i) - to maintain the effective conduct of public affairs through the free and frank expression of opinions by or between or to Ministers and officers and employees of any public service agency

Information deemed out of scope have been excluded

Appendix of information released:

#	Date	Title	Redactions
1	16-20 December 2021	Email correspondence between DPMC, Bridget White and the Director-General	9(2)(a)
2	17 December 2021	Memo – Update on laboratory testing capacity	9(2)(a)
3a	14-22 January 2022	Email correspondence between DPMC and DDG	9(2)(a)
3b	20 December 2021	DPMC Briefing – Update on Actions Arising from Rapid Status Investigation on Contact Tracing, Case Investigation and Testing	9(2)(a)
4	23-24 January 2022	Email correspondence with the Director-General	9(2)(a)
5	24 January 2022	Email correspondence between Ministry and Minister's office	9(2)(a)
6a	10-22 February 2022	Email correspondence between DPMC, Minister's office and DG	9(2)(a)
6b	10 February 2022	Attachment: DPMC Briefing – Final Update on Actions Arising from the Rapid Status Assessment on Contact Tracing, Case Investigation and Testing	9(2)(a)
7	16-20 February 2022	Email correspondence from ADHB to Testing to DDG	9(2)(a)
8	19 February 2022	Email correspondence with DDG	9(2)(a)
9	20 February 2022	Text messages between the Director-General and COVID-19 Testing Group Manager	-
10a	20 February 2022	Email correspondence with DDG	9(2)(a)
10b	20 February 2022	Attachment: DCE Talking Points from Testing and Supply	9(2)(a)

#	Date	Title	Redactions
10c	20 February 2022	Attachment: Email correspondence between DDG, DG Advisory and Testing	9(2)(a)
10d	20 February 2022	Attachment: Weekly update: COVID-19 Operational changes to respond to Omicron	9(2)(a)
10e	20 February 2022	Attachment: COVID-19 General Modelling Assumptions	9(2)(a)
10f	20 February 2022	Attachment: COVID-19 PCR testing capacity weekly dashboard	9(2)(a)
11	20 February 2022	Email correspondence from Testing to DDG	9(2)(a)
12a	20 February 2022	Email correspondence between Testing and DDG	9(2)(a)
12b	20 February 2022	DG Memorandum – National laboratory network unable to process PCR samples older than 5 days	-
13a	21 February 2022	Email correspondence between DDG and DG	9(2)(a) 9(2)(b)(ii)
13b	21 February 2022	Attachment: COVID-19 Public Health Operational changes to respond to Omicron	9(2)(a)
14	21 February 2022	Email from DDG to Testing	9(2)(a)
15	22 February 2022	Email correspondence with DDG and Minister's office	9(2)(a)
16	22 February 2022	Withheld in full under 9(2)(g)(i)	
17a	24 February 2022	Email correspondence between Minister's office, Testing, DG and DDG	9(2)(a)
17b	24 February 2022	Attachment: Lab Network Update	9(2)(a)
18	24 February 2022	Email correspondence from Testing to DDG	9(2)(a)
19	24-28 February 2022	Text messages between the Director-General and Minister Ayesha Verrall	9(2)(a)
20	25 February 2022	Email correspondence from DG and DDG	9(2)(a)
21	25 February 2022	Email correspondence from Testing to DDG	9(2)(a)
22	25-27 February 2022	Email correspondence between Testing and DDG	9(2)(a)
23a	26 February 2022	Email correspondence from Testing to DDG	9(2)(a)
23b	26 February 2022	Email correspondence from DDG to Media team	9(2)(a)
24a	26 February 2022	Email correspondence from DDG to DG and Testing	9(2)(a)
24b	26 February 2022	Attachment: COVID-19 Laboratory Testing Dashboard – 21 February 2022	9(2)(a)

#	Date	Title	Redactions
24c	26 February 2022	Attachment: COVID-19 PCR testing capacity weekly dashboard	9(2)(a)
25	26 February 2022	Email correspondence with DG and DDG	9(2)(a)
26	26 February 2022	Email correspondence between DG and DDG	9(2)(a)
27	26-27 February 2022	Email correspondence between Testing and DDG	9(2)(a)
28	27 February 2022	Email correspondence from Testing to DDG	9(2)(a)
29	27 February 2022	Email correspondence between DDG and Testing	9(2)(a)
30	27 February 2022	Email correspondence between DG and Associate DDG	9(2)(a)
31a	27 February 2022	Email from Testing to DG	9(2)(a)
31b	27 February 2022	Attachment: Testing comms plan	9(2)(a)
32a	28 February 2022	Email from DPMC to DDG	9(2)(a)
32b	28 February 2022	Attachment: DPMC COVID-19 Independent Continuous Review, Improvement and Advice Group: Advice note to the COVID-19 Response Minister	9(2)(a)
33	1 March 2022	Email correspondence between Testing and DDG	9(2)(a)
34	1 March 2022	Email correspondence from Testing to DG Advisory and DDG	9(2)(a)
35a	1 March 2022	Email correspondence between Testing and DDGs	9(2)(a)
35b	1 March 2022	Attachment: Testing and Rapid Antigen Test (RAT): Information update for general practice	9(2)(a)

From: Julian Robins-EXT
Sent: Monday, 20 December 2021 9:58 am
To: Bridget White; Katrina Casey [DPMC]; Tricia Benny; Pheona Hurley
Cc: Ashley Bloomfield; Brook Barrington; Andrew Bichan; Hamish Rogers [DPMC]; Rachel Carter [DPMC]
Subject: RE: Check in on status of the Rapid Assessment recommendations

Hi,

We have held off on putting this briefing through to the Minister, pending an update of the PCR capacity figures.

It is the Minister's last day in the office, and it would be good if we could get this through to her by close of business today if possible.

Can someone please let me know if that will be achievable?

Thanks,
Julian

Julian Robins | Senior Ministerial Advisor
Office of Hon Ayesha Verrall
Minister of Food Safety, Minister for Seniors
Associate Minister of Health (Public Health)
Associate Minister of Research, Science and Innovation
Mobile s 9(2)(a) | DDI +64 817 8751 | Email julian.robins@parliament.govt.nz

From: Bridget White [mailto:Bridget.White@health.govt.nz]
Sent: Friday, 17 December 2021 3:02 PM
To: Katrina Casey [DPMC] <Katrina.Casey@dpmc.govt.nz>; Tricia Benny <Patricia.Benny@parliament.govt.nz>; Julian Robins <Julian.Robins@parliament.govt.nz>; Pheona Hurley <Pheona.Hurley@parliament.govt.nz>
Cc: Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>; Brook Barrington <Brook.Barrington@dpmc.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>; Hamish Rogers [DPMC] <Hamish.Rogers@dpmc.govt.nz>; Rachel Carter [DPMC] <Rachel.Carter@dpmc.govt.nz>
Subject: RE: Check in on status of the Rapid Assessment recommendations

Hi

As noted we are reviewing the anticipated figures from the forecast this week to ensure there is no optimism bias. We will share the figures once we have done this work.

Out of scope

Cheers
b

From: Katrina Casey [DPMC] <Katrina.Casey@dpmc.govt.nz>
Sent: Friday, 17 December 2021 2:55 pm

Document 1

To: Bridget White <Bridget.White@health.govt.nz>; ^Parliament: Patricia Benny <Patricia.Benny@parliament.govt.nz>; Julian Robins-EXT <Julian.Robins@parliament.govt.nz>; Pheona Hurley <pheona.hurley@parliament.govt.nz>
Cc: Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>; Brook Barrington [DPMC] <Brook.Barrington@dpmc.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>; Hamish Rogers [DPMC] <Hamish.Rogers@dpmc.govt.nz>; Rachel Carter [DPMC] <Rachel.Carter@dpmc.govt.nz>
Subject: RE: Check in on status of the Rapid Assessment recommendations

Thanks Bridget

We will wait to correct the Briefing till you are in a position to confirm/change the figures for the forecast capacity as at the end of December and end of March which currently sit at

Date	Original forecast	Forecast from earlier this week
End of December	40,000	58,378
End of March	60,000	87,681

We could assume the forecast figures reduce by 10,000 being the quantum of the Canterbury DHB error in the capacity to date figures but we will wait until you have done the full check in case you pick up other inconsistencies.

If you are able to advise the revised forecasts on Monday that would be greatly appreciated.

Ngā mihi

Katrina

Katrina Casey

Executive Director
Implementation Unit
Department of the Prime Minister and Cabinet

P +64 (4) 4956715
M s 9(2)(a)
E katrina.casey@dpmc.govt.nz



From: Bridget White <Bridget.White@health.govt.nz>

Sent: Friday, 17 December 2021 2:34 pm

To: Katrina Casey [DPMC] <Katrina.Casey@dpmc.govt.nz>; ^Parliament: Patricia Benny <Patricia.Benny@parliament.govt.nz>; Julian Robins-EXT <Julian.Robins@parliament.govt.nz>; Pheona Hurley <pheona.hurley@parliament.govt.nz>

Cc: Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>; Brook Barrington [DPMC] <Brook.Barrington@dpmc.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>; Hamish Rogers [DPMC] <Hamish.Rogers@dpmc.govt.nz>; Rachel Carter [DPMC] <Rachel.Carter@dpmc.govt.nz>

Subject: RE: Check in on status of the Rapid Assessment recommendations

Hi

The briefing is going today. The figure is the current daily tests – 42,868 should be 32,980. The correct baseline for Canterbury Health Lab is 5,472 not 15,360.

Document 1

The error is incredibly disappointing as distracts from the growth achieved since 29 Nov which is 9390 tests per day.

We are also revisiting the anticipated growth as have had capacity plans from regions which exceed the 60000 but we want to interrogate the plans to ensure they are achievable.

Cheers

b

From: Katrina Casey [DPMC] <Katrina.Casey@dpmc.govt.nz>

Sent: Friday, 17 December 2021 1:53 pm

To: Bridget White <Bridget.White@health.govt.nz>; ^Parliament: Patricia Benny <Patricia.Benny@parliament.govt.nz>; julian.robbs@parliament.govt.nz

Cc: Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>; Brook Barrington [DPMC] <Brook.Barrington@dpmc.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>; Hamish Rogers [DPMC] <Hamish.Rogers@dpmc.govt.nz>; Rachel Carter [DPMC] <Rachel.Carter@dpmc.govt.nz>

Subject: RE: Check in on status of the Rapid Assessment recommendations

Kia ora Bridget

Thank you for letting us know – could you please identify which figures in the Briefing are incorrect and provide us with the revised figures. I am not sure what the timing of your explanatory Briefing to Minister Verrall is but if you haven't done so already I think the Minister should be urgently advised of the correct figures in case she uses the figures in the Briefing in the meantime.

Ngā mihi

Katrina

Katrina Casey

Executive Director
Implementation Unit
Department of the Prime Minister and Cabinet

P +64 (4) 4956715

M s 9(2)(a)

E katrina.casey@dpmc.govt.nz



DEPARTMENT OF THE
PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

From: Bridget White <Bridget.White@health.govt.nz>

Sent: Friday, 17 December 2021 1:30 pm

To: Katrina Casey [DPMC] <Katrina.Casey@dpmc.govt.nz>; ^Parliament: Patricia Benny <Patricia.Benny@parliament.govt.nz>; julian.robbs@parliament.govt.nz

Cc: Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>; Brook Barrington [DPMC] <Brook.Barrington@dpmc.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>; Hamish Rogers [DPMC] <Hamish.Rogers@dpmc.govt.nz>; Rachel Carter [DPMC] <Rachel.Carter@dpmc.govt.nz>

Subject: RE: Check in on status of the Rapid Assessment recommendations

Hi all

Document 1

In the process of writing a briefing note for the Minister updating the capacity lab by lab and error has been found in the figure provided by Canterbury Health. There is still an improvement but it is less than the figure provided to Katrina. This will be explained in the briefing note. All lab figures are being further interrogated with the labs to ensure accuracy.

Apologies for this error

Cheers

b

From: Katrina Casey [DPMC] <Katrina.Casey@dpmc.govt.nz>

Sent: Thursday, 16 December 2021 4:26 pm

To: ^Parliament: Patricia Benny <Patricia.Benny@parliament.govt.nz>; julian.robbs@parliament.govt.nz

Cc: Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>; Brook Barrington [DPMC] <Brook.Barrington@dpmc.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>; Bridget White <Bridget.White@health.govt.nz>; Hamish Rogers [DPMC] <Hamish.Rogers@dpmc.govt.nz>; Rachel Carter [DPMC] <Rachel.Carter@dpmc.govt.nz>

Subject: Check in on status of the Rapid Assessment recommendations

[UNCLASSIFIED]

Kia ora kōrua

As discussed at last weeks meeting with Minister Verrall please find an update on the status of the recommendations from the Rapid Assessment into Contact Tracing, Case Investigation and Testing capacity.

As you will see excellent progress has/is being made and current forecasts of testing capacity mean previous capacity figures are on track to be exceeded. The Ministry is preparing separate advice for Minister Verrall on how the extra capacity is being generated.

Ngā mihi

Katrina

Katrina Casey

Executive Director
Implementation Unit
Department of the Prime Minister and Cabinet

P +64 (4) 4956715

M s 9(2)(a)

E katrina.casey@dpmc.govt.nz



DEPARTMENT OF THE
PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

Memorandum

Update on laboratory testing capacity

Date due to MO:	17 December 2021	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	20212703
To:	Hon Dr Ayesha Verrall, Associate Minister of Health		
Copy to:	Hon Chris Hipkins, Minister for COVID-19 Response Hon Andrew Little, Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Bridget White	Deputy Chief Executive, COVID-19 Health System Response	s 9(2)(a)
Darryl Carpenter	Group Manager – Testing and Supply	s 9(2)(a)

Action for Private Secretaries

N/A

Date dispatched to MO:
17/12/2021

Update on laboratory testing capacity

Purpose

1. This report is providing an update on laboratory testing capacity which has increased substantially following further information provided by the laboratory network.

Background and context

2. The laboratory network is made up of DHB and private laboratories. Representatives of each of the laboratories meet twice weekly (and daily during a surge) with the Ministry co-ordinating the network, including discussing redistributing samples across the network to improve turnaround times.
3. Each of the laboratories provide baseline and surge capacity figures weekly. As noted in the testing strategy, there is ongoing work to build sufficient and sustainable testing capacity within each region of Aotearoa New Zealand.
4. A DPMC led review has focussed attention on this, setting a roadmap to increase baseline capacity to 40,000 tests per day in 2021 and 60,000 tests per day in early 2022. The DPMC report includes several actions that are now being implemented. These actions include increasing laboratory staff capacity through immigration and adjusting technical requirements, adding in additional specialist laboratory equipment, and securing additional laboratory capacity through contracting for testing services and new laboratories. To ensure visibility of progress towards this, a weekly PCR testing capacity dashboard has been developed.
5. As part of this work, the Ministry has clarified and confirmed the reported baseline capacity of each of the network's laboratories, to ensure consistency of reporting. This has improved accuracy of reporting and as a result, substantially increased the network's reported baseline capacity.

Laboratory capacity for COVID-19 testing

6. The National Laboratory Testing Team reports baseline testing capacity as well as surge capacity numbers. Baseline capacity is the number of tests that can be performed as part of sustainable, business-as-usual operations.
7. Baseline capacity is higher than 'single test capacity', as it includes pooling of some samples, such as surveillance and symptomatic test samples. The level of pooling varies between laboratories based on their operational processes and the types of test samples they are working with at that time.
8. Surge capacity is the maximum capacity that can be achieved for a short period of time. This might include ceasing analysis of other samples (such as blood tests) and redeploying laboratory staff from other areas. Typically, surge capacity can be sustained for between a few days and a few weeks.
9. Based on information provided by the laboratories through the weekly request for updates, the National Laboratory Testing Team has been reporting baseline capacity as shown in the 'previous baseline capacity' column in the table below.

10. Following clarification of the definition of baseline testing capacity, updated information has now been provided by several laboratories, which is reported in the 'updated baseline capacity' column in the table below.
11. This increase also takes account of recent developments in laboratory infrastructure, including the introduction of additional laboratory equipment. Asia Pacific Healthcare Group (APHG), which operates several labs within the laboratory network, including in Canterbury and Wellington, is contracted by the Ministry to analyse saliva samples for the boundary crossing and border worker saliva testing programmes. The contracted capacity has been included separately in previous reporting but is now detailed by laboratory in the table below.
12. Hill laboratories has recently been contracted and has now indicated it has increased capacity for this work, up from 800 to 1,600 tests per day.
13. A previously reported total capacity of more than 42,868 was based on a capacity in Canterbury Health Laboratories of 15,360. However, CHL provided three figures for their capacity, which were initially believed to be three components of their total capacity. Following further discussion to clarify this with CHL, it was explained these were in fact three figures for three different scenarios. The correct total baseline capacity for CHL is 5,472 and 32,980 in total.

<i>Laboratory</i>	<i>Previous baseline capacity</i>	<i>Updated baseline capacity</i>
Laboratory network		
<i>Canterbury Health Laboratories</i>	4,000	5,472
<i>Canterbury SCL</i>	500	2,500
<i>Dunedin</i>	2,500	1,743
<i>ESR</i>	-	500
<i>Hawke's Bay</i>	260	750
<i>LabPlus</i>	1,800	2,000
<i>LabTests</i>	4,000	4,000
<i>Medlab Central</i>	620	2,500
<i>Middlemore</i>	600	2,500
<i>Nelson/Marlborough</i>	189	315
<i>Northland</i>	150	800
<i>Pathlab</i>	1,200	1,100
<i>Waikato</i>	1,000	2,500
<i>Waitemata</i>	1,200	1,200
<i>Wellington</i>	1,200	3,500
Contracted labs		
<i>APHG</i>	3,571	(Included above)
<i>Hill Labs</i>	800	1,600
Total tests per day	23,590	32,980

Reporting additional capacity building

14. This Ministry is currently working with the laboratory network to project what the testing capacity will be at the end of quarter one 2022. The Ministry has been provided with some initial projections on what could be achieved, subject to further investment in additional equipment, developing laboratory facilities and recruiting additional staff. These projections are encouraging in that a substantial additional uplift in capacity can be achieved.
15. The actual capacity that further improvements to the network will achieve has not yet been finalised. The Ministry will continue to work closely with each of the individual laboratories in the network, the regional labs including NRHCC and through ongoing network meetings to confirm further improvements.
16. Future reporting of laboratory capacity will be delivered in the Ministry's weekly PCR testing capacity dashboard. The Ministry will validate information provided about further capacity improvements to ensure it is able to provide sufficient assurance about this reporting.

Next steps

17. The Ministry will incorporate this updated information in the PCR testing capacity dashboard this week (17 December 2021).
18. We will work with the lab network to confirm any further significant changes in capacity and validate this information before reporting. This reporting will be delivered in the weekly PCR testing capacity dashboard.



Bridget White

Deputy Chief Executive

COVID-19 Health System Response

Date: 17 December 2021

From: Andrew Bichan <Andrew.Bichan@health.govt.nz>
Sent: Saturday, 22 January 2022 4:24 pm
To: Sarah Turner <Sarah.Turner@health.govt.nz>
Subject: Re: Requests for information from Health for final status update Rapid Assessment due 2 February

Work is underway, Dom is taking point on pulling it together. I sent it last time as it was dealt with between Brook and Ashley's office.

ab

From: Sarah Turner <Sarah.Turner@health.govt.nz>
Sent: Saturday, January 22, 2022 3:44:46 PM
To: Andrew Bichan <Andrew.Bichan@health.govt.nz>
Subject: FW: Requests for information from Health for final status update Rapid Assessment due 2 February

Is this still live? Bridget said you'd be collating this when she did the handover, but I don't think I've seen any related memos or email traffic this week.

Sarah

Sarah Turner (she/her) | Acting Deputy Chief

Executive

COVID-19 Health System Response

s 9(2)(a)

sarah.turner@health.govt.nz

Manatū Hauora, 133 Molesworth Street
Thorndon, Wellington 6011



From: Katrina Casey [DPMC] <Katrina.Casey@dpmc.govt.nz>
Sent: Friday, 14 January 2022 12:19 pm
To: Bridget White <Bridget.White@health.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>; Karen Wong <Karen.Wong@health.govt.nz>
Cc: Rachel Carter [DPMC] <Rachel.Carter@dpmc.govt.nz>; Hamish Rogers [DPMC] <Hamish.Rogers@dpmc.govt.nz>
Subject: Requests for information from Health for final status update Rapid Assessment due 2 February



DPMC-4472155
Update on actions f

See Document 3b attached

[UNCLASSIFIED]

Kia ora koutou

When Minister Verrall signed off the December update to the rapid testing she agreed that we undertake a further update to identify progress against the capacity being put in place by March 2022. The Update is due 10 February.

I appreciate that the **Out of scope** and testing regimes will change with Omicron but I think it still useful to close off on the capacity that your teams have been working to prior to Omicron. Some of the original actions may no longer be relevant and if that's the case, it just needs an explanation so we can close it off.

As with the last update we have put the key elements into a table which hopefully will make it easier. I have attached the last Update report as signed off by Minister Verrall.

Could the information please be sent to myself and Rachel Carter **by 5pm Wednesday 2 February**.

Action from Rapid Assessment	Progress at 31 Jan 2021	Comments on any issues, and actions taken to resolve these issues
Out of scope		

Out of scope		
Testing capacity <ul style="list-style-type: none"> ▪ Update on the increase to processing 40,000 PCR tests a day and surge of 60,000 by end December (should now be in place) ▪ Update on the increase to 60,000 PCR tests a day and 72,000 surge (by end March) ▪ Please provide an update of Attachment C of the Rapid Assessment (schedule of increases to capacity by lab) ▪ Update on turnaround time to process PCR tests, including standard wait times. 		
Out of scope		
“Baseline capacity” <ul style="list-style-type: none"> • An update on any advice provided to Minister Verrall on definitions being used by MOH and Lab network for “baseline capacity” (as per feedback on update of the Rapid Assessment on 21 December 2021) 		
Out of scope Testing capacity/ Omicron <ul style="list-style-type: none"> • An overview of the changes proposed or in place due to the emergence of the Omicron variant at the border and overseas. This could include any amendments to planning and approach being taken for testing, such as changes to baseline and surge capacity. (or 		

append the relevant paper, or provide a paragraph we can insert into the report) This won't be a feature of this Update – just a reference point.		
Out of scope		

Happy to discuss

Ngā mihi

Katrina

Katrina Casey
Executive Director
Implementation Unit
Department of the Prime Minister and Cabinet

P +64 (4) 4956715
M s 9(2)(a)
E katrina.casey@dpmc.govt.nz



The information contained in this email message is for the attention of the intended recipient only and is not necessarily the official view or communication of the Department of the Prime Minister and Cabinet. If you are not the intended recipient you must not disclose, copy or distribute this message or the information in it. If you have received this message in error, please destroy the email and notify the sender immediately.

PROACTIVELY RELEASED



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

Date	20/12/2021	Priority	Medium
Deadline	10/01/2022	Document Number	DPMC 4472155

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.

OR

YES ☒ NO


- 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



Katrina Casey
Executive Director, Implementation
Unit, Department of the Prime Minister
and Cabinet

20/12/2021



Dr Hon Ayesha Verrall
Associate Minister of Health.

21/12/2021

Contact for telephone discussion if required:

Name	Position	Telephone	1st contact
Katrina Casey	Executive Director, Implementation Unit, Department of the Prime Minister and Cabinet	+64 4 495 6715	✓

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-empt 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.

From: Andrew Bichan
Sent: Monday, 24 January 2022 1:46 pm
To: Ashley Bloomfield
Cc: Antony Byers
Subject: FW: Testing update for Minister V - with confirmed PCR numbers from Darryl
Attachments: Out of scope

For your line of sight on info sent to Minister V, also addressing your question about PCR numbers. Below and attached has been sent to Minister V office.

In confirming the PCR numbers used – Darryl noted the following:

Kia ora all – thanks for the questions. I have just got off a call to Kirsten.

Kirsten has provided the figures below based on the current emerging Omicron community cases and the potential impact this will inevitably have on the Lab capacity (hence the note about conservative rates). The figures we supplied on Friday in the Lab capacity Dashboard (and subsequently to Ashley via text yesterday) were the actuals given the context we were in last week and for that reporting period. Therefore I propose we use those figures again here (this will provide Mon Verrall with consistent figures in the notes below and her Dashboard update on Friday) but we need to emphasise the impact of Omicron as we move through to Phase 3 and the need to report more conservative numbers and actuals as we proceed.

Can we use the following please:

- PCR Testing capacity:
 - As of 21 January 2022, baseline testing capacity with pooling is 58,539 tests/day (without pooling 29,337 tests/day) with a surge capacity of 77,614 tests/day which can be sustained for 7 days
 - This represents positive progress in PCR Testing capacity – in November 2021 we reported baseline testing capacity as 23,000 tests/day and surge capacity from 49,000 to 65,000 tests/day
 - However, during a COVID-19 community outbreak PCR baseline capacity is subject to positivity rates and workforce absenteeism rates therefore we are more conservative when reporting future baseline and surge capacity during outbreaks
 - Ongoing reporting on capacity and capability will continue within the PCR testing network nationally

Andrew Bichan | Chief of Staff
Director-General | Ministry of Health | Mobile § 9(2)(a)
(He/him)

Manaakitanga, Kaitiakitanga, Whakapono, Kōkiri ngātahi



From: Ashley Bloomfield
Sent: Monday, 24 January 2022 12:32 pm
To: Andrew Bichan
Cc: Antony Byers
Subject: RE: Testing update for Minister V

Kia ora korua

This largely looks good, however I have heard three different versions in the last 24 hours of what our extant PCR capacity is

1. In the memo below (noting this says by the end of March 22):
 - PCR Testing capacity:
 - Standard testing capacity 23,000 to 39,000 per day (29 November 2021 - March 2022)
 - Surge capacity 49,000 to 65,000 (dependant on positivity rates I and workforce absenteeism rates – therefore on the conservative end of reporting) (29 November 2021 - March 2022)
2. Yesterday when I asked for our current capacity ahead of the standup I was txted (from Darryl): Baseline 58,539 and max surge 77,614 (with pooling, able to be sustained for a week)
3. On the call with the PM – Darryl gave different numbers from the ones I'd received earlier (and also the non-pooling baseline capacity was discussed, which is about 30K).

So that needs to be sorted, otherwise good to go

Ngā mihi nui
 Ashley

Dr Ashley Bloomfield

Te Tumu Whakarae mō te Hauora
 Director-General of Health
 Pronouns: He/Him

email: ashley.bloomfield@health.govt.nz

Mobile: s 9(2)(a)

www.health.govt.nz

From: Andrew Bichan <Andrew.Bichan@health.govt.nz>
Sent: Monday, 24 January 2022 12:23 pm
To: Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>
Cc: Antony Byers <Antony.Byers@health.govt.nz>
Subject: Testing update for Minister V
Importance: High

Kia ora

Below and attached is the proposed update for Minister V responding to items 4. and 5. from the PM meeting yesterday. Karen W is standing by for any questions and to send to Minister Verrall office (visuals for 4. to come later).

4.	Testing	Provide a bullet point list of improvements made in testing since the Murdoch report and include visuals (eg, robotics) that can be	DGA Mon 0900 Min V 12pm	Annie Darryl	Due DGA
----	---------	---	----------------------------	--------------	---------

		used. This will be used in a media release on Monday or Tuesday.			
Out of scope					

Andrew Bichan | Chief of Staff
 Director-General | Ministry of Health | Mobile § 9(2)(a)
 (He/him)

Manaakitanga, Kaitiakitanga, Whakapono, Kōkiri ngātahi



From: Karen Wong <Karen.Wong@health.govt.nz>

Sent: Monday, 24 January 2022 11:52 am

To: Andrew Bichan <Andrew.Bichan@health.govt.nz>; Antony Byers <Antony.Byers@health.govt.nz>

Cc: Sarah Turner <Sarah.Turner@health.govt.nz>; Kirsten Stephenson <Kirsten.Stephenson@health.govt.nz>; Kirsten Beynon <Kirsten.Beynon@health.govt.nz>; Annie Coughlan <Annie.Coughlan@health.govt.nz>; Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; Kelvin Watson <Kelvin.Watson@health.govt.nz>; Jo Pugh <Jo.Pugh@health.govt.nz>; Stephen Corbett <Stephen.Corbett@health.govt.nz>; Priti Patel <Priti.Patel@health.govt.nz>; Jenny Hawes <Jenny.Hawes@health.govt.nz>; Steve Wakeling <Steven.Wakeling@health.govt.nz>; Christian Marchello <Christian.Marchello@health.govt.nz>

Subject: RE: Actions from the COVID-19 meeting with the Prime Minister - status update

Importance: High

Hi Andrew and Antony

Here is our Testing Team response (for DG's review please) to actions 4 & 5 on the list below. Andrew as you mentioned by phone earlier, once you give us to go ahead on these responses, I will email this to Pheona in Min Verrall's office as requested.

Action 4: Bullet point list of improvements made in testing since the Murdoch report (Annie's Team working on aligning comms messages)

Out of scope

- PCR Testing capacity:
 - Standard testing capacity 23,000 to 39,000 per day (29 November 2021 - March 2022)
 - Surge capacity 49,000 to 65,000 (dependant on positivity rates and workforce absenteeism rates – therefore on the conservative end of reporting) (29 November 2021 - March 2022)
 - Ongoing reporting on capacity and capability within the PCR testing network nationally
- Achieved by:
 - Addition of laboratories performing testing (Hills Laboratories, Taranaki Pathology Services and Taranaki Hospital laboratories)

Document 4

- Addition of rapid PCR platforms for some smaller rural hospital laboratories within regions (smaller volume platforms but support acute diagnostics)
- Technology and workforce investments and expansion in all testing laboratories. Including automated extraction and pipetting platforms in all regions.
- Installation is progressing due to be fully completed end Feb- March

Out of scope

Thank you
Karen

Karen Wong | Programme Manager - Governance | Testing & Supply

Phone | s 9(2)(a)

COVID-19 Health System Response, Ministry of Health | www.moh.govt.nz



If this email reaches you out of hours, I don't expect a response outside of your office hours, it's just a convenient time for me to send an email

From: Andrew Bichan <Andrew.Bichan@health.govt.nz>

Sent: Monday, 24 January 2022 10:30 am

To: Sarah Turner <Sarah.Turner@health.govt.nz>; Shayne Hunter <Shayne.Hunter@health.govt.nz>; Andrew Wilson <Andrew.Wilson@health.govt.nz>; Kirsten Stephenson <Kirsten.Stephenson@health.govt.nz>; Kirsten Beynon <Kirsten.Beynon@health.govt.nz>; Toby Regan <Toby.Regan@health.govt.nz>; Annie Coughlan <Annie.Coughlan@health.govt.nz>; Astrid Koornneef <Astrid.Koornneef@health.govt.nz>; Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; Clare Lopes <Clare.Lopes@health.govt.nz>

Cc: Antony Byers <Antony.Byers@health.govt.nz>; Robyn Shearer <Robyn.Shearer@health.govt.nz>; Maree Roberts <Maree.Roberts@health.govt.nz>; Kelvin Watson <Kelvin.Watson@health.govt.nz>

Subject: RE: Actions from the COVID-19 meeting with the Prime Minister - status update

Kia ora

Here is the current status list. A few items are due as highlighted below. Please check and advise if anything attributed to you is not correct. I'd like to get the material due to Minister Verrall at midday to Ashley as soon as we can.

Thanks

Andrew B

#	Topic	Action	Due Date	Lead	Status
Out of scope					
4.	Testing	Provide a bullet point list of improvements made in testing since the Murdoch report and include visuals (eg, robotics) that can be used. This will be used in a media release on Monday or Tuesday.	DGA Mon 0900 Min V 12pm	Annie Darryl	Due DGA
Out of scope					

Out of scope

15.	PCR Testing	Provide advice on which populations are best to access PCR testing to get the best utility from this (positivity rate <5%).	DGA COB Mon Min V 12pm Tues	Kirsten B	
-----	-------------	---	--------------------------------------	--------------	--

Out of scope

Out of scope

Andrew Bichan | Chief of Staff

Director-General | Ministry of Health | Mobile § 9(2)(a)

(He/him)

Manaakitanga, Kaitiakitanga, Whakapono, Kōkiri ngātahi



From: Andrew Bichan

Sent: Sunday, 23 January 2022 6:11 pm

To: Sarah Turner <Sarah.Turner@health.govt.nz>; Shayne Hunter <Shayne.Hunter@health.govt.nz>; Andrew Wilson <Andrew.Wilson@health.govt.nz>; Kirsten Stephenson <Kirsten.Stephenson@health.govt.nz>; Kirsten Beynon <Kirsten.Beynon@health.govt.nz>; Toby Regan <Toby.Regan@health.govt.nz>; Annie Coughlan <Annie.Coughlan@health.govt.nz>; Astrid Koornneef <Astrid.Koornneef@health.govt.nz>; Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; Clare Lopes <Clare.Lopes@health.govt.nz>

Cc: Antony Byers <Antony.Byers@health.govt.nz>; Robyn Shearer <Robyn.Shearer@health.govt.nz>; Maree Roberts <Maree.Roberts@health.govt.nz>; Kelvin Watson <Kelvin.Watson@health.govt.nz>

Subject: Actions from the COVID-19 meeting with the Prime Minister

Kia ora koutou

Apologies for the serial emails. Below are the action points from the 2pm that Pheona forwarded - with some amendments from Ashley. There have been subsequent discussions so some of the commissioning may have shifted and I know one or two have been done already.

Please:

- let me know if there is anything critical missing or not accurately reflected, or if someone else should be the lead on the item (I've taken a punt on a few)
- Forward as needed

Out of scope

Many thanks

Andrew B

#	Topic	Action	Due Date	Lead
Out of scope				
4.	Testing	Provide a bullet point list of improvements made in testing since the Murdoch report and include visuals (eg, robotics) that can be used. This will be used in a media release on Monday or Tuesday.	DGA Mon 0900 Min V 12pm	Annie Darryl
Out of scope				

Out of scope

15.	PCR Testing	Provide advice on which populations are best to access PCR testing to get the best utility from this (positivity rate <5%).	DGA COB Mon Min V 12pm Tues	Kirsten B
-----	-------------	---	--------------------------------	-----------

Out of scope

Andrew Bichan | Chief of Staff
 Director-General | Ministry of Health | Mobile § 9(2)(a)
 (He/him)

Manaakitanga, Kaitiakitanga, Whakapono, Kōkiri ngātahi



From: Pheona Hurley <Pheona.Hurley@parliament.govt.nz>

Sent: Sunday, 23 January 2022 3:56 pm

To: Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>; Sarah Turner <Sarah.Turner@health.govt.nz>

Cc: COVID-19 Office <Covid-19Office@health.govt.nz>; Briefings <Briefings@health.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>; Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; Toby Regan <Toby.Regan@health.govt.nz>; Clare Lopes <Clare.Lopes@health.govt.nz>; Astrid Koornneef <Astrid.Koornneef@health.govt.nz>

Subject: Actions from the COVID-19 meeting with the Prime Minister

Kia ora Ashley & Sarah,

Please see the list of actions I captured from the 2pm meeting today with the Prime Minister with approximate due dates – please advise any changes to these.

#	Topic	Action	Due Date
Out of scope			
4.	Testing	Provide a bullet point list of improvements made in testing since the Murdoch report and include visuals (eg, robotics) that can be used. This will be used in a media release on Monday or Tuesday.	12pm, Monday 24 January
Out of scope			

Out of scope

15.	PCR Testing	Provide advice on which populations are best to access PCR testing to get the best utility from this (positivity rate <5%).	12pm, Tuesday 25 January
-----	-------------	---	--------------------------

Out of scope

Ngā mihi,

Pheona



Pheona Hurley (she/her) | **Private Secretary, Health**
Office of Hon Chris Hipkins | Minister for COVID-19 Response
Office of Hon Dr Ayesha Verrall | Associate Minister of Health
 Email: Pheona.Hurley@parliament.govt.nz
 Phone: s 9(2)(a)

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

From: Kirsten Beynon
Sent: Monday, 24 January 2022 5:12 pm
To: Sarah Turner; Darryl Carpenter
Cc: Karen Wong; Kirsten Beynon
Subject: COVID-19 meeting with Prime Minister | Action 15: populations best to access PCR Testing

Importance: High

Kia ora Sarah and Darryl

Please find attached advice as **per action 15**: COVID-19 meeting with the Prime Minister:

Re: Populations best to access PCR Testing to optimise capacity and throughput CURRENT ADVICE

Question from Minister Verrall: Provide advice on which populations are best to access PCR testing to get the best utility from this (positivity rate <5%).

What is the most likely group to be lower positive is asymptomatic close contacts or critical workers (works want quick TATs to be at work).

Advice:

Opinion also sort from CT TAG and representatives from the NZMN:

- Triage of testing for different population cohorts will cause more delays in end to end processing for PCR testing laboratories. Therefore need to keep testing advice simple.
- PCR testing should be prioritised where possible for patients in hospital settings where it changes their treatment or isolation requirements. Rates in these settings are expected to be high as hospitalisation rates increase and PCR.
- If positivity rates are low in a cohort and we have wide spread community transmission it could mean the wrong groups/people are being tested and this is not best utilisation of any testing capacity.
- Initially there will be local and regional variation in what populations/cohorts are affected with higher positivity rates – messaging needs to stay simple on who should be tested by what methods.
- Based on overseas information positivity rates become relatively uniform with community transmission – focus has gone on to the greatest need irrespective of positivity rates.
- PCR testing is a valuable resource and is not recommended to be used for persons in the community at a low likelihood of testing positive.
- Positivity rates are not recommended to determine what groups are tested by a certain method. What cases are the most important to identify and make a treatment/isolation decision including asymptomatic testing of a critical worker who looks after vulnerable patients you want the most with an optimal turnaround time

To support increase capacity and best utilisation of existing capacity the advice would be:

- Clear and simple messaging on testing. For symptomatic people only unless directed otherwise by public health (asymptomatic close contacts) or critical worker assessment. General public do not need asymptomatic testing.
- support use of RATs and PCR for symptomatic testing (this will enable with phasing in RATs and increase overall testing capacity with both technologies in combination) no confirmation of RATs (unless clinically indicated or for critical workers that are suspected of a false positive RATs) should also preserve PCR capacity.
- RATs are useful when PCR is not possible (capacity exceeded or logistically difficult).

Document 5

- monitor closely the numbers and positivity rates with the PCR testing labs (some labs will be able to flex more than others).
- the reduction in testing for border crossing will make a big difference for PCR testing labs capacity.
- Symptomatic (PCR or RAT) testing will not become necessary in every case in high prevalence scenario; (as with influenza and RSV testing in a winter season)

Key messages that need to be considered for public:

- Whilst you may want a test (RAT or PCR) even when you have no symptoms to attend an event/family gathering or to visit a family member who is vulnerable. At this time we need to persevere the testing for the most vulnerable if they become unwell and maintain our critical services.
 - Avoid non-essential visits to see family (particularly the most vulnerable to getting sick if you are unwell or if you are close contact).
- If you are a critical worker and been advised to isolate/are symptomatic and are using RAT tests for clearance to work. You should attend work post a negative RAT result but must isolate at home as per public health direction when not at work.

Kirsten Beynon (*she/her*)

Chief Advisor Testing | Science & Insights | COVID-19 Health System Response | Manatū Hauora

| E:kirsten.beynon@health.govt.nz | A: 133 Molesworth Street, Wellington | P: s 9(2)(a)



From: Andrew Bichan <Andrew.Bichan@health.govt.nz>
Sent: Monday, 24 January 2022 2:54 pm
To: Antony Byers <Antony.Byers@health.govt.nz>
Subject: FW: FOR REVIEW: Testing material for Minister Verrall

Line of sight

Andrew Bichan | Chief of Staff
Director-General | Ministry of Health | Mobile s 9(2)(a)
(He/him)

Manaakitanga, Kaitiakitanga, Whakapono, Kōkiri ngātahi



From: Andrew Bichan
Sent: Monday, 24 January 2022 2:48 pm
To: Emma Blackmore <Emma.Blackmore@health.govt.nz>
Subject: RE: FOR REVIEW: Testing material for Minister Verrall

Thanks Emma

Let me know when you have confirmed Sarah's questions. Note typo in last bullet in PR 'so any').

Andrew B

Andrew Bichan | Chief of Staff
Director-General | Ministry of Health | Mobile s 9(2)(a)
(He/him)

Manaakitanga, Kaitiakitanga, Whakapono, Kōkiri ngātahi



From: Emma Blackmore <Emma.Blackmore@health.govt.nz>
Sent: Monday, 24 January 2022 2:40 pm
To: Andrew Bichan <Andrew.Bichan@health.govt.nz>
Subject: FW: FOR REVIEW: Testing material for Minister Verrall
Importance: High

Here you go Andrew

Mā te wā

Emma Blackmore (she/her) | Manager Communications & Engagement – Health System
Preparedness Programme | Office of the Director General, Ministry of Health | s 9(2)(a)



From: Sarah Turner <Sarah.Turner@health.govt.nz>
Sent: Monday, 24 January 2022 2:36 pm
To: Emma Blackmore <Emma.Blackmore@health.govt.nz>
Cc: Annie Coughlan <Annie.Coughlan@health.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>
Subject: RE: FOR REVIEW: Testing material for Minister Verrall

Thanks Emma. Either Ashley or Andrew on Ashley's behalf needs to see it please. My feedback below on the FAQ's.

Before it goes to Ashley, please confirm that the figures from Darryl are the latest, double-checked and agreed figures.

When should people seek a PCR test?

Emma, note that Ministers yesterday indicated that symptomatic people may want to know whether they have COVID and ought to be able to seek testing. I think the wording is fine, because it's still gatekept by healthcare workers, but just wanted you to be aware of that intention. Annie was there and can advise.

Out of scope

Ngā mihi,
Sarah

Sarah Turner (she/her) | Acting Deputy Chief

Executive

COVID-19 Health System Response

s 9(2)(a)

sarah.turner@health.govt.nz

Manatū Hauora, 133 Molesworth Street
Thorndon, Wellington 6011



From: Emma Blackmore
Sent: Monday, 24 January 2022 2:18 pm
To: Sarah Turner <Sarah.Turner@health.govt.nz>
Cc: Annie Coughlan <Annie.Coughlan@health.govt.nz>
Subject: FOR REVIEW: Testing material for Minister Verrall
Importance: High



DRAFT PR - Testing Omicron testing
improvements see NMinister Announcem

Kia ora Sarah

Attached draft PR and QA for Minister Verrall's office for your review and approval.

Note: we expect to get a RATS supply number through shortly for the QA but in the interests of time are seeking review and sign off now. Minister's office was keen for this at midday so we are running behind.

Darryl has reviewed and signed out.

Does Ashley need to see this?

Mā te wā

Emma Blackmore (she/her) | Manager Communications & Engagement – Health System
Preparedness Programme | Office of the Director General, Ministry of Health | s 9(2)(a)



Omicron Testing media event - FAQs

What changes will be made for COVID-19 testing in an Omicron outbreak?

Our current testing plan will be followed until widespread cases of Omicron are detected within the community.

Under a high prevalence setting (5,000-50,000+ cases per day) the purpose of testing shifts away from trying to find every case to protecting priority populations from severe disease and/or death, ensuring equity and limiting the impact on the country through the protection of critical workforces and infrastructure.

When will the changes happen?

When there is widespread community transmission, a high prevalence scenario that could see cases rapidly increasing to tens of thousands per day.

What is driving the need for these changes?

Using PCR as the predominant diagnostic tool will no longer be feasible when there is widespread community transmission because of the pressure it will place on laboratories and test turnaround times. This has been the experience overseas.

Where will the plan apply?

It will be a national approach with regional applications, as once Omicron is in the community it is unlikely to be contained within a particular region.

When should people seek a PCR test?

Healthy people with mild COVID-19 symptoms will not need testing by any method, unless requested by a healthcare worker. If you are unwell or need to be tested to access a workplace or service, you will be guided at the time on which test is best for you.

What is the current PCR capacity?

The current baseline capacity for PCR testing is 42,000-tests per day. Numerous projects are in development across testing laboratories to increase PCR testing capacity further by the end of March.

What will Rapid Antigen Tests (RATs) be used for?

RATs will become the go-to testing method. They will be prioritised for protecting those most at risk of poor outcomes and those needed to keep the country going.

Who will need a RAT?

We will need to prioritise testing those who are symptomatic and at of highest risk of transmitting COVID-19. People who are normally well who have mild COVID symptoms will not need to seek a test but should be able to recover at home.

How do people get a RAT?

People who are symptomatic with COVID who are vulnerable for severe disease will be tested either by a RAT or by PCR via a healthcare provider, community provider or pharmacy. We are already supplying some outlets including DHBs, Māori and Pacific health providers, the disability sector and pharmacies. Public supply is not available at this stage, although some employers may establish a testing system for essential workers.

What are our RATs stocks like?

The Ministry had 4.6 million RATs in stock with its logistics provider as of 18 January 2022 with more arriving each day. We have confirmed delivery schedules for a further 10M in

Jan/Feb and are awaiting delivery schedules for a further 21M ordered for delivery on this period. Orders of 20M for delivery over March-June are also in place.

Why can't I buy a RAT in the supermarket like overseas?

We need to conserve supply for the public health response and to protect priority populations. Private businesses and the privately funded retail market sit outside the distribution model for the public health response. We had planned to have retail sales available but global supply constraints mean we need to focus on the public health response as omicron arrives.

Why aren't we making more use of saliva testing?

We are constantly receiving and evaluating advice and evidence which inform the regular review of the overall testing regime.

PROAC
DRAFT
RELEASSED

From: Karen Wong <Karen.Wong@health.govt.nz>
Sent: Tuesday, 25 January 2022 1:39 pm
To: Briefings <Briefings@health.govt.nz>; COVID-19 Office <Covid-19Office@health.govt.nz>
Cc: Andrew Bichan <Andrew.Bichan@health.govt.nz>; Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; Jenny Hawes <Jenny.Hawes@health.govt.nz>
Subject: RE: Information Request: Rapid Antigen Tests for Prime Minister [Due 4pm 24 Jan 2022]



RE Information
Request Rapid Antigen

Hi Malia, attached for you as requested.

Thank you
Karen

Karen Wong | Programme Manager - Governance | Testing & Supply

Phone | s 9(2)(a)

COVID-19 Health System Response, Ministry of Health | www.moh.govt.nz



If this email reaches you out of hours, I don't expect a response outside of your office hours, it's just a convenient time for me to send an email

From: Briefings <Briefings@health.govt.nz>
Sent: Tuesday, 25 January 2022 1:30 pm
To: COVID-19 Office <Covid-19Office@health.govt.nz>
Cc: Briefings <Briefings@health.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>; Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; Karen Wong <Karen.Wong@health.govt.nz>
Subject: RE: Information Request: Rapid Antigen Tests for Prime Minister [Due 4pm 24 Jan 2022]

Good Afternoon team,

Are you able to send copy of the report sent to MO yesterday so we can close on our end.

Many thanks
Malia Fa'atau- Moananu

Briefings | Office of the Deputy Director-General | Office of the Director-General | Ministry of Health |
briefings@health.govt.nz
www.health.govt.nz

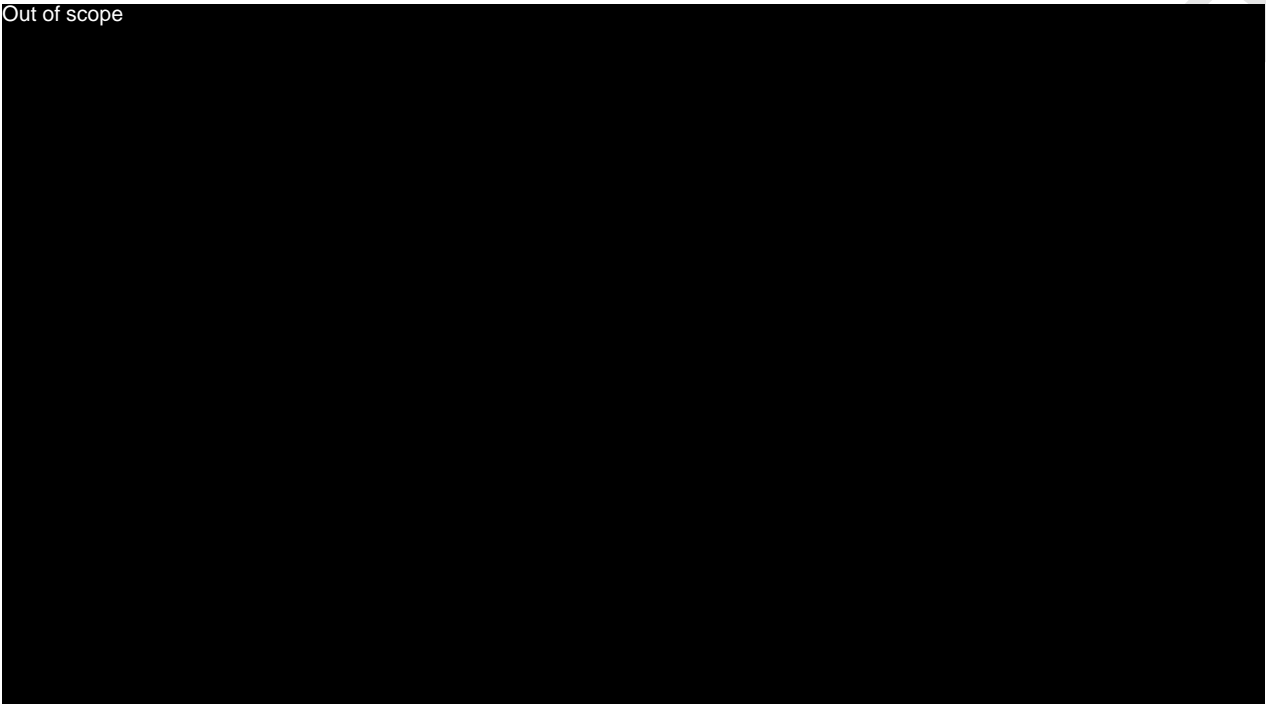


From: Pheona Hurley <Pheona.Hurley@parliament.govt.nz>
Sent: Monday, 24 January 2022 12:50 pm

To: Sarah Turner <Sarah.Turner@health.govt.nz>
Cc: Briefings <Briefings@health.govt.nz>; COVID-19 Office <Covid-19Office@health.govt.nz>;
Andrew Bichan <Andrew.Bichan@health.govt.nz>; Darryl Carpenter
<Darryl.Carpenter@health.govt.nz>; Karen Wong <Karen.Wong@health.govt.nz>
Subject: Information Request: Rapid Antigen Tests for Prime Minister [Due 4pm 24 Jan 2022]
Importance: High

Kia ora Sarah

Out of scope



Ngā mihi,

Pheona



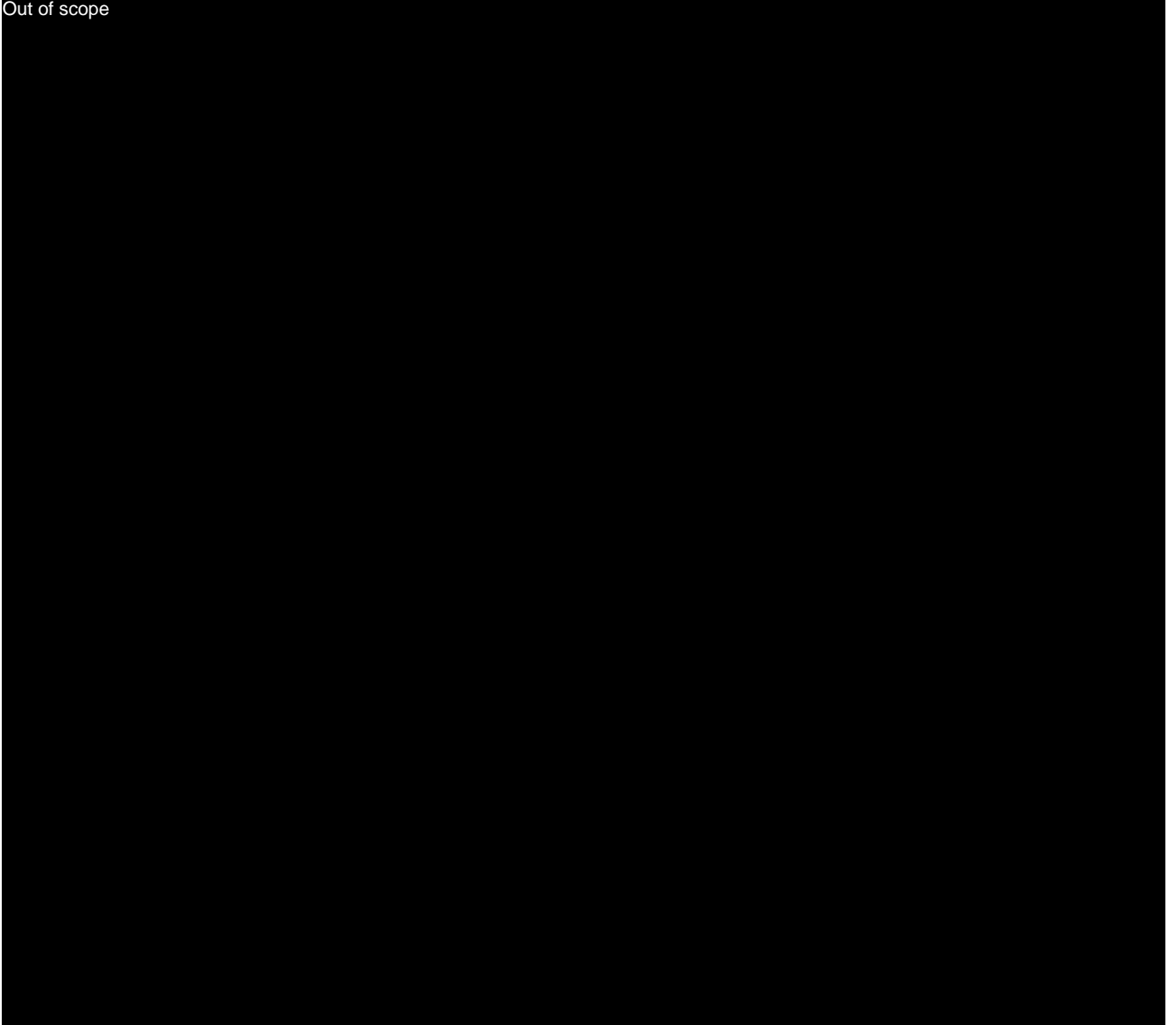
Pheona Hurley (she/her) | **Private Secretary, Health**
Office of Hon Chris Hipkins | Minister for COVID-19 Response
Office of Hon Dr Ayesha Verrall | Associate Minister of Health
Email: Pheona.Hurley@parliament.govt.nz
Phone: s 9(2)(a)

From: Karen Wong <Karen.Wong@health.govt.nz>
Sent: Monday, 24 January 2022 5:30 pm
To: Pheona Hurley <pheona.hurley@parliament.govt.nz>; Dawn Kelly-Ext <Dawn.Kelly@parliament.govt.nz>; Kanchan Sharma-EXT <Kanchan.Sharma@parliament.govt.nz>
Cc: Sarah Turner <Sarah.Turner@health.govt.nz>; Dom Harris <Dominic.Harris@health.govt.nz>; Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>; Antony Byers <Antony.Byers@health.govt.nz>; DG Advisory <dgadvisory@health.govt.nz>; Jo Pugh <Jo.Pugh@health.govt.nz>; Kelvin Watson <Kelvin.Watson@health.govt.nz>; Christian Marchello <Christian.Marchello@health.govt.nz>; Kirsten Beynon <Kirsten.Beynon@health.govt.nz>
Subject: RE: Information Request: Rapid Antigen Tests for Prime Minister [Due 4pm 24 Jan 2022]

Hi Pheona

As requested, here are some responses (to your requests in bold) to help inform the PM's post-Cabinet update tomorrow (Tuesday), noting that some of these responses were provided earlier today, but keeping them together for this purpose. This also includes your additional question just now on PCR capacity.

Out of scope



Out of scope

- **PCR capacity update**

- As of 21 January 2022, baseline testing capacity with pooling is 58,539 tests/day (without pooling 29,337 tests/day) with a surge capacity of 77,614 tests/day which can be sustained for 7 days
- This represents positive progress in PCR Testing capacity – in November 2021 we reported baseline testing capacity as 23,000 tests/day and surge capacity from 49,000 to 65,000 tests/day
- However, during a COVID-19 community outbreak PCR baseline capacity is subject to positivity rates and workforce absenteeism rates therefore we are more conservative when reporting future baseline and surge capacity during outbreaks
- Ongoing reporting on capacity and capability will continue within the PCR testing network nationally.

Karen Wong | Programme Manager - Governance | Testing & Supply

Phone | s 9(2)(a)

COVID-19 Health System Response, Ministry of Health | www.moh.govt.nz



If this email reaches you out of hours, I don't expect a response outside of your office hours, it's just a convenient time for me to send an email

From: Pheona Hurley <Pheona.Hurley@parliament.govt.nz>

Sent: Monday, 24 January 2022 12:50 pm

To: Sarah Turner <Sarah.Turner@health.govt.nz>

Cc: Briefings <Briefings@health.govt.nz>; COVID-19 Office <Covid-19Office@health.govt.nz>;

Andrew Bichan <Andrew.Bichan@health.govt.nz>; Darryl Carpenter

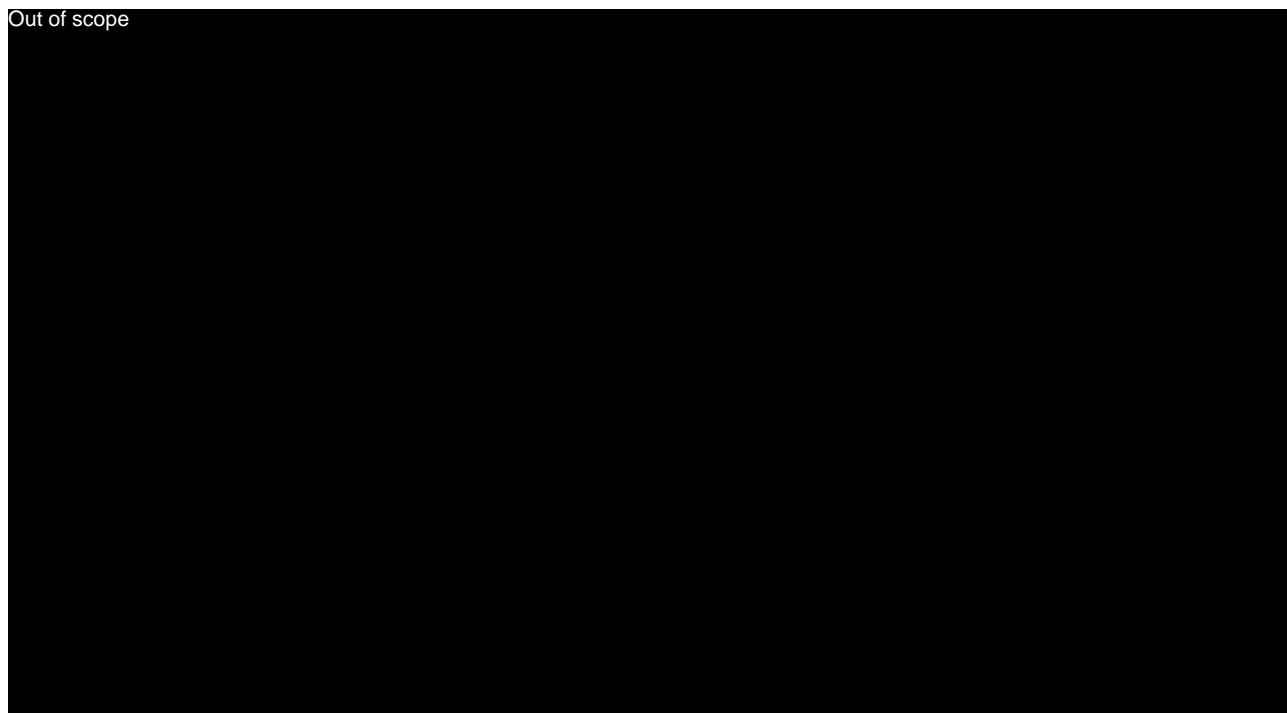
<Darryl.Carpenter@health.govt.nz>; Karen Wong <Karen.Wong@health.govt.nz>

Subject: Information Request: Rapid Antigen Tests for Prime Minister [Due 4pm 24 Jan 2022]

Importance: High

Kia ora Sarah

Out of scope



Ngā mihi,

Pheona



Pheona Hurley (she/her) | **Private Secretary, Health**
Office of Hon Chris Hipkins | Minister for COVID-19 Response
Office of Hon Dr Ayesha Verrall | Associate Minister of Health
Email: Pheona.Hurley@parliament.govt.nz
Phone: s 9(2)(a)

From: Andrew Bichan

Sent: Tuesday, 22 February 2022 7:12 pm

To: Antony Byers <Antony.Byers@health.govt.nz>

Subject: FW: Final Update against Rapid Assessment Recommendations on Contact Tracing, Case Investigation and Testing capacity

Andrew Bichan | Chief of Staff

Director-General | Ministry of Health | Mobile § 9(2)(a)

(He/him)

Manaakitanga, Kaitiakitanga, Whakapono, Kōkiri ngātahi



From: Pheona Hurley <Pheona.Hurley@parliament.govt.nz>

Sent: Monday, 21 February 2022 11:50 am

To: Katrina.Casey@dpmc.govt.nz

Cc: Andrew Bichan <Andrew.Bichan@health.govt.nz>; Rachel Carter [DPMC <Rachel.Carter@dpmc.govt.nz>]; Bridget White <Bridget.White@health.govt.nz>; Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>; Anneliese Parkin <Anneliese.parkin@dpmc.govt.nz>

Subject: RE: Final Update against Rapid Assessment Recommendations on Contact Tracing, Case Investigation and Testing capacity

Kia ora Katrina

Please find attached the signed copy of this briefing for your records.

Ngā mihi,

Pheona



Pheona Hurley (she/her) | **Private Secretary, Health**
Office of Hon Chris Hipkins | Minister for COVID-19 Response
Office of Hon Dr Ayesha Verrall | Associate Minister of Health
Email: Pheona.Hurley@parliament.govt.nz
Phone: § 9(2)(a)

From: Katrina Casey [DPMC] [<mailto:Katrina.Casey@dpmc.govt.nz>]

Sent: Thursday, 10 February 2022 5:31 PM

To: julian.robbs@parliament.govt.nz; Tricia Benny <Patricia.Benny@parliament.govt.nz>

Cc: Andrew Bichan <Andrew.Bichan@health.govt.nz>; Rachel Carter [DPMC] <Rachel.Carter@dpmc.govt.nz>; Bridget White <Bridget.White@health.govt.nz>; Ashley.Bloomfield@moh.govt.nz; Anneliese Parkin <Anneliese.parkin@dpmc.govt.nz>

Subject: Final Update against Rapid Assessment Recommendations on Contact Tracing, Case Investigation and Testing capacity

[IN-CONFIDENCE]

Kia ora kōrua

Please find attached the Final (second) update on actions arising from the Rapid Status assessment on contact tracing, case investigation and testing capacity.

Ngā mihi

Katrina

Katrina Casey

Executive Director
Implementation Unit
Department of the Prime Minister and Cabinet

P +64 (4) 4956715
M s 9(2)(a)
E katrina.casey@dpmc.govt.nz



DEPARTMENT OF THE
PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

The information contained in this email message is for the attention of the intended recipient only and is not necessarily the official view or communication of the Department of the Prime Minister and Cabinet. If you are not the intended recipient you must not disclose, copy or distribute this message or the information in it. If you have received this message in error, please destroy the email and notify the sender immediately.



Briefing

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

To Hon Dr Ayesha Verrall Associate Minister of Health

Date	10/02/2022	Priority	Medium
Deadline	20/02/2022	Briefing Number	4485616

Purpose

This briefing provides a final 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.

Recommendations

1. **Note** that the Ministry of Health (the Ministry) continues to make progress as agreed against the actions arising from the rapid assessment into contact tracing, case investigation and COVID-19 testing (Rapid Assessment).
2. **Note** that the arrival of the Omicron variant of COVID-19 in Aotearoa has necessitated a shift in prioritisation and approach for contact tracing and case investigation.
3. **Note** that the Ministry has provided two definitions for baseline capacity for this Update: baseline capacity with "BAU pooling"; and baseline capacity "1:1 (no pooling)".
4. **Note** that there is a significant difference in current and forecast capacity between the two definitions:
 - 4.1. *1:1 (no pooling)*: As at 2 February 2022, baseline PCR testing capacity 1:1 is 29,337 PCR tests in a 24-hour period. By the end of March 2022 this is forecast to increase to a baseline capacity of 40,485.

- 4.2. *BAU pooling*: As at 2 February 2022, baseline PCR testing capacity with “BAU pooling” was 57,039 PCR tests in a 24-hour period, with a maximum surge capacity of 75,114. By the end of March 2022 this is forecast to increase to a baseline capacity of 85,075, with a maximum surge capacity of 104,100.
5. **Note** that while consistent gains continue to be made by the Ministry in increasing PCR testing capacity, given the likelihood that there will soon be a high prevalence of COVID-19 in the community, BAU pooling is less likely to be able to be used by all laboratories, and capacity will likely be reduced to baseline capacity “1:1 (no pooling)”. ✓



Katrine Casey
Executive Director, Implementation
Unit, Department of the Prime Minister
and Cabinet

10/02/2022



Dr Hon Ayesha Verrall
Associate Minister of Health.

18.2.2022

2

Contact for telephone discussion if required:

Name	Position	Telephone		1st contact
Katrina Casey	Executive Director, Implementation Unit, Department of the Prime Minister and Cabinet		Mobile s 9(2)(a)	✓

Minister's office comments:

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

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

Purpose

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

Background

2. In late November I undertook a rapid status assessment into the current system capacity for contact tracing, case investigation functions, and COVID-19 testing. This included the 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).
3. The Secretary of 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. A brief update on progress by the Ministry against the recommendations from the Rapid Assessment was reported to you on 20 December 2021 (the First Update).
4. On 29 December 2021 the Omicron variant of COVID-19 was detected in the community in Aotearoa. The presence of Omicron in the community has again changed the nature of New Zealand's response to COVID-19. The new three-phased *Operational changes to respond to Omicron* plan (the Omicron Plan) reflect this shift.
5. This Briefing provides you with a final update on progress by the Ministry against the recommendations of the Rapid Assessment and includes as relevant context where there have been changes as a result of the new Omicron Plan.

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.

6. The Ministry has advised that it still retains capacity to complete in excess of 11,000 initial calls per day nationally. However, as New Zealand moves through the stages of the Omicron Plan the Ministry predicts that there will not be the same requirement to complete as many outbound calls as there was when Aotearoa was responding to Delta. This is because contact tracing will shift to being more focussed on household members and priority populations. The Ministry anticipates that the demand for outbound calls will decrease, and call volumes will be much less than those experienced during the Delta peak in 2021.

How to make use of what we have built

OK

7. This shift reflects a pragmatic approach to the likelihood of dealing with much greater numbers of positive cases in the community than New Zealand has experienced so far throughout the pandemic.
8. As noted in the Rapid Assessment and the First Update, work has continued to cross-train the call workforce to allow for flexibility across services, enabling the Ministry to increase utilisation and to respond to changing demand for different types of calls. The Ministry believes that the shared workforce model will enable it to reprioritise resources quickly as required should the case load require it. At Appendix A is a graph that demonstrates the indicative call capacity per service (as at 25 January 2022).

Case investigation capacity

Rapid Assessment findings and action: Capacity for up to 1000 case investigations a day; additional people trained in case investigation; additional system enhancements

9. The system still retains the capacity for between 760 and 1,150 case investigations a day. As New Zealand moves to Phases 2 and 3 of the Omicron Plan there will be a shift to prioritise case investigation services for very high-risk settings, and cases will be supported to self-service case investigation, enabled by technology.
10. The operational changes to case investigation at Phases 2 and 3 will likely affect demand for outbound calls for case investigation. The Ministry advises that it is unable to estimate the number of case investigations that will require a phone call at this stage, but expects that its case investigation capacity should increase, as people will instead access the electronic portal and there will be less phone based case investigations occurring.
11. To facilitate this pivot, a critical component of the Omicron Plan at both Phase 2 and Phase 3 is that there will be an end-to-end electronic pathway for notifications of positive cases and self-investigation. The automated digital pathway within the National Contact Tracing System (NCTS) is made up of the Health Hub (a new online portal) and also the Contact Tracing Form. The Ministry advises that this end-to-end pathway will be a clear, itemised list of everything a positive case needs to do and what help they can access to enable them to self-manage their case and close contacts.
12. A part of this is the "Contact Tracing Form", also being piloted and due to launch in February. This will enable low risk COVID-19 cases isolating in the community to undertake their own case investigation process. It is intended to reduce time spent on phone calls with case investigators. The Ministry is also continuing to scope the development of an electronic outbreak detection tool, which will automate the detection of clusters and outbreaks. This is still being progressed.

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 of December); increase to 60,000 PCR tests a day and 72,000 surge (by end of March)

13. For this Update, the Ministry has provided figures for two definitions of "baseline capacity". These are "baseline capacity 1:1 (no pooling)" and "baseline capacity with BAU pooling". Baseline capacity including BAU pooling is the laboratory's standing capacity including their average pooling ratio (which is between 1:3 and 1:5). The Ministry advises that it is

this definition of “standard” or “baseline” capacity that was used in both the Rapid Assessment and the First Update.¹

14. Attachment B sets out the current and forecasted lab capacity with the planned increases across both definitions.
15. The Ministry is on track to reach and exceed its target baseline capacity, including BAU pooling of 60,000 PCR tests processed in a 24-hour period by the end of March 2022. This reflects investments made to increase staffing and equipment. Testing capacity is managed regionally in the first instance, supported by arrangements to transfer samples to other regions should local capacity be reached. Current and forecasted national laboratory capacity numbers, using both definitions of “baseline capacity”, through Q1 2022 are:
 - a) As at **2 February 2022**, baseline PCR testing capacity with “BAU pooling” is 57,039 tests in a 24-hour period, with a surge capacity of 75,114 PCR tests per day. Baseline capacity 1:1 (no pooling) is 29,337.
 - b) Forecasts for the **end of February 2022** indicate that baseline PCR testing capacity with “BAU pooling” will be 68,575 tests in a 24-hour period, with a surge capacity of 84,400. Baseline capacity 1:1 (no pooling) will be 35,105.
 - c) Forecasts for the **end of March 2022** indicate that baseline PCR testing capacity with “BAU pooling” will be 85,075 tests in a 24-hour period, with a surge capacity of 104,100. Baseline capacity 1:1 (no pooling) will be 40,485.
16. Some of the planned increases for March are subject to ongoing procurement processes and are not confirmed.
17. Importantly, the Ministry advises that pooling is expected to not be used as frequently when the positivity rate increases. This will significantly reduce the 24-hour processing capacity. “Baseline capacity 1:1 (no pooling)” may therefore be a more accurate reflection of New Zealand’s baseline PCR testing capacity during the peak of the Omicron outbreak. By the end of March, this will represent around a 40,000 test difference in baseline daily PCR testing capacity.
18. The Ministry has advised that during the Delta outbreak there was a high level of asymptomatic surveillance testing in line with the Elimination Strategy. This asymptomatic surveillance testing has ceased under the CPF unless mandated. Therefore, the majority of swabs are currently more likely to be from symptomatic people, which means pooling of samples to manage demand is no longer a viable approach for Omicron, under a strategy of protection and minimisation.
19. Since the Rapid Assessment, the Ministry also advises that there have been improvements to the return time for tests. The average for the week of 22 November 2021 was 60% of tests reported in a 24-hour period (the week of the Rapid Assessment). The

¹ In the First Update, and as noted in the Ministry’s briefing to you on 17 December 2021 (Health Report number 20212703), the Ministry had clarified the definition of “baseline test capacity” with the laboratory network to clarify that it included some pooling of tests, which contributed to a refresh of the actual capacity figures. The updated baseline BAU capacity following clarification of definitions was 32,980. This has been increased further by addition of more staff and equipment.

Ministry advised that over the period 21-27 January 2022, 89% of tests were reported in 24 hours.

20. This Briefing does not cover rapid antigen supply, as the original Rapid Assessment did not examine this. We also understand that you are receiving daily reporting on rapid antigen supply and new rapid antigen device applications.

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.

21. The Ministry has undertaken initial modelling of demand for testing as part of its response to Omicron and is continuing to do so as policy decisions are made. The Ministry has advised that the timing of the move to Phase 3 (where PCR testing will be focussed on priority populations, and most symptomatic people will be tested by a RAT) will be crucial to ensure that PCR testing demand is managed so as not to reach surge capacity levels for a period that is unsustainable. Currently, laboratories are still able to pool at a ratio between 1:3 and 1:5, aligning with the definition for baseline capacity with BAU pooling.
22. The Ministry has advised that its models indicate that average daily PCR testing demand could exceed 65,000 tests per day for a period of three to five weeks in February and March. The period that laboratories are able to sustain surge capacity varies from between five days to 30 days, and is dependent on full staffing capacity, reagent supply and pooling of tests. If there is increased prevalence of COVID-19 in the community through this time, it is likely that some laboratories will experience staff absences, and "BAU pooling" will be able to be less widely used. The Ministry is working with the Laboratory network to put contingency plans in place to ensure there will not be a shortfall in PCR testing capacity through this period. This is important because the Ministry estimates that there will be between 35,105 – 40,485 PCR tests able to be processed a day through this period using a the 1:1 (no pooling) "baseline capacity". Plans are in place to offset this through wider use of RAT testing. From Phase 2 there will be use of RATs in some situations, e.g. patient facing healthcare worker surveillance that will reduce pressure on PCR testing.

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

23. The viability has been assessed and contract discussion and negotiations continue. Due to the removal of Reconnecting NZers requirements for medium risk returnees to undertake a PCR test at ports of arrival, negotiations with Rako Science to provide that service have stopped. The Ministry is continuing to work with Rako Science to conclude arrangements and activity undertaken as part of the Letter of Agreement for establishing the service.
24. In parallel with winding down the Reconnecting NZers work, the Ministry continues to progress potential contract arrangements with Rako Science for additional saliva testing services in anticipation of deployment to support and increase PCR testing capacity during the Omicron Plan Phases two and three.

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

25. The Ministry is planning to hold the first workshop at the end of February. A proposal for the agenda and structure of what will be a series of workshops on testing has been put together by the Chief Testing Advisor and approved by the Director-General of Health. Attendees at these workshops will include the Strategic Covid-19 Public Health Advisory Group; the COVID-19 Technical Advisory Group; Surveillance Strategy and Testing Plan Steering Group; equity/ Māori representation; COVID-19 Testing Technical Advisory; and various Ministry stakeholders.
26. The Chief Testing Advisor, who commenced in her role at the end of December, has also indicated that significant work has been undertaken in the testing space since the Rapid Assessment was completed. This has included reviewing and streamlining the process for initial and full assessment and sign-off for point-of-care diagnostic devices to address the backlog in applications. The Ministry has also been undertaking an assessment of loop-mediated isothermal amplification devices for use in the pre-departure context.

Equity

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

27. This is now complete. The “Manaaki first: Case and contact management in the COVID-19 outbreaks in Auckland and Waikato – lessons for the delivery of healthcare to marginalised communities” was delivered to the Director-General of Health on 15 December 2021. It was updated on 19 January in response to feedback from Auckland DHB CEOs and the COVID-19 Health System Response Directorate and was circulated to Public Health Units on 19 January 2022 to assist them to prepare for the Omicron outbreak.

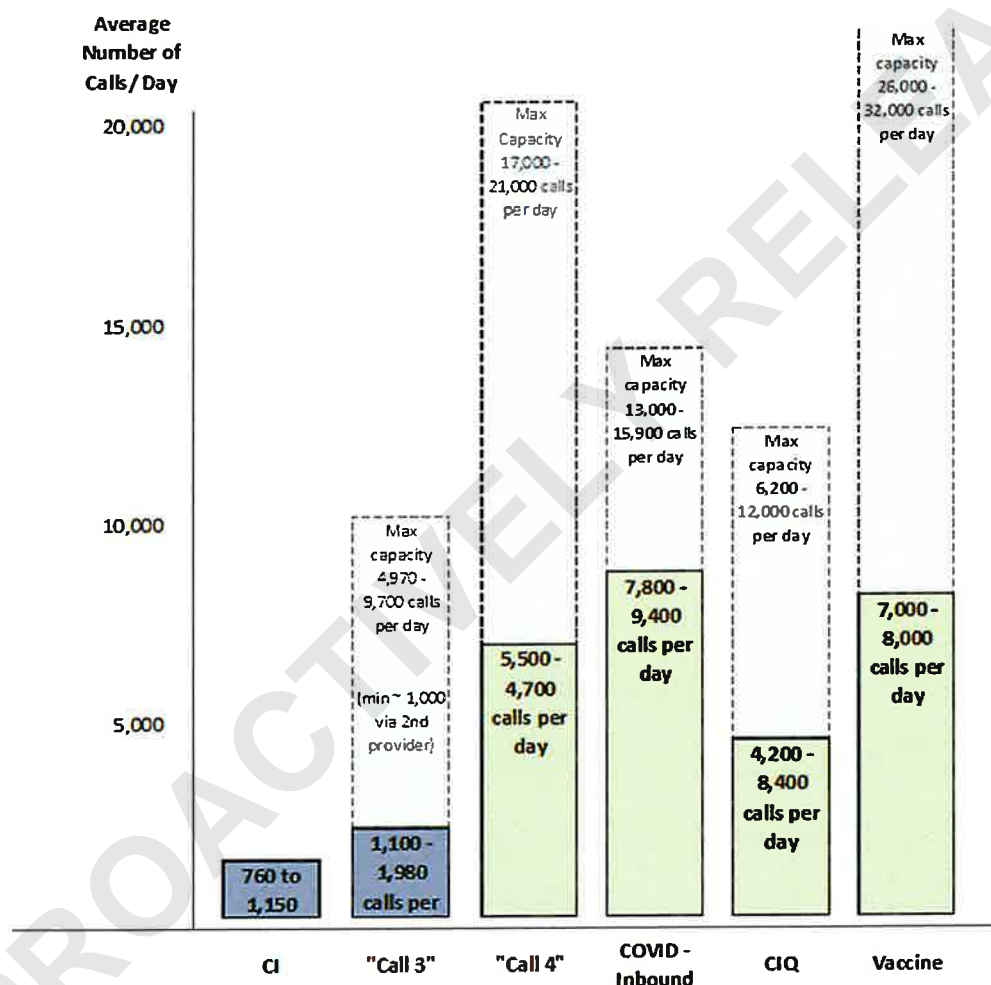
Rapid Assessment Action: The Ministry to arrange a workshop to discuss best practice in reaching marginalised and hard to reach populations and identify any actions the Ministry could take in Q1 of 2022

28. This work continues to be progressed. The Ministry advises that engagement with different advisory groups that work with priority populations and at risk whānau, to capture their whakaaro to guide priorities and next steps, was carried out between 19 January – 8 February 2022. The Ministry advises that well over 100 attendees, representing a wide range of community groups and health services, attended these hui.
29. An equity impact assessment based on Te Tiriti o Waitangi principles and the impact of Omicron strategy and policy on saving lives is currently being written up from the insights and feedback gathered at these hui. The Ministry advises that a separate report will be provided to Ministers on the findings of the Equity Impact Assessment, and the Ministry's approach to addressing any issues identified, once complete.

ATTACHMENT A: INDICATIVE DAILY CALL CAPACITY PER SERVICE

- Figure 1 shows workforce daily capacity across the services (green) as at 25 January 2022 and indicates potential maximum daily call capacity (grey) that can be achieved through the cross-trained workforce.
- Capacity should not be treated as absolute, as the call capacity will depend on the call complexity and the specifics of the response needed, which may be tailored to the needs of the population served at any one time. The Ministry advises that maximising capacity in one service will inevitably reduce capacity in another.

Figure 1. indicative daily call capacity per service (as at 25 January 2022)



Key: CI = Case investigation. "Call 3:" a first contact call to a Close Contact. "Call 4:" a daily follow-up call to a Close Contact



ATTACHMENT B: ANTICIPATED PCR PROCESSING LABORATORY CAPACITY TO END OF Q1 2022

Laboratory Name	Baseline Capacity 1:1 (NO POOLING)			Baseline Capacity with BAU pooling			Typical average pooling ratio			Max surge capacity			Surge Capacity
	2-Feb-22	End of February	End of March	2-Feb-22	End of February	End of March	2/02/2022	End of February	End of March	2/02/2022	End of February	End of March	(Number of samples)
Canterbury Health Laboratories	4500	4500	4600	4500	4500	4600	1:05	1:03	1:03	6000	6000	10000	Unlimited (c)
Canterbury SCL	1000	1000	1800	2500	2500	5000	1:05	?	?	5000	5000	6000	2 weeks? Too r
Medlab Timaru	0	0	0	0	0	0	0	0	0	0	0	0	
Dunedin SCL	1080	2600	2600	2700	6500	6500	1:05	1:05	1:05	8250	10000	10000	
ESR	282			564			1:03			564			
Hawkes Bay	330	330	330	800	1200	1200	1:05	1:05	1:05	1200	1200	1200	
Hill Laboratories	3000	4500	6000	3500	4800	9000	1:04	Dependent on positivity rate	Dependent on positivity rate	3500	4800	9000	Unlimited (c)
Labplus	1800	2500	2500	2000	2800	2800	1:05	1:02	1:02	3500	4500	4500	
LabTests	6000	7000	7000	10500	12500	12500	3	3	3	12500	14500	14500	
Medlab Central	2250	2300	2300	4000	4000	4000	1:03	1:03	1:03	4000	4000	4000	Unlimited (c)
Middlemore	1700	1960	3260	3500	3500	6500	1:4 (eOrder triage 5) and 1:8 (eOrder triage 1)	1:2, 1:3, 1:4 and 1:8	1:2, 1:3, 1:4 and 1:8	3500	3500	6500	
Nelson/Marlborough	575	575	575	2875	2875	2875	1:05	1:05	1:05	5000	5000	5000	
Northland	370	370	370	2100	2100	2100	1:08	1:08	1:08	2100	2100	2100	
Pathlab	1150	1150	1550	2000	2000	2500	3	3	3	3000	3000	4000	

From: Kristin Kalla <Kristin.Kalla@health.govt.nz>

Sent: Sunday, 20 February 2022 11:22 am

To: Bridget White <Bridget.White@health.govt.nz>

Cc: COVID-IMT Response Manager <COVID_IMT_ResponseMgr@health.govt.nz>; Bex Joslin <Bex.Joslin@health.govt.nz>; Covid-19 Public Health Operations <covid-19publichealthops@health.govt.nz>; Toby Regan <Toby.Regan@health.govt.nz>; Celeste Gillmer <Celeste.Gillmer@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Ross Bell <Ross.Bell@health.govt.nz>; Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; Michael Dreyer <Michael.Dreyer@health.govt.nz>; Clare Lopes <Clare.Lopes@health.govt.nz>; David Monnelly <David.Monnelly@health.govt.nz>; Chris Knox <Chris.Knox@health.govt.nz>

Subject: RE: Capacity concerns to respond to ongoing EpiServ data entry reqs

Kia ora Bridget,

Thanks so much for this confirmation and S&I is already coordinating with the tech staff and others to ensure we are in alignment and find a workable solution. We've also asked the IMT Response to please send any future queries regarding Episurv, reporting, intel and surveillance to S&I and we will triage and coordinate across the various stakeholders as required. @David Monnelly is covering for Chris until Tuesday and we hope to have some news fairly soon, which I will be able to share with the larger group.

Ngā mihi, Kristin

Kristin Kalla, MA MPH (*she/her*)
Acting Group Manager Science & Insights

Manager, Evaluation and Behavioural Science
Co-Lead COVID-19 Surveillance
Science & Insights, COVID-19 Directorate
Manatū Hauora | Ministry of Health
Aotearoa New Zealand
Cell: s 9(2)(a)
www.moh.govt.nz



Please consider your environmental responsibilities before printing this email

From: Bridget White <Bridget.White@health.govt.nz>
Sent: Sunday, 20 February 2022 11:11 am
To: Kristin Kalla <Kristin.Kalla@health.govt.nz>
Cc: COVID-IMT Response Manager <COVID_IMT_ResponseMgr@health.govt.nz>; Bex Joslin <Bex.Joslin@health.govt.nz>; Chris Knox <Chris.Knox@health.govt.nz>; Covid-19 Public Health Operations <covid-19publichealthops@health.govt.nz>; Toby Regan <Toby.Regan@health.govt.nz>; Celeste Gillmer <Celeste.Gillmer@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Ross Bell <Ross.Bell@health.govt.nz>; Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; Michael Dreyer <Michael.Dreyer@health.govt.nz>; Clare Lopes <Clare.Lopes@health.govt.nz>
Subject: RE: Capacity concerns to respond to ongoing EpiServ data entry reqs

Hi

I've taken non MOH people out of the email – we need a clear MoH owner for episerv overall which I assume is Population Health as Episerv is not solely for COVID.

We also need a clarity on the minimal information needed to support the COVID response – I suggest S&I is the lead here as Episerv is critical for intell to support strategic overview of the outbreak. NITC has NCTS and are only interested in how the two systems talk to ensure consistency of case count etc and Testing is interested in how Episerv links to test results.

Cheers
b

From: Kristin Kalla <Kristin.Kalla@health.govt.nz>
Sent: Sunday, 20 February 2022 10:05 am
To: Jane McEntee-Ext <JMcEntee@adhb.govt.nz>
Cc: COVID-IMT Response Manager <COVID_IMT_ResponseMgr@health.govt.nz>; Dave Greenberg <Dave.Greenberg@health.govt.nz>; #VALUE! <ailsac@adhb.govt.nz>; NRHCC Incident Controller <nrhccic@adhb.govt.nz>; M Poynter-EXT <Mpoynter@adhb.govt.nz>; Bex Joslin <Bex.Joslin@health.govt.nz>; Chris Knox <Chris.Knox@health.govt.nz>; Covid-19 Public Health Operations <covid-19publichealthops@health.govt.nz>; Toby Regan <Toby.Regan@health.govt.nz>; Bridget White <Bridget.White@health.govt.nz>; Celeste Gillmer <Celeste.Gillmer@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Ross Bell <Ross.Bell@health.govt.nz>; Darryl Carpenter <Darryl.Carpenter@health.govt.nz>
Subject: FW: Capacity concerns to respond to ongoing EpiServ data entry reqs

Kia ora Jane,

Thank you for your email, which was directed to Science & Insights since we manage the COVID-19 intel, reporting and surveillance functions in the directorate. We appreciate the concerns and constraints and are consulting across the directorate and with tech to see how best to resolve the issues and to ensure some level of central reporting is maintained without overloading the regions.

Document 7

We will need a few days to review and consult when everyone is back in the office. Bex will review the issues today and tomorrow with tech and others, and then hand off to Chris Knox on Tuesday when he's back in the office. We hope to have a detailed response to the group by close of play on Tuesday.

Thanks so much and please feel free to reach out if there are any other issues.

Ngā mihi, Kristin

Kristin Kalla, MA MPH (*she/her*)
Acting Group Manager Science & Insights

Manager, Evaluation and Behavioural Science
Co-Lead COVID-19 Surveillance
Science & Insights, COVID-19 Directorate
Manatū Hauora | Ministry of Health
Aotearoa New Zealand
Cell: s 9(2)(a)
www.moh.govt.nz



Please consider your environmental responsibilities before printing this email

From: Dave Greenberg <Dave.Greenberg@health.govt.nz> **On Behalf Of** COVID-IMT Response Manager
Sent: Sunday, 20 February 2022 9:25 am
To: Bex Joslin <Bex.Joslin@health.govt.nz>; Kristin Kalla <Kristin.Kalla@health.govt.nz>
Subject: Fw: Capacity concerns to respond to ongoing EpiServ data entry reqs

Jane resent the message from Wed....

Response Manager
Incident Management Team
COVID-19 Health System Response
Ministry of Health
ph s 9(2)(a)

From: Jane McEntee (ADHB) <JMcEntee@adhb.govt.nz>
Sent: Sunday, 20 February 2022 9:18 am
To: COVID-IMT Response Manager <COVID_IMT_ResponseMgr@health.govt.nz>; Toby Regan <Toby.Regan@health.govt.nz>; Ross Bell <Ross.Bell@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Celeste Gillmer <Celeste.Gillmer@health.govt.nz>; Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; Covid-19 Public Health Operations <covid-19publichealthops@health.govt.nz>; Dave Greenberg <Dave.Greenberg@health.govt.nz>
Cc: #VALUE! <ailsac@adhb.govt.nz>; NRHCC Incident Controller <nrhccic@adhb.govt.nz>; M Poynter-EXT <Mpoynter@adhb.govt.nz>
Subject: RE: Capacity concerns to respond to ongoing EpiServ data entry reqs

Kia ora

As discussed at this morning's 0900 below is the email which was sent where we haven't had a response – Dave not sure if the email response you are referring to was from the prior weekend however ESR surveillance team then followed up on Mon/Tues and required the data entry requirements below

Ngā mihi,
Jane
Jane McEntee
General Manager
Auckland Regional Public Health Service
Auckland Regional Public Health Service
Cornwall Complex, Building 15 - Level 2, Greenlane Clinical Centre, Auckland
Tel: 09 623 4600 x 27102 | DDI: 6234602 | Mob: s 9(2)(a)
Email: JMcEntee@adhb.govt.nz | www.arphs.govt.nz

From: Debbie Sinclair-Paton [<mailto:Debbie.Sinclair-Paton@health.govt.nz>] **On Behalf Of** COVID-IMT Response Manager
Sent: Wednesday, 16 February 2022 1:43 p.m.
To: COVID-IMT Response Manager; Jane McEntee (ADHB); Toby Regan; Ross Bell; Christina Bir; Celeste Gillmer; Darryl Carpenter; Covid-19 Public Health Operations
Cc: Ailsa Claire (ADHB); NRHCC Incident Controller; Maria Poynter (ADHB)
Subject: RE: Capacity concerns to respond to ongoing EpiServ data entry reqs

BE CYBER SMART - This email is from an external sender - **Please do not click links or open attachments from unknown sources** - Forward suspicious emails to scam@healthalliance.co.nz

Apologies

My mistake this sits with NITC not testing

Will be in touch

Deb

From: Debbie Sinclair-Paton <Debbie.Sinclair-Paton@health.govt.nz> **On Behalf Of** COVID-IMT Response Manager
Sent: Wednesday, 16 February 2022 1:23 pm
To: Jane McEntee-Ext <JMcEntee@adhb.govt.nz>; COVID-IMT Response Manager <COVID_IMT_ResponseMgr@health.govt.nz>; Toby Regan <Toby.Regan@health.govt.nz>; Ross Bell <Ross.Bell@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Celeste Gillmer <Celeste.Gillmer@health.govt.nz>; Darryl Carpenter <Darryl.Carpenter@health.govt.nz>
Cc: #VALUE! <ailsac@adhb.govt.nz>; NRHCC Incident Controller <nrhccic@adhb.govt.nz>; M Poynter-EXT <Mpoynter@adhb.govt.nz>
Subject: RE: Capacity concerns to respond to ongoing EpiServ data entry reqs

Kia ora Jane

Copying in @Christina Bir and @Celeste Gillmer who were on a conf call before to discuss delays with testing results NRHCC this morning

I will discuss with teams here and look to set up a meeting to discuss options this afternoon
Nga mihi

Deb

From: Jane McEntee (ADHB) <JMcEntee@adhb.govt.nz>
Sent: Wednesday, 16 February 2022 1:20 pm
To: COVID-IMT Response Manager <COVID_IMT_ResponseMgr@health.govt.nz>; Toby Regan <Toby.Regan@health.govt.nz>; Ross Bell <Ross.Bell@health.govt.nz>
Cc: #VALUE! <ailsac@adhb.govt.nz>; NRHCC Incident Controller <nrhccic@adhb.govt.nz>; M Poynter-EXT <Mpoynter@adhb.govt.nz>
Subject: Capacity concerns to respond to ongoing EpiServ data entry reqs

Kia ora

Despite the pending autocreation of cases into EpiSurv there is on-going concerns about the manual data entry that will still be required within EpiSurv. The email below summarises the COVID-related work only i.e. does not include the work required for the other notifiable diseases and some possible options to reduce this volume of work. This is a request to work together through these options and implement those which are agreed. To provide some context prior to COVID-19 ARPHS had 4FTE SSOs who do the data entry into EpiSurv and other systems; this FTE has increased to 15-17FTE and still the team are unable to manage the pending ongoing volume work.

Context and manual data entry requirements

EpiSurv will be used for case counts and outcome information (rather than NCTS). Once auto case creation commences, the enotifications will be processed automatically BUT each case will still need to be updated and closed by PHU staff as case investigations are conducted (including those that are bulk closed). Most COVID-19 notifications will be processed automatically to notify a case as Confirmed, but the clinical epidemiological information on each case will still need to be entered by the PHU.

What PHUs will still need to do in EpiSurv once auto case creation is active:

1. Manually update the case status for cases that do not meet the case definition for a Confirmed COVID-19 case. For example, historical cases.
2. Double check the address and DHB on auto-created cases.
3. Case transfers will not be automated so in the event that an auto-created case is assigned to the wrong PHU (i.e. not the PHU managing the case), the EpiSurv and NCTS cases will need to be transferred manually (further instructions in the attached).
4. Review any lab results remaining in the e-notifications tab and manually create a case where required. A case will not be auto-created where there are insufficient patient identifiers in the lab notification.
5. Manually enter probable cases (as the automatic case creation is triggered through the laboratory e-notification).
6. Continue to update questions in the EpiSurv CRF as additional information becomes available.
 - the data needed most for surveillance includes
 - reason for discovery
 - symptom update to show disease progression
 - isolation/quarantine details
 - basic demographic detail
 - outbreak information (where applicable)
 - outcome fields (including health status)
 - hospitalisation details, and deaths
7. There will also be some COVID notifications with insufficient details to process automatically, so there is a request to continue to monitor the eNotifications list for those.

Some options to reduce this demand:

- Speeding up the process to get direct lab notifications into EpiSurv of results from other labs (e.g. Hills Laboratory and Rako Science) - currently this is a manual process for the SSO's and is not addressed when the autocreation goes live.
- Review the minimum data to be entered, or find alternative means of obtaining the information, without the requirement for manual entry of data.
- Progress the automatic transfer of data fields between NCTS to EpiSurv
- Remove requirement to complete fields that cannot be automatically transferred from NCTS to EpiSurv that are too time consuming e.g. checking to see if asymptomatic cases develop symptoms; isolation/quarantine details is also a section that takes time to complete and requires checking in a number of areas in NCTS.

I look forward to your response to work on these solutions together.

Ngā mihi,
Jane
Jane McEntee
General Manager

Auckland Regional Public Health Service

Tel: +64 9 623 4600 Ext: 27102 | DDI: +64 9 6234602 | Mob: s 9(2)(a)
Level 3, Building 15, Cornwall Complex, Greenlane Clinical Centre, Auckland
Visit: www.arphs.health.nz | [Auckland Regional Public Health Service](#) | [@aklpublichealth](#)

Our Vision: Te Ora ō Tāmaki Makaurau

Welcome Haere Mai | Respect Manaaki | Together Tūhono | Aim High Angamua

If you are not the intended recipient of this email, please delete.

Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

From: Darryl Carpenter
Sent: Saturday, 19 February 2022 2:34 pm
To: Bridget White; Pheona Hurley; DG Advisory; Julian Robins-EXT
Cc: Priti Patel; Kelvin Watson; Karen Wong
Subject: RE:

Kia ora all – just looping everyone into the key updates in regards RATs at CTC's and changes to the Border Workforce testing (the two most recent big changes within Testing and Supply)

RATs at community testing centres in Auckland

- Moving PCR testing to RATs for community testing for certain groups. This transition is being phased in over a very short period, with the rollout initially in Auckland CTC's, but with other areas quickly following.
 - Starting with the Auckland Region on Monday 21 February
 - Phased roll out to rest of the country commencing next in Bay of Plenty and Waikato and then the rest of the country
- Laboratory capacity is under strain as we all know with the significant increase in numbers and is one of the reasons to alleviate pressure on the system.
- Those presenting as **asymptomatic**:
 - Border workers – RATs
 - Health/clinical request – RATs
 - Location of interest – RATs
 - Close contacts – PCR
 - Household contacts – PCR
 - RATs +ve – PCR
- NOTE
 - Those presenting as **symptomatic** will still require a **PCR test**
- What public need to know
 - RATs for general public can be collected from CTC, they are a self-test, unsupervised with the individual reporting results in **MyCOVIDRecord** or through the Assisted Channel.
 - Close Contact Exemption still applies where needed
- The IT changes needed to pull data through from "My Covid Record" and to NCTS (MVP models) scheduled for Wed/Thurs

Border Workforce Testing

- Moving Border Workers from PCR testing on to RATs from Saturday 19 February
 - Starting with the Auckland Region
 - Moving then to a phased rollout from Wednesday 23rd Feb initially in Bay of Plenty and Waikato and then the rest of the country
- Replacement will be 1 RAT for 1 PCR. Current schedule is:
 - MIQ - Daily RAT
 - MIF - Twice weekly RAT
 - Aviation/Maritime - On RAT per Week or Fortnight
- Workers will upload the RAT to "My Covid Record", or through the Assisted Channel
- Close Contact Exemption still applies where needed
- Worker can collect RAT from CTC's and RAT collection Sites
- Working on setting up RAT collection site at Ports and International Airports
- The IT changes needed to pull data through from "**My Covid Record**" to the BWTR will take up to 2 weeks. This will impact PCBU's ability to monitor compliance.

Document 8

- MBIE's data will also be affected as they use an electronic swipe card register "Junction" which is integrated with the BWTR. Workers who are overdue for a test are prevented from entering the venue. A manual workaround will take a couple of days to implement.
- Our Weekly Dashboard will not include RAT testing, therefore the compliance reporting will not be accurate until the IT solution is in place.

Ngā mihi

Darryl Carpenter | Group Manager COVID-19 Testing and Supply
COVID-19 Health System Response | Ministry of Health

E: darryl.carpenter@health.govt.nz

Mobile: s 9(2)(a)

<http://www.health.govt.nz>



Text messages between the Director-General and COVID-19 Testing Group Manager

Dr Ashley Bloomfield, 20 February 2022

Hi Darryl have we got any intel that testing centres have run out of PcR tests (maybe he means swabs)

Darryl Carpenter, 20 February 2022

I have been communicating with Julian on this tweet. No CTCs ran out of PCR test kits or RATs. Two needed to be temporarily shut earlier today while they adjust their traffic management to accommodate Triaging and patient mgmt of those getting RATs. No further issues or shut downs since.

PROACTIVELY RELEASED

From: Karen Wong <Karen.Wong@health.govt.nz>

Sent: Sunday, 20 February 2022 9:42 pm

To: Bridget White <Bridget.White@health.govt.nz>

Cc: Catherine Pearson <Catherine.Pearson@health.govt.nz>; Lisa McPhail <Lisa.McPhail@health.govt.nz>; Antony Byers <Antony.Byers@health.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>; DG Advisory <dgadvisory@health.govt.nz>; Dom Harris <Dominic.Harris@health.govt.nz>; Emily Drummond <Emily.Drummond@health.govt.nz>; Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; Jo Pugh <Jo.Pugh@health.govt.nz>; Jenny Hawes <Jenny.Hawes@health.govt.nz>; Marsha Yamshikova <Marsha.Yamshikova@health.govt.nz>; Kelvin Watson <Kelvin.Watson@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Priti Patel <Priti.Patel@health.govt.nz>; Steve Wakeling <Steven.Wakeling@health.govt.nz>; Celeste Gillmer <Celeste.Gillmer@health.govt.nz>; Kirsten Beynon <Kirsten.Beynon@health.govt.nz>

Subject: Testing & Supply week-end pack - 20 Feb 2022 (including Dashboards on Testing Capacity & RATs)

Hi Bridget (DGA FYI if useful for DG)

Here is the weekly update from the Testing and Supply team. Noting you will have already received the dashboards when sent to MOs, but it's all in one email here – *except the lab testing volumes and backlog issues which you will receive separately*. This pack includes:

- your DCE talking points (**attachment 1**)

Out of scope

- c) **20 Feb Testing and Supply - Phase 3 Readiness Summary**. A detailed version of this was provided to Steve Waldegrave to collate as part of the phase 3 readiness. Andrew Bichan suggested that DDGs and key leads be ready to provide a verbal status report on Monday morning. This one-pager should help for your verbal report as required. **attachment 4**

Out of scope

- Testing and Supply Modelling (**attachment 7**)
- Testing capacity dashboard (**attachment 8**)

Out of scope

Please let me know if you have any queries or require further information.

Karen

Karen Wong | Programme Manager - Governance | Testing & Supply

Phone | s 9(2)(a)

COVID-19 Health System Response, Ministry of Health | www.moh.govt.nz




If this email reaches you out of hours, I don't expect a response outside of your office hours, it's just a convenient time for me to send an email

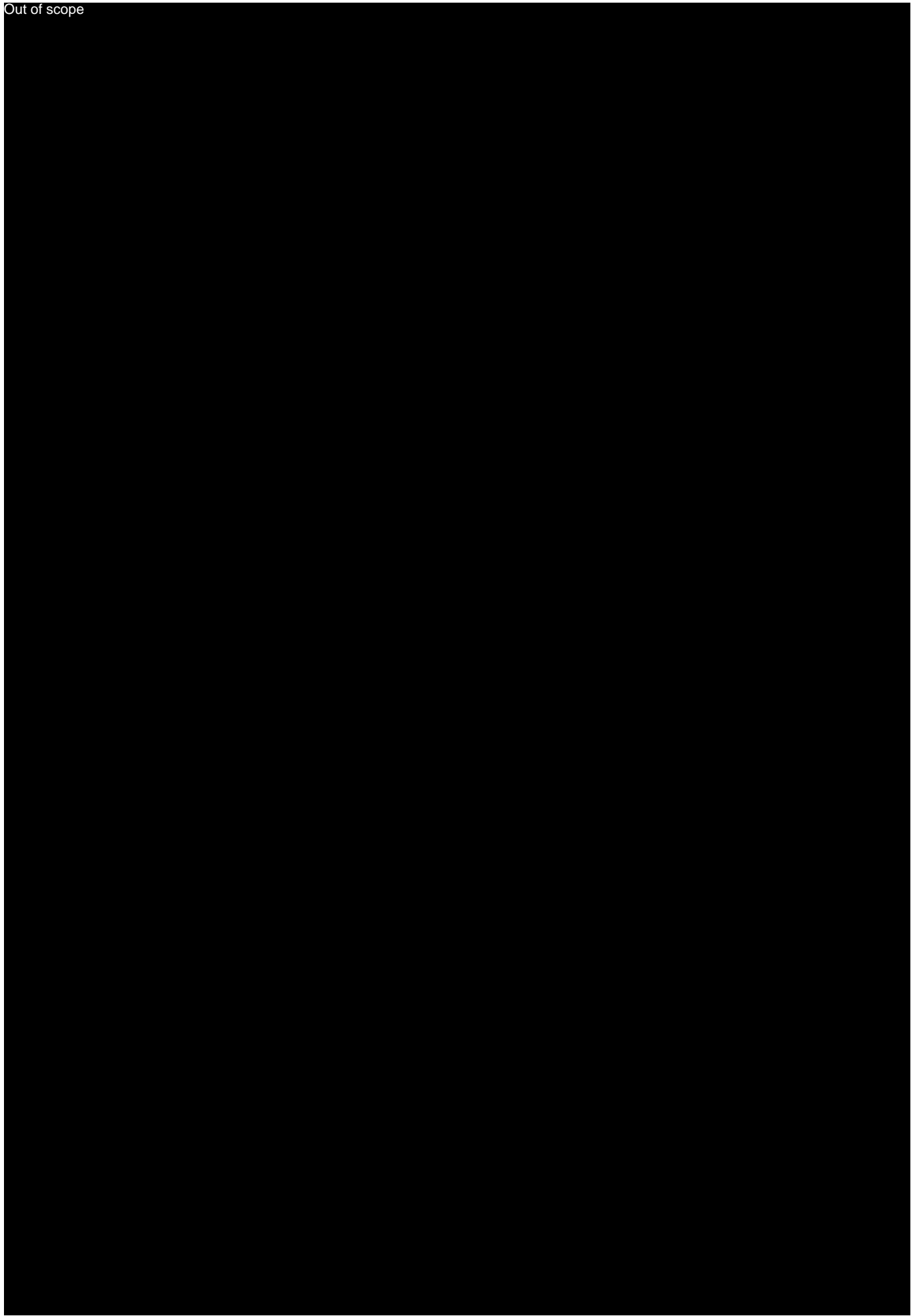
Refer to Documents 10b, 10c, 10d, 10e and 10f attached

DCE Talking Points from Testing and Supply – 18 Feb 2022


Out of scope



Out of scope



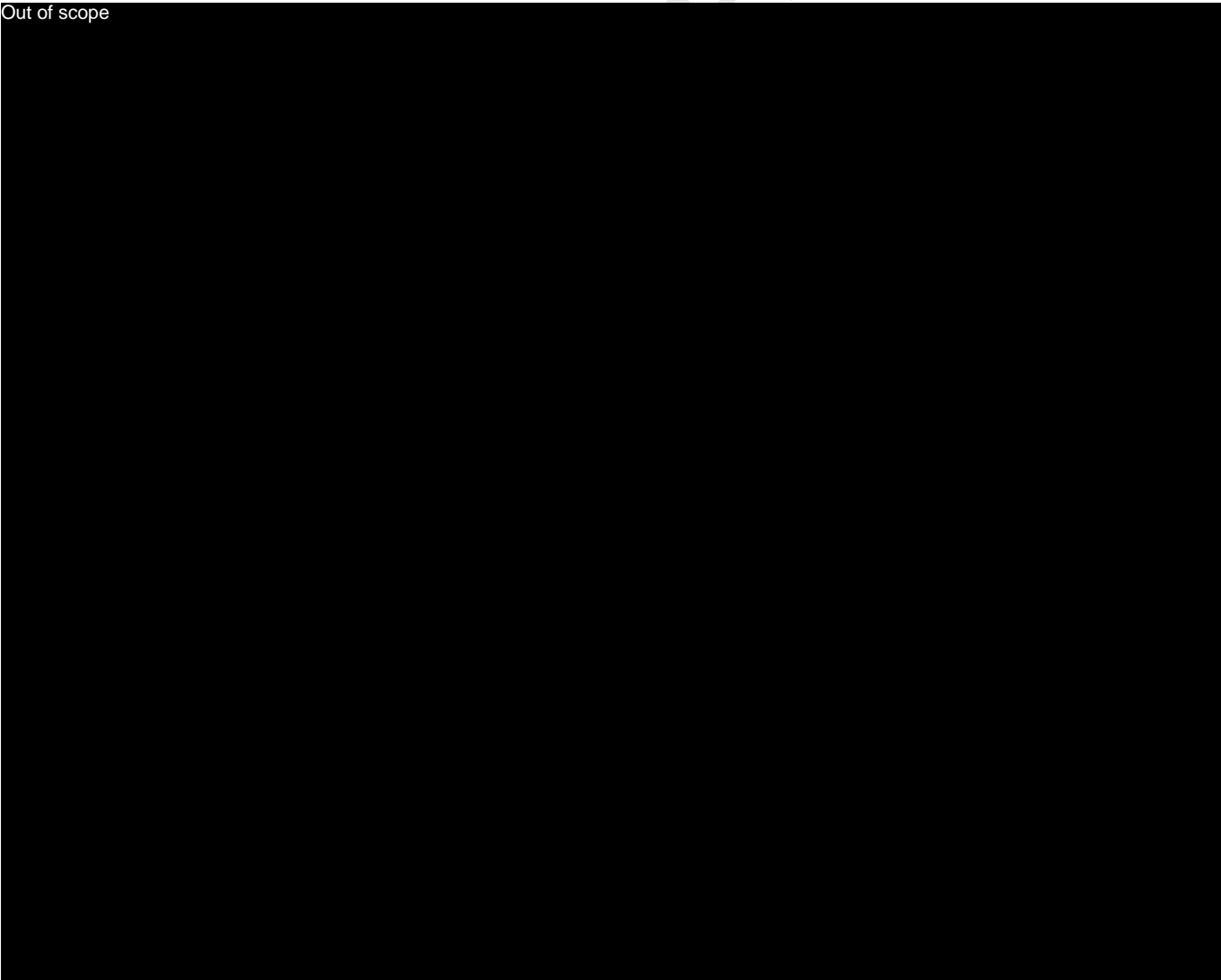
Out of scope



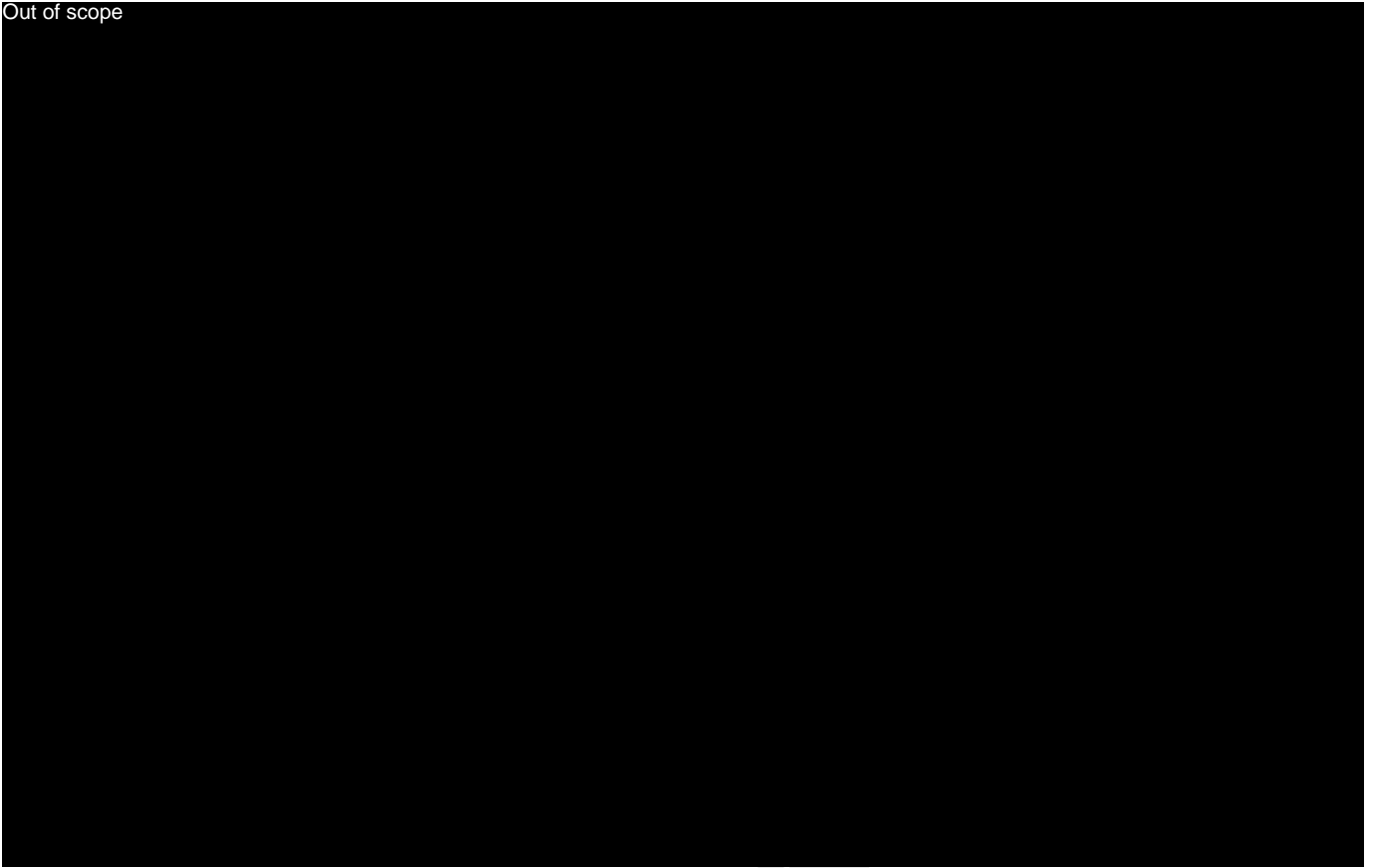
Laboratory PCR testing capacity

- *Refer PCR testing capacity weekly dashboard for 18 Feb for details.*
- As at 18 Feb:
 - The 7-day rolling average has decreased from 21,019 pre-Christmas to as low as 10,705 on 1 January 2022 and has increased since to 25,567 on 18 February 2022 (up 6750 from last week).
 - Baseline testing capacity with pooling was 30,904 (down 26,480 from last week) and baseline capacity 1:1 ratio testing was 29,000 (without pooling).
 - PCR testing is approaching maximum national capacity and has already started to exceed maximum capacity in some regions, including Auckland, Waikato and Bay of Plenty.
- Ministry of Health has purchased rapid PCR testing platforms and allocated these to DHBs and regions to support testing in specific regional and high-risk settings, and secured reagents to cover 3 months supply.
- On Sunday 20 Feb, a memo was provided to the DG with an update on the decision of the national laboratory testing network not to process PCR samples that are older than 5 days and the rationale for this decision.

Out of scope






Out of scope



Attachments:

Out of scope



3. **20 Feb Testing and Supply - Phase 3 Readiness Summary.** A detailed version of this was provided to Steve Waldegrave to collate as part of the phase 3 readiness. Andrew Bichan suggested that DDGs and key leads be ready to provide a verbal status report on Monday morning. This one-pager should help for your verbal report as required.

From: Darryl Carpenter
Sent: Saturday, 19 February 2022 2:34 pm
To: Bridget White; Pheona Hurley; DG Advisory; Julian Robins-EXT
Cc: Priti Patel; Kelvin Watson; Karen Wong
Subject: RE:

Kia ora all – just looping everyone into the key updates in regards RATs at CTC's and changes to the Border Workforce testing (the two most recent big changes within Testing and Supply)

RATs at community testing centres in Auckland

- Moving PCR testing to RATs for community testing for certain groups. This transition is being phased in over a very short period, with the rollout initially in Auckland CTC's, but with other areas quickly following.
 - Starting with the Auckland Region on Monday 21 February
 - Phased roll out to rest of the country commencing next in Bay of Plenty and Waikato and then the rest of the country
- Laboratory capacity is under strain as we all know with the significant increase in numbers and is one of the reasons to alleviate pressure on the system.
- Those presenting as **asymptomatic**:
 - Border workers – RATs
 - Health/clinical request – RATs
 - Location of interest – RATs
 - Close contacts – PCR
 - Household contacts – PCR
 - RATs +ve – PCR
- NOTE
 - Those presenting as **symptomatic** will still require a **PCR test**
- What public need to know
 - RATs for general public can be collected from CTC, they are a self-test, unsupervised with the individual reporting results in **MyCOVIDRecord** or through the Assisted Channel.
 - Close Contact Exemption still applies where needed
- The IT changes needed to pull data through from "My Covid Record" and to NCTS (MVP models) scheduled for Wed/Thurs

Border Workforce Testing

- Moving Border Workers from PCR testing on to RATs from Saturday 19 February
 - Starting with the Auckland Region
 - Moving then to a phased rollout from Wednesday 23rd Feb initially in Bay of Plenty and Waikato and then the rest of the country
- Replacement will be 1 RAT for 1 PCR. Current schedule is:
 - MIQ - Daily RAT
 - MIF - Twice weekly RAT
 - Aviation/Maritime - On RAT per Week or Fortnight
- Workers will upload the RAT to "My Covid Record", or through the Assisted Channel
- Close Contact Exemption still applies where needed
- Worker can collect RAT from CTC's and RAT collection Sites
- Working on setting up RAT collection site at Ports and International Airports
- The IT changes needed to pull data through from "**My Covid Record**" to the BWTR will take up to 2 weeks. This will impact PCBU's ability to monitor compliance.

Document 10c

- MBIE's data will also be affected as they use an electronic swipe card register "Junction" which is integrated with the BWTR. Workers who are overdue for a test are prevented from entering the venue. A manual workaround will take a couple of days to implement.
- Our Weekly Dashboard will not include RAT testing, therefore the compliance reporting will not be accurate until the IT solution is in place.

Ngā mihi

Darryl Carpenter | Group Manager COVID-19 Testing and Supply
COVID-19 Health System Response | Ministry of Health

E: darryl.carpenter@health.govt.nz

Mobile: s 9(2)(a)

<http://www.health.govt.nz>



Summary of Progress		
Phase 1 – Stamp it out <ul style="list-style-type: none"> •PCR test for people that have symptoms and close contacts at GP or Community Testing Centre •RATs testing for arrivals through medium risk pathway begins 28 February and continues in Phase 2 and 3 •Find testing sites closest to you here: Healthpoint.co.nz 	Phase 2 – Flatten the curve <ul style="list-style-type: none"> •Rapid Antigen Tests (RAT) may be used in addition to PCR testing for symptomatic people and close contacts •Close contact exemption scheme if needed for asymptomatic healthcare and critical workforce who are close contacts using RATs. •PCR testing to confirm diagnosis if positive RAT. 	Phase 3 – Manage it <ul style="list-style-type: none"> •Due to so many cases per day, focus of PCR testing is on priority populations •Symptomatic people or priority populations may use a RAT for diagnosis •RATs available at GPs and Community Collection Sites •Close contact exemption scheme' for asymptomatic healthcare and critical workforce who are close contacts using RATs.

Workstream	Status	Due	Summary of Progress		Risks and Issues																					
Policy & Legislation	On track	Ongoing	A3’s summary operational changes to respond to Omicron and related testing tables update issued 14/2, further update 17/2																							
	On track	18 Feb	HR20220236 Retails sales of Rapid Antigen to individuals members of the Public (Minister Hipkins)																							
	On track	18 Feb	DRAFT Testing and Supply allocation/prioritisation policy – with reviewers for discussion																							
	On track	18 Feb	HR20220202 Covid-19 Testing in the Education Sector (Minister Hipkins) – feedback received, MOE updating paper in response																							
	On track	TBD	Test to Play – policy work under way (MoH Policy led)																							
	Complete	15 Feb	Close Contacts - an updated Section 70, enabling the Close Contact Exemption Scheme, came into effect at 23:59 on 15 February (temporary until Order amended)																							
	On track	18 Feb	COVID-19 Public Health Response (Requirements for Close Contacts) Order 2022, comes into effect 23:59 on 18 February																							
	On track	18 Feb	Close Contacts An updated Section 70, enabling the Close Contact Exemption Scheme, comes into effect 23:59 on 18 February																							
Evaluation of applications	On track	21 Feb	Updates to stage 2 technical assessment and other changes to the evaluation framework approved and being implemented (15 Feb). Submission webpage to be updated (21 Feb)																							
	On track	Ongoing	11 RATs have been recommended by ESR/MOH, all of which have been authorised for use. Detailed information for each is available on the MoH website. Eight RATs are currently going through the technical assessment process. *For detailed information on supply please refer to the daily report																							
Supply and Distribution	On track	22 Feb	Update to Principles of Supply guidance																							
	On track	Ongoing	Push distribution of RATs to selected organisations – community providers, GPs, DHBs, ARCs, Police, Corrections (largely complete)																							
	Ongoing	14 Feb	Critical worker processes (distribution and assisted pathway) in place, refinements underway to the three distribution models																							
	At risk	Ongoing	Purchases placed to secure RATs volumes to support Omicron testing plan. Negotiation and assurance of delivery schedules with suppliers (ongoing). RATs supply and demand forecasting to be revised as testing strategy detail is developed . *For detailed information on supply please refer to the daily report	<table><tr><th>Central stock on hand</th><th>4.4M</th></tr><tr><td>Estimated volume held at endpoints</td><td>3.1M</td></tr><tr><td>Estimated volume in the system*</td><td>7.5M</td></tr><tr><td>Estimated additional volume in the system since last report*</td><td>0.2M</td></tr><tr><td>Inbound deliveries over the last 24 hour</td><td>0.3M</td></tr><tr><td>On order to end of February 2022</td><td>23.2M</td></tr><tr><td>Confirmed delivery to end of February 2022</td><td>22.6M</td></tr><tr><td>On order March 2022</td><td>98.7M</td></tr><tr><td>Confirmed delivery in March 2022</td><td>57.5M</td></tr><tr><td>On order in April-June 2022</td><td>60.3M</td></tr><tr><td>Total on order</td><td>182.2M</td></tr></table>	Central stock on hand	4.4M	Estimated volume held at endpoints	3.1M	Estimated volume in the system*	7.5M	Estimated additional volume in the system since last report*	0.2M	Inbound deliveries over the last 24 hour	0.3M	On order to end of February 2022	23.2M	Confirmed delivery to end of February 2022	22.6M	On order March 2022	98.7M	Confirmed delivery in March 2022	57.5M	On order in April-June 2022	60.3M	Total on order	182.2M
Central stock on hand	4.4M																									
Estimated volume held at endpoints	3.1M																									
Estimated volume in the system*	7.5M																									
Estimated additional volume in the system since last report*	0.2M																									
Inbound deliveries over the last 24 hour	0.3M																									
On order to end of February 2022	23.2M																									
Confirmed delivery to end of February 2022	22.6M																									
On order March 2022	98.7M																									
Confirmed delivery in March 2022	57.5M																									
On order in April-June 2022	60.3M																									
Total on order	182.2M																									
Domestic travellers and courts	Complete	31 Jan	MoJ reports that only about one-third of the letters of authorisation for testing issued to court attendees result in attendance at a court hearing.																							
DHBs	On track	15 Feb	Guidance for healthcare settings updated (including updated IPC guidance)																							
	Complete	Ongoing	DHB collection sites are available on Healthpoint as part of move to Phase 2. 51 sites listed.																							
Critical workers	Complete	15 Feb	Guidance for Critical workers complete and on MoH website. Further updated version 16 Feb																							
	On track		Interim key metrics as at 18 Feb Work underway to automate metrics for weekly dashboard reporting	<table><tr><th>Metrics</th><th>Data as at 18 Feb</th><th>Additional data</th></tr><tr><td>RAT orders from critical workers – using the RAT order form</td><td>1147 orders</td><td>Collection site: 527 fulfilled 38 cancelled</td></tr><tr><td>Unsupervised RAT results – from My Covid Record</td><td>1518 results reported</td><td></td></tr><tr><td>Supervised RAT results – from RAT reporter</td><td>2414 results reported</td><td></td></tr><tr><td>Critical Services Register (MBIE data)</td><td>17,205 – businesses</td><td>Of which 4,210 health businesses</td></tr><tr><td></td><td>764,441 workers</td><td>Of which 112,470 health workers</td></tr></table>	Metrics	Data as at 18 Feb	Additional data	RAT orders from critical workers – using the RAT order form	1147 orders	Collection site: 527 fulfilled 38 cancelled	Unsupervised RAT results – from My Covid Record	1518 results reported		Supervised RAT results – from RAT reporter	2414 results reported		Critical Services Register (MBIE data)	17,205 – businesses	Of which 4,210 health businesses		764,441 workers	Of which 112,470 health workers				
Metrics	Data as at 18 Feb	Additional data																								
RAT orders from critical workers – using the RAT order form	1147 orders	Collection site: 527 fulfilled 38 cancelled																								
Unsupervised RAT results – from My Covid Record	1518 results reported																									
Supervised RAT results – from RAT reporter	2414 results reported																									
Critical Services Register (MBIE data)	17,205 – businesses	Of which 4,210 health businesses																								
	764,441 workers	Of which 112,470 health workers																								

Page 71 of 162

Workstream	Status	Due	Summary of Progress	Risks and Issues
Assisted Pathways	Complete	11 Feb	Memo to DCE approving contracting and funding of call centre. Variation to existing contract drafted.	
	Complete	11 Feb	Guidance for Assisted pathways developed. Updates ongoing based on FAQs and broader changes	
	On track	11 Feb	Assisted channel went live 8am 16 Feb, with call centre (Reach) trained on Report a RAT, Éclair and JIRA. Majority of queries from businesses about the critical worker scheme. Call numbers are being monitored	Calls may increase due to Auckland CTC providing RATs to alleviate the PCR testing numbers
ARCs	Complete	15 Feb	Guidance for facilities including specific guidance for ARC published 3 Feb and updated 15 Feb	
Disability/Corrections	Complete	13 Feb	Corrections provided with access to facilities guidance.	
First responders	Complete	10 Feb	Guidance for first responders has been combined with the critical worker guide (available on the health website)	
Priority populations	Complete	26 Jan	Guidance for community providers complete and on MoH website 15 Feb	
	Complete	11 Feb	User journey for community providers published 15 Feb	
	On track	15 Feb	Engagement and training of community providers in progress. Funding approach of supervised testing by Community providers in conjunction with MSD and DHBs agreed. Procurement and contracting arrangements in progress, however it should be noted that organisations are able to provide services in the meantime	
	Complete	11 Feb	Schematic of priority populations in the context of critical workforce, vulnerable groups, priority groups and general population published	
General population	On track	15 Feb	DHBs continuing to add sites for collection	
	Complete	11 Feb	Guidance for communities published 15/2 (What to do in Phase 2 for the community)	
Business (not critical workers)	At Risk	15 Feb	Guidance for Businesses (originally published in Nov 2021) – being updated to align with critical worker guidance and changes to settings.	
Reconnecting New Zealand	On track	25 Feb	Work on track for 28 February (Step 1) launch. RATs to be provided to self isolating international travellers at airport. First tranche of RAT (15k) is on schedule to be delivered to Auckland and Christchurch airports on 25 Feb	
	On track	25 Feb	Development of reporting metrics for RNZ	
	On track	25 Feb	Training and scripts/FAQs for monitoring and compliance team underway to support the automated process	
Other collateral and guidance	Complete	11 Feb	Guidance for supervised testing – for providers (generic) developed and published 15 Feb. Currently under and under internal review	
Data and digital	Complete	Nov 21	RAT recorder (MVP health provider version) – solution to enable digital reporting of RAT results where supervised – in production and in use by community pharmacies and some community providers	
	Complete	3 Feb	RAT recorder (MVP health consumer version) - solution to enable digital self reporting of RAT results in My Covid Record – complete and live 16 Feb 12pm	Not integrated into CT systems for Care in the Community – manual interim solution in development
	Complete	9 Feb	RAT requestor (MVP version - pick-up point solution) - solution for critical workers to order RATs and pick up at a collection site Complete and live 11.59pm 15 Feb.	
	Complete	11 Feb	RAT recorder (developed health consumer version) – for use by assisted channels team – complete and live 11:59M, 15 Feb	
	Complete	11 Feb	Guidance for My Covid Record (and RAT recorder for providers) published 15 Feb	
	At risk	TBD	RAT recorder (further developed health consumer version) enabling reporting of RAT results – enhancements underway to expand scope of providers to GPs. Other requirements to be prioritised	
	At risk	TBD	RAT recorder (further developed health consumer version) enabling reporting of RAT results on behalf in My Covid Record – requirements to be prioritised	
	On track	28 Feb	API to enable the 3rd party apps to send their results to the Ministry is in development	
Comms	On track	28 Feb	RAT requestor (developed version enabling RAT ordering where close contact in phase 3)	
	Complete	15 Feb	Key messages on use and supply of RATs - RATs web page and key messages updated for Phase 2 and sent to agencies/sectors including RATs order form, My Covid Record (recording (RAT results) and CCES info	Key messages in development for new policy settings
	On track	Ongoing	Updated Web content for RATs Rapid antigen testing Ministry of Health NZ (and MBIE/UAC) live 15 Feb – further revisions underway	
	On track	Ongoing	Ongoing revision and updating of key messages, FAQs and guidance around the CCES with MBIE	
	On track	Ongoing	Specific comms planning with Community Providers in progress	
	On track	Ongoing	Comms planning and drafting of key messages, FAQs and web content for Phase 3 in development	
	On track	Ongoing	Comms planning on distribution of RATs by CTCs – including web content, guidance to CTC and public, self reporting in development	Risk of confusing public with inconsistent testing approach across New Zealand Risk with ineligible people accessing RATs through CTCs
	On track	Ongoing	Revision of materials and messages for GPS using RATs	
	On track	Ongoing	Development of key messages and FAQs for Education sector	

General Modelling Assumptions

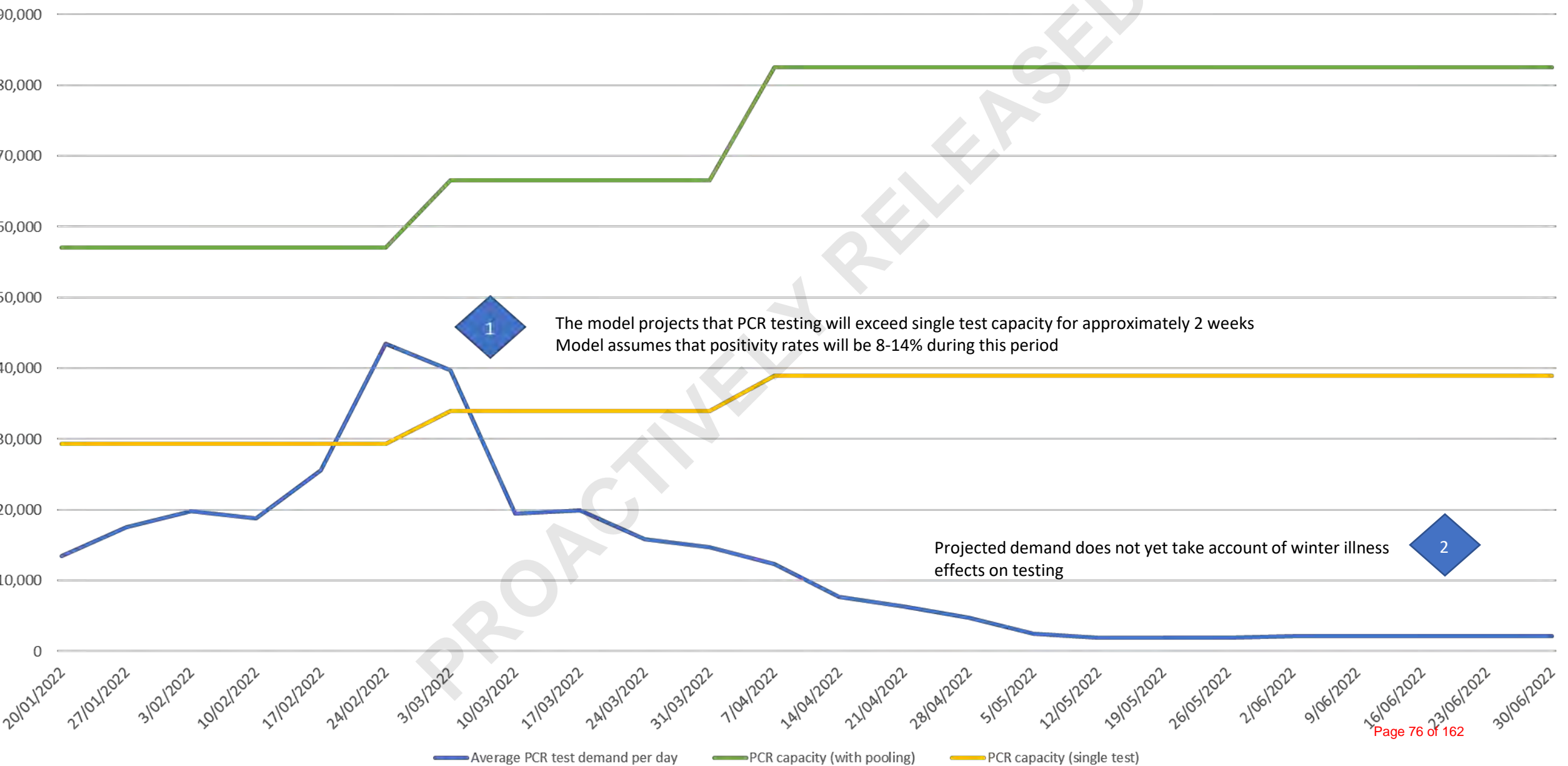
- The Critical Workforce is assumed to be 992,000. To date 704,268 workers have been registered and this figure continues to increase.
- **Use of testing for close contact critical workers is assumed to continue, irrespective of what legal mandate around isolation is in phase 3.**
- Models use real world data for border worker testing from the past five weeks and future projections are based on the average. No assumption about future RTO changes.
- The general population is estimated to be 3.9 million (78%) and the sum of the priority population is estimated to be 1.1 million (22%)
- The number of cases is proportionately distributed between the general and priority populations based on their sizes
- Number of contacts per case estimated as 20 for general population and 30 for priority populations. In phase 3 some close contact testing modelled to continue despite advice.
- **Models reflect move to phase two in the week up to 17 February. Models assume that from next week there will be some transition to a 'phase 3 testing approach'. Most notably, 50% of symptomatic and close contact testing is assumed to move to RATs.**
- **Assume that for symptomatic and close contact testing 65/70% is RATs in week up to 3 March, and 80/90% in week up to 10 March (priority/general populations)**
- Assume that distribution of RATs will be 'front-loaded' with packs of 4 handed out but then reduces to replacement levels from end of March.
- Critical workers who are asymptomatic close contacts will be given **two packs of four to allow them to test each day they are going to work.**
- Estimated weekly medium-risk pathway international arrivals 2,861 in February, 3,046 in March, 9,450 in April, 11,123 in May and 25,546 in June as RNZ progresses. Model allows for 3 RATs per passenger, as per current arrival packs (one additional to allow for repeat test if needed)
- 5% of arrivals assumed to move into higher risk pathway and go in to MIQ where two PCR tests will be done.
- Models include RAT screening of ED presentations (11,000 per week), hospital admissions (10,000 per week) and outpatient appointments (60,000 per week). In reality, not every patient is likely to be screened and some screening may be PCR, further refinement to follow.
- **Added to models asymptomatic surveillance testing for 55,000 residential care workers and 7,500 corrections and youth justice workers. Assumed to take five RATs per week. 50% of workers assumed to be tested at phase two (allowing for guidance that only those in areas with high community cases should be tested) and 100% in phase 3.**
- **Modified case curve to add a 'tail' of a minimum of 200 new cases per day to be identified indefinitely. Model assumes 5% positivity rate of tests and that 90% of testing will be RAT (80% for priority populations)**
- Winter illness symptom effects on testing are not yet included.

Model 1 – 10,000 new cases per day peak

Additional, model-specific assumptions

- This model is based on a peak of 10,000 cases per day on 24 March, with a standard deviation of about two and a half weeks.
- The model projected 6,908 community cases in the week up to 17 February, 7,659 were observed. This model projects 15,888 cases in the week up to 24 February.
- As of 17 February, seven day rolling average of positivity was 4.2% compared to 3% previously assumed, models updated this week. 8% projected for next week. Peak positivity rate is forecast to be 25%, from about 17 March.

PCR Test Capcaity vs Demand – model 1 (10,000 new case peak)

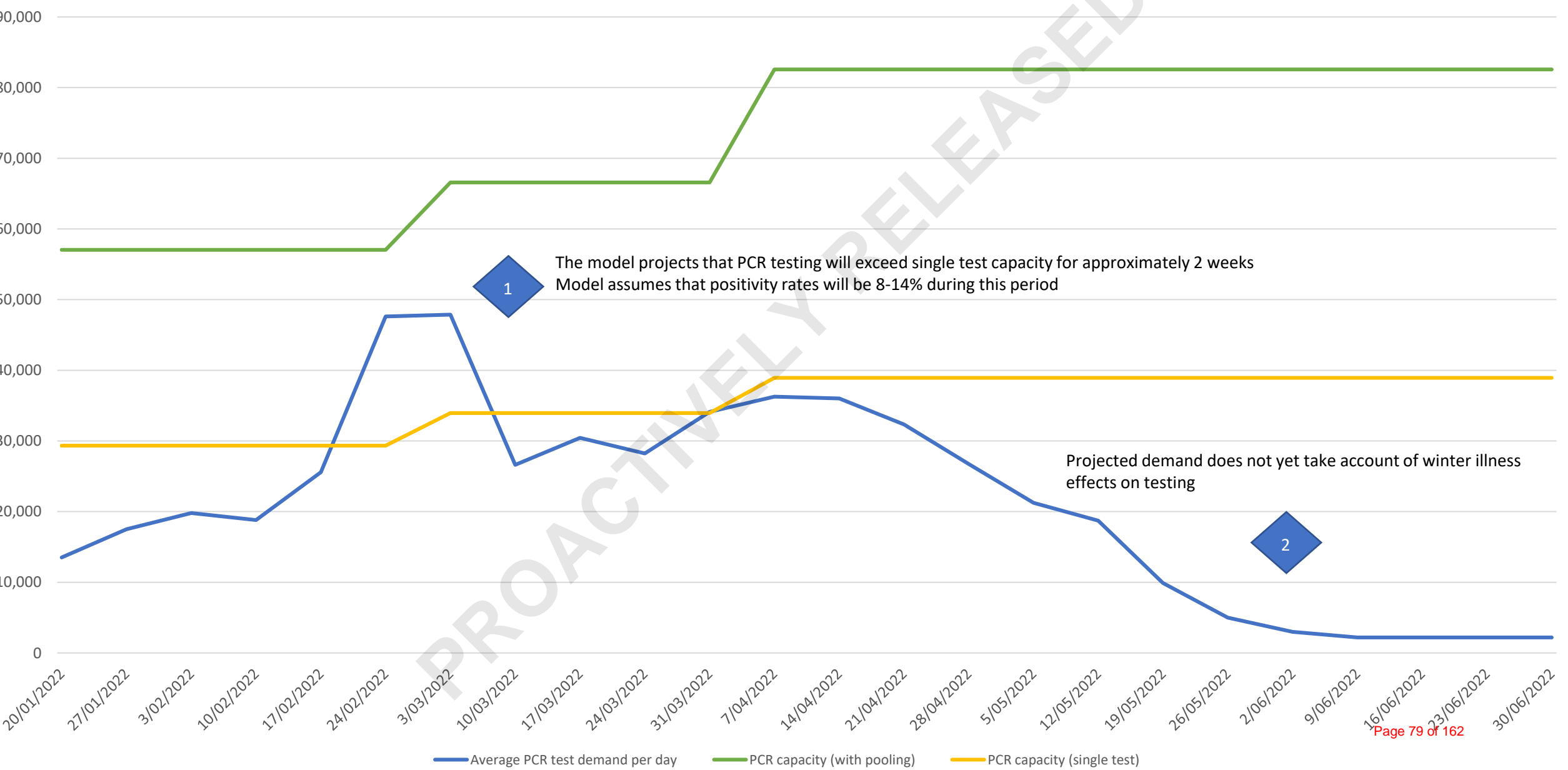


Model 2 – 25,000 new cases per day peak

Additional, model-specific assumptions

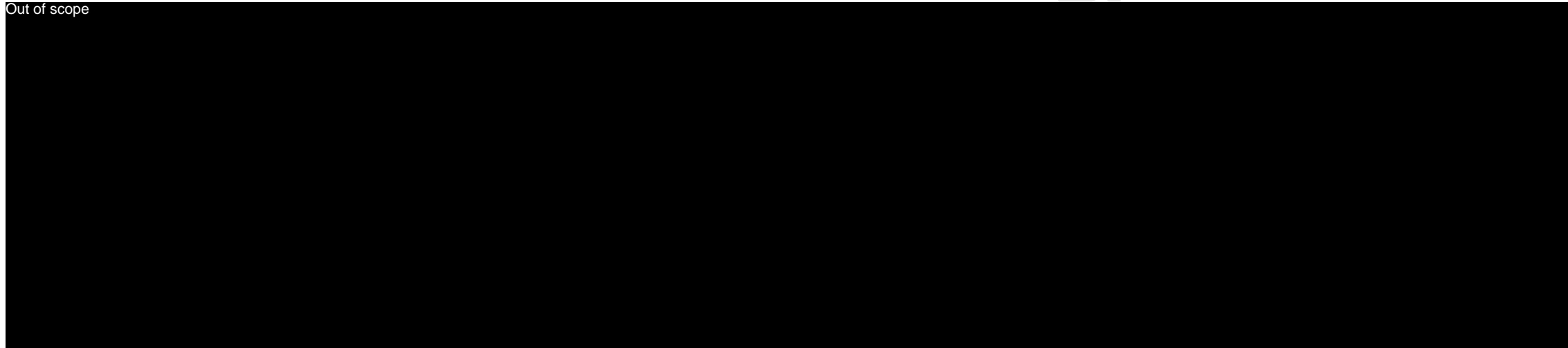
- This model is based on a peak of 25,000 cases per day on 7 April, with a standard deviation of just under 3 weeks
- The model projected 7,689 community cases in the week up to 17 February, 7,659 were observed. This model projects 17,617 cases in the week up to 24 February.
- As of 17 February, seven day rolling average of positivity was 4.2% compared to 3% previously assumed, models updated this week. 8% projected for next week. Peak positivity rate is forecast to be 30%, from about 24 March.

PCR Test Capcaity vs Demand – model 2 (25,000 new case peak)



Key conclusions

Out of scope



- PCR testing is forecast to rapidly increase as case numbers continue to grow
- PCR testing demand exceeds single test capacity in both models, prior to transition to RATs occurs. Positivity rate assumption is 8% increasing to 14% during this period.

Next steps to refine modelling

- Continue to review accuracy and timing of case growth projection
- Review case curve tail, seek clinical input as to what rate of new cases may be post-peak
- Update reconnecting NZ higher risk pathway entrant testing numbers, if projections are released
- Update model with any decisions about phase three date or shift to testing prior to phase change
- Include winter illness symptomatic testing effect

COVID-19 PCR testing capacity weekly dashboard

Week ending
18 February 2022

Document 10f

Group focus areas



Increasing lab capacity/supply

Introduce improvements, new innovations and providers to increase lab capacity.



Prioritise testing demand

Ensure testing is targeting the people and settings that need it most.

Testing by numbers

Last week

This week

7 day average of tests
processed per day



18,817



25,567

(+6,750)

7 day average tests
Processed within 24 hours



77%



55%

(-22%)

Baseline testing capacity with pooling



57,384



30,904

(-26,480)

7 day average testing
volume of baseline capacity



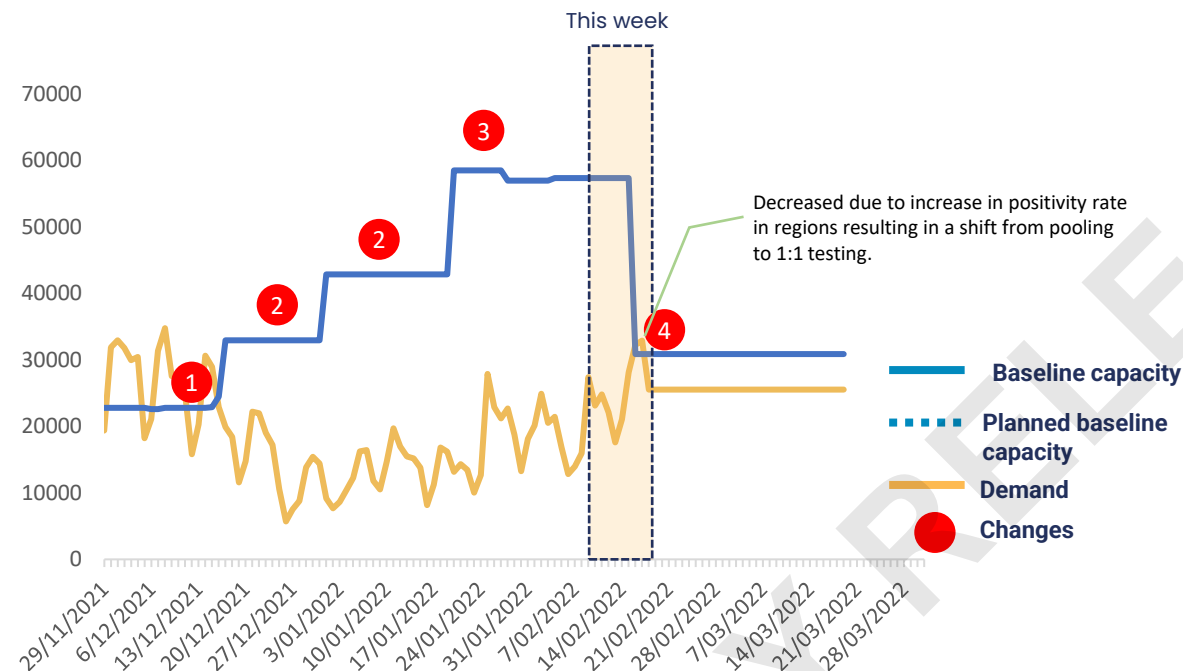
33%



83%

(+50%)

Daily tests & 30 day projection based on current average tests per day



Regional focus testing

Region	7 day rolling ave of tests completed	Baseline Capacity - BAU	% Capacity Utilised
1. Northern region	14188	14820	96%
2. Central region	4584	6594	70%
3. Lower North region	2657	2332	114%
4. Canterbury region	2521	6075	42%
5. Southern region	1617	1083	149%
TOTAL	25,567	30,904	83%

NB – doesn't take into consideration number of samples collected

Northern region: Lab Plus, Lab Tests, Medlab Central, Middlemore

Central region: Hawke's Bay, Pathlab, R J Hill, Waikato

Lower North region: ESR, Taranaki DHB, Taranaki Pathology Services and Wellington SCL.

Canterbury region: Canterbury Health Labs, Canterbury SCL, Nelson/Marlborough

Southern region: Dunedin SCL

Activity	Status update	Expected impact
Lab capacity/supply		
National Baseline testing capacity	<ul style="list-style-type: none"> Baseline capacity 1:1 ratio testing 29,000 Pooling is not routinely used by the network with the increase in positivity rates in the Auckland region. PCR demand was 28k today, with 15k processing capacity resulting in an accumulating backlog of 10-15k per day Rollout of RATs at CTCs for asymptomatic testing for specific cohorts for Auckland effect 19 February with view to next rollout to Bay of Plenty and Waikato and then nationally. Additionally moving border workforce testing to RATs 	<p>4 A daily accumulating backlog of 10-15k per day, is now impacting on the integrity of reagent solutions for those samples 5 days and older, resulting in sample not suit for testing. There will be a portion of sample in the network that will not be processed.</p> <ul style="list-style-type: none"> Manage demand for PCR
Contracted laboratory capacity	<ul style="list-style-type: none"> Hill Labs came online Monday 13 December 2021. They are supporting testing overflow from Auckland and Bay of Plenty region and discussions underway to support Waikato Contractual discussions with Rako underway to support Bay of Plenty 	<p>2 Provide overflow testing capacity</p> <p>3 Hill Labs capacity increased from 1,600 initial volume to 3,500</p> <p>3 Rako to provide saliva PCR, which will reduce the PCR demand on the lab network</p>
Auckland Region	<ul style="list-style-type: none"> Strengthening testing capacity for regional testing with introduction of rapid PCR Auckland central – commissioning of new equipment, including robotics installation in ADHB, expecting implementation by 21 Feb See note above on Auckland regional capacity 	<p>4 Reducing PCR demand by moving PCR testing to RATs</p>
Central North Island	<ul style="list-style-type: none"> Introduction of rapid PCR platforms for regional cover Additional analyzers procured to provide increase in PCR testing capacity Engineer is in country from 29th Jan to complete commissioning of equipment for the Waikato DHB. Implementation on track for end of Feb 	<ul style="list-style-type: none"> Increase capacity Reduction in turnaround time for critical and priority populations
Lower North Island	<ul style="list-style-type: none"> Taranaki – commenced testing on 1 February, Additional PCR platform received and currently undergoing commissioning – implementation on track for end of Feb 	<p>3 Taranaki adding 300 (single testing) 1,500 (pooled) testing volumes</p>
South Island	<ul style="list-style-type: none"> Canterbury Health – additional decapper/recapper ordered with ETA end of March Additional PCR analysers on order 	<ul style="list-style-type: none"> Increase types and number of rapid PCR utilised, hence reducing TAT for critical and high-risk testing Efficiency in processing and increase testing capacity

Prioritise testing demand

From: Darryl Carpenter
Sent: Sunday, 20 February 2022 11:38 am
To: Jenny Hawes; Christina Bir
Subject: RE: text about 5 day swabs
Attachments: RE: Samples at labs

Attached

Ngā mihi

Darryl Carpenter
Group Manager – COVID-19 Testing and Supply
darryl.carpenter@health.govt.nz, s 9(2)(a)

From: Jenny Hawes <Jenny.Hawes@health.govt.nz>
Sent: Sunday, 20 February 2022 11:37 am
To: Darryl Carpenter <Darryl.Carpenter@health.govt.nz>
Subject: Re: text about 5 day swabs

Hi Darryl, s 9(2)(a). She mentioned she had sent out something from the labs which I haven't got. Are you able to please send that through. Thanks, Jenny

From: Darryl Carpenter <Darryl.Carpenter@health.govt.nz>
Sent: Sunday, February 20, 2022 11:30:59 AM
To: Bridget White <Bridget.White@health.govt.nz>; Priti Patel <Priti.Patel@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Celeste Gillmer <Celeste.Gillmer@health.govt.nz>; Stephen Corbett <Stephen.Corbett@health.govt.nz>
Cc: Emma Blackmore <Emma.Blackmore@health.govt.nz>; Jenny Hawes <Jenny.Hawes@health.govt.nz>
Subject: RE: text about 5 day swabs

Agreed – the team are working on the memo and associated docs now

Ngā mihi

Darryl Carpenter
Group Manager – COVID-19 Testing and Supply
darryl.carpenter@health.govt.nz, s 9(2)(a)

From: Bridget White <Bridget.White@health.govt.nz>
Sent: Sunday, 20 February 2022 11:23 am
To: Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; Priti Patel <Priti.Patel@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Celeste Gillmer <Celeste.Gillmer@health.govt.nz>; Stephen Corbett <Stephen.Corbett@health.govt.nz>
Cc: Emma Blackmore <Emma.Blackmore@health.govt.nz>
Subject: RE: text about 5 day swabs

Great – its urgent and will be noisy – with media, with Ministers etc We need to get ahead of the issue or it will be very unpleasant for us all

From: Darryl Carpenter <Darryl.Carpenter@health.govt.nz>
Sent: Sunday, 20 February 2022 10:37 am

Document 11

To: Bridget White <Bridget.White@health.govt.nz>; Priti Patel <Priti.Patel@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Celeste Gillmer <Celeste.Gillmer@health.govt.nz>; Stephen Corbett <Stephen.Corbett@health.govt.nz>
Cc: Emma Blackmore <Emma.Blackmore@health.govt.nz>
Subject: RE: text about 5 day swabs

Thanks Bridget – we are preparing this today (should be with you early afternoon) and will get a memo (with ops and comms plan attached) to you/DG Advisory prior to getting this over the MO after that

Ngā mihi

Darryl Carpenter

Group Manager – COVID-19 Testing and Supply
darryl.carpenter@health.govt.nz s 9(2)(a)

From: Bridget White <Bridget.White@health.govt.nz>

Sent: Sunday, 20 February 2022 8:57 am

To: Priti Patel <Priti.Patel@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Celeste Gillmer <Celeste.Gillmer@health.govt.nz>; Stephen Corbett <Stephen.Corbett@health.govt.nz>

Cc: Emma Blackmore <Emma.Blackmore@health.govt.nz>; Darryl Carpenter <Darryl.Carpenter@health.govt.nz>

Subject: text about 5 day swabs

Importance: High

Hi

Just checking were the comm plan is at about the labs notifying people their swab can't be processed.

Do we have key messages, timing, how we are telling key stakeholders including Minister this is definitely happening and when, reactive media lines etc

Cheers

b

Bridget White | DCE Covid-19 Health System Response Directorate | Ministry of Health | Mobile s 9(2)(a)
Bridget.White@health.govt.nz

From: Karen Wong <Karen.Wong@health.govt.nz>

Sent: Sunday, 20 February 2022 8:19 pm

To: Bridget White <Bridget.White@health.govt.nz>; Lisa McPhail <Lisa.McPhail@health.govt.nz>

Cc: Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Andrea Birtwistle <Andrea.Birtwistle@health.govt.nz>; Emma Blackmore <Emma.Blackmore@health.govt.nz>; DG Advisory <dgadvisory@health.govt.nz>; Harriette Carr <Harriette.Carr@health.govt.nz>; Jenny Hawes <Jenny.Hawes@health.govt.nz>; COVID-19 Office <Covid-19Office@health.govt.nz>; Dom Harris <Dominic.Harris@health.govt.nz>; Kelvin Watson <Kelvin.Watson@health.govt.nz>

Subject: FOR DG APPROVAL: DG Memo re Lab Network processing PCR samples older than 5 days

Refer to Document 12b below

Thank you Bridget – edits made and attached is the final DG Memo and Audit Trail.

@Lisa McPhail, please find attached a DG memo and audit trail that is ready to go to the DG on the lab network processing PCR samples older than 5 days. As just confirmed with Bridget and yourself, when you send it to DG, it would be good if you can please check if he would like the signed memo to be forwarded to Ministers' offices first you in the morning.

Many thanks

Karen

Karen Wong | Programme Manager - Governance | Testing & Supply

Phone | s 9(2)(a)

COVID-19 Health System Response, Ministry of Health | www.moh.govt.nz



If this email reaches you out of hours, I don't expect a response outside of your office hours, it's just a convenient time for me to send an email

From: Bridget White <Bridget.White@health.govt.nz>
Sent: Sunday, 20 February 2022 7:55 pm
To: Karen Wong <Karen.Wong@health.govt.nz>
Cc: Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Andrea Birtwistle <Andrea.Birtwistle@health.govt.nz>; Emma Blackmore <Emma.Blackmore@health.govt.nz>; Lisa McPhail <Lisa.McPhail@health.govt.nz>; Harriette Carr <Harriette.Carr@health.govt.nz>; Jenny Hawes <Jenny.Hawes@health.govt.nz>
Subject: RE: FOR APPROVAL to go to DG: DG Memo re Lab Network processing PCR samples older than 5 days
Importance: High

Para 2 viable not variable (may be my typo – sorry)

Also in comms plan first line under Who should have a test ? is incomplete

I don't think we want PM and Ministers first interaction with this to be the 10 am meeting.. If DG signs it off we may need to cut and paste into a memo to Min Hipkins, Verrall and Little and get over to them first thing in the morning

DG Advisory – your thoughts on getting across to minsters prior to the 10am?

Cheers

b

From: Karen Wong <Karen.Wong@health.govt.nz>
Sent: Sunday, 20 February 2022 7:27 pm
To: Bridget White <Bridget.White@health.govt.nz>
Cc: Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Andrea Birtwistle <Andrea.Birtwistle@health.govt.nz>; Emma Blackmore <Emma.Blackmore@health.govt.nz>; Lisa McPhail <Lisa.McPhail@health.govt.nz>; Harriette Carr <Harriette.Carr@health.govt.nz>; Jenny Hawes <Jenny.Hawes@health.govt.nz>
Subject: RE: FOR APPROVAL to go to DG: DG Memo re Lab Network processing PCR samples older than 5 days

Hi Bridget

Thank you for reviewing and your comments on the first version. These have now been incorporated and attached is the revised version for your approval please to progress to DG advisory for DG.

Harriette has also reviewed this, so I have amended the audit trail (attached) to reflect that. Thank you Harriette.

Karen

Karen Wong | Programme Manager - Governance | Testing & Supply

Phone | s 9(2)(a)

COVID-19 Health System Response, Ministry of Health | www.moh.govt.nz



If this email reaches you out of hours, I don't expect a response outside of your office hours, it's just a convenient time for me to send an email

From: Darryl Carpenter <Darryl.Carpenter@health.govt.nz>
Sent: Sunday, 20 February 2022 6:58 pm
To: Bridget White <Bridget.White@health.govt.nz>; Karen Wong <Karen.Wong@health.govt.nz>
Cc: Christina Bir <Christina.Bir@health.govt.nz>; Andrea Birtwistle <Andrea.Birtwistle@health.govt.nz>; Emma Blackmore <Emma.Blackmore@health.govt.nz>; Lisa McPhail <Lisa.McPhail@health.govt.nz>; Harriette Carr

<Harriette.Carr@health.govt.nz>

Subject: RE: FOR APPROVAL to go to DG: DG Memo re Lab Network processing PCR samples older than 5 days

Thanks Bridget – we are making the changes now and yes, Harriette is having a look and providing input

Ngā mihi

Darryl Carpenter

Group Manager – COVID-19 Testing and Supply

darryl.carpenter@health.govt.nz s 9(2)(a)

From: Bridget White <Bridget.White@health.govt.nz>

Sent: Sunday, 20 February 2022 6:08 pm

To: Karen Wong <Karen.Wong@health.govt.nz>

Cc: Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Andrea Birtwistle <Andrea.Birtwistle@health.govt.nz>; Emma Blackmore <Emma.Blackmore@health.govt.nz>; Lisa McPhail <Lisa.McPhail@health.govt.nz>; Harriette Carr <Harriette.Carr@health.govt.nz>

Subject: RE: FOR APPROVAL to go to DG: DG Memo re Lab Network processing PCR samples older than 5 days

Hi

My tracked changes and comments attached. We need to inform Ministers as a key stakeholder first.

Does it have ODPH sign off on approach re who gets retested?

Cheers

b

From: Karen Wong <Karen.Wong@health.govt.nz>

Sent: Sunday, 20 February 2022 5:32 pm

To: Bridget White <Bridget.White@health.govt.nz>

Cc: Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Andrea Birtwistle <Andrea.Birtwistle@health.govt.nz>

Subject: FOR APPROVAL to go to DG: DG Memo re Lab Network processing PCR samples older than 5 days

Hi Bridget

I understand from Darryl that you are expecting this and that DG advisory is also aware this is coming their way this evening, once you approve.

Please see attached DG Memo and the audit trail for your review and approval please – Lab Network processing PCR samples older than 5 days.

Many thanks

Karen

Karen Wong | Programme Manager - Governance | Testing & Supply

Phone | s 9(2)(a)

COVID-19 Health System Response, Ministry of Health | www.moh.govt.nz



If this email reaches you out of hours, I don't expect a response outside of your office hours, it's just a convenient time for me to send an email

DG Memorandum

National laboratory network unable to process PCR samples older than 5 days

To:	Dr Ashley Bloomfield, Director-General of Health
Copy to:	Darryl Carpenter, Group Manager, Testing and Supply
From:	Bridget White, Deputy Chief Executive, COVID-19 Health System Response.
Date:	20 February 2022
For your:	Information

Purpose of report

1. This memo provides you with an update on the clinical decision of the national laboratory testing network not to process PCR samples that are older than 5 days and the rationale for this decision.

National laboratory network now having to prioritise samples

2. The national laboratory testing network (the network) is now at capacity given pooling samples is no longer viable given positivity rates and COVID-19 cases in the community continue to grow. The increasing testing demand far exceeds the network's testing capacity, as anticipated in the COVID-19 Omicron Response Plan.
3. The Phases Two and Three testing framework within the COVID-19 Omicron Response Plan includes increasingly moving away from PCR to rapid antigen tests (RATs) in efforts to preserve PCR capacity for high priority groups.
4. The network's testing plans includes prioritisation of samples as they manage laboratory capacity and increased testing demand. The Auckland region has experienced a range of between 20-25k PCR samples per day last week, with only 15k PCR test capacity per day, leaving a daily accumulation of up to 10k per day backlog.
5. The sharp increase in the backlog is in part due to pooling of samples no longer being an option as positivity rates have doubled since the 4 February, from 2 to 4% to now 4 to 8% (18 February). In addition, the network has not been able to send samples to other regions for processing due to the increase in the number of community cases and high positivity rates experienced in those regions as well.
6. The use of SurvCodes by CTCs and GPs assists the network to prioritise the samples according to clinical and public health priorities. High priority samples include symptomatic and close contacts and lower priority samples include asymptomatic people.

7. The network focuses on high priority samples first and these are typically reported as tests completed within 24-48 hours. However, these turnaround times are coming under increasing pressure due to the large number of samples coming through the network. Today, the testing turn-around time for laboratories was 32 percent within 24 hours and total tests processed was close to 28,000. As a result, some lower priority samples have not been processed and are now exceeding 5 days.
8. On Friday 18 February, the network confirmed that samples older than 5 days will not be processed for the following reasons:
 - a. sample integrity is compromised after five days
 - b. there is limited clinical value of a test result to inform patient management after five days.
 - c. samples older than five days are generally the lower priority samples (such as testing asymptomatic people)
9. For samples that were not processed within 5 days, the impacted people will be informed by text notification and directed to contact Healthline for further instructions if they are close contacts or symptomatic. Healthline will follow their standard triaging processes to inform whether another test is required or not.
10. There is a risk that some priority samples will be missed because of this decision and won't be processed within 5 days. However, interaction with Healthline will ensure the impacted people are directed to get another test, if required.

Communicating the change

11. Given that the network has already made the clinical decision not to process samples older than 5 days, the Ministry will need to quickly communicate the decision and the rationale to Public Health Units, Healthline, Ministers and then the wider public.
12. The Ministry needs to make people aware that their samples may not be processed by the laboratory and the reasons why. It also important that people understand what other public health measures they need to follow if their PCR sample is unable to be processed. This includes reiterating key messages around the who should be seeking a test, and the role of PCR and RATs as we quickly move into Phase Three.
13. We anticipate go live from midnight Monday once we ensure Healthline and the network have been informed and made the necessary changes and key stakeholders are aware.
14. A communication plan along with key messages, FAQs and a draft press release are attached in Appendix 1.

Recommendations

I recommend that you:

- a) **Note** the clinical decision of the national laboratory network not to process samples older than 5 days.
- b) **Note** the communications plan, messages and FAQ's for communicating the decision and the rationale to the Ministers, Public Health Units, Healthline, the network and the general public.
- c) **Note** the timeline for implementation can be from midnight Monday 21 February 2022 subject to the necessary operational details being in place.

Ashley Bloomfield

Director-General of Health

Te Tumu Whakarae mō e Haoura

Date:

Appendix 1 - Communications Plan: Changes to COVID-19 Testing

A high demand on testing laboratories during this Omicron outbreak is seeing a number of tests unable to be processed after 5 days.

It is important that we prioritise the analysis of tests, to ensure quick turn-around for those at most risk. This includes those that are symptomatic and at highest risk of serious illness and those most likely to have been exposed, including close contacts of known cases.

Our communications to the public as the outbreak escalates, will be focused on advising:

- that if people have developed symptoms to get a new test,
- if they have not developed symptoms just to monitor themselves, and that anyone who is asymptomatic and has not been asked to get a test (eg not been at a Location of Interest, close contact, health provider request) will be turned away.

Key messages:

- As expected from overseas experience, testing laboratories in some regions have reached a point at which they are not physically able to analyse all the samples they are receiving.
- Some of the samples will be determined as low risk i.e asymptomatic and may not be processed.
- After five days test samples will not be processed as results are not considered reliable.
- This means that in Phase 3 we need to conserve our PCR testing capacity to support those that need it the most – the communities who have been disproportionately affected by COVID-19 outbreaks.
- People who have not yet had a result — and who were not symptomatic when they got tested — may be asked to be retested if they are a household or close contact.
- Everyone who has been tested will be contacted. Please remember that Healthline cannot give test results.

Approach going forward

As we expected Omicron cases continue to grow in the community across New Zealand so we must again adapt our testing regime to respond to a rapidly evolving situation.

To maintain current levels of PCR testing we will widen the use of Rapid Antigen Tests (RATs) during Phase 3.

Widening the use of RATs

Starting in Auckland, we are working with DHBs to provide them with additional RATs to assist in taking the pressure off lab processing times and lessen wait times at testing sites.

Greater access to RATs will initially be rolled out to other high-demand sites around New Zealand. Sites will determine which test (PCR or a RAT) is best for people. People who are directed to have a RAT will be given advice on what to do if the test is positive.

Q&A

It has been 5 days (or longer) since I had a COVID test but I have not received a result – what do I do?

If you have been identified as a close contact and haven't had a result by Day 5 you will receive a text message to call Healthline (if you registered a cellphone number on your test form). They will provide further advice. If you registered a landline number on your testing form you will get a phone call to advise you what to do.

Do I need to continue to isolate if I don't get a result?

Yes, you should continue to self-isolate for the recommended time if you are a close contact or a household contact. After you have completed isolation, and if you do not feel symptomatic, you can leave self-isolation.

If I haven't had a test result after 5 days, when will I get one?

You will receive a text if your sample is not been able to be processed. If you are not symptomatic or not a close contact, you don't need another test. No further isolation required.

If you are a close contact or symptomatic, please contact Healthline and seek their advice for what to do next. It is still important that you remain isolating at home for the relevant period if you are a close contact (10 days for a household close contact, 7 days for other close contacts)

Is there a risk that I am positive for COVID-19 but I don't get a formal test result to confirm?

If you are asymptomatic and not considered high risk, you may not get a test result.

If you are a close contact or symptomatic, please contact Healthline (0800 358 5453) and seek their advice for what to do next. It is still important that you remain isolating at home for the relevant period if you are a close contact (10 days for a household close contact, 7 days for other close contacts)

If I haven't had my test result after 5 days but I start to feel unwell, what should I do?

You will receive a text if your sample is not been able to be processed.

If you are a close contact or symptomatic, please contact Healthline (0800 358 5453) or contact your doctor and seek their advice for what to do next. It is still important that you remain isolating at home for the relevant period if you are a close contact (10 days for a household close contact, 7 days for other close contacts)

What is the cost of a RAT if I am directed to have one at a CTC?

All COVID-19 testing including RATs is free under the public health response.

Who should have a PCR test?

Only those with symptoms or who have been identified as close contacts of a case, or have been directed by a health professional for clinical management, may get a PCR test. The CTC and GPs determine the appropriate test for the person (PCR, RATs or if appropriate, no test)

Also, if you have a positive RATs, you will need to have a PCR to confirm. PCR testing is still the most definitive method of confirming someone has COVID-19.

Any other advice?

It's still important to keep up with the basic healthcare prevention measures – stay home if you're sick, get a booster, wash your hands, wear your mask, scan in and maintain social distancing where possible.

Timeline / Channels

Date:	What/channel:	Audience:	Who:
21 Feb	Monday Prime Minister and Ministers meeting	Key Ministers and Prime Minister	MOH
21 Feb	1pm Media Statement: Communication regarding laboratory no longer processing samples greater than 5 days	Public	MOH
21 Feb	Website <ul style="list-style-type: none"> - https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/assessment-and-testing-covid-19 - https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/assessment-and-testing-covid-19/receiving-positive-covid-19-test-result 	Public	MOH
As required	Ministerial announcements / Talking points	Public	MOH and DPMC
21 Feb	Unite Against COVID website – updated advice	Public	DPMC
21 Feb	DPMC updates (COVID comms)	Govt agencies	DPMC
21 Feb	Awhina app	Health sector	MOH
20 – 22 Feb	Facebook - reminder only symptomatic to be tested <i>and</i> what to do if you haven't had your test result	Public	MOH and DPMC
21 Feb onwards	COVID-19 test, result overdue – Text advice due to delay	People tested	MOH
22 Feb	Health Key messages newsletter	DHB, PHU comms leads, health sector	MOH
21 Feb	Q&A and key messages - Whakarongorau (Healthline)	Public	MOH
21 Feb	Healthpoint website – Where to get tested	Public	Healthpoint
21 Feb	Advise Health sector of update via email - PHU, DHBs, GPS, Lab leads	Sector	MOH
w/c 21 Feb	DG update	Health Sector	MOH

Media release

Omicron response testing changes

XXX says updates to New Zealand's COVID-19 testing approach should bolster resources as cases of Omicron in the community continue to rise.

Throughout New Zealand's response to the Omicron outbreak, the objective continues to be to slow the spread and protect our vulnerable communities.

"The current rise in daily numbers and hospitalisations is entirely expected. At the same time, demand for testing around the country is also on the increase.

"Testing continues to be one of our best defences against COVID-19. As demand for testing has grown, some COVID-19 test results for Auckland and Waikato are currently taking longer to process at laboratories.

"One of the changes we are confident will make a positive difference is making rapid antigen tests available at Community Testing Centres around Auckland from Monday morning.

"If people who need to get tested fit appropriate clinical criteria, they will be given a rapid antigen test.

"People who are directed to have a rapid antigen test will be given advice on what to do if they have a positive result. At the current time, they will likely be advised that they need to have a PCR test to confirm the positive result."

XXX says to manage the climbing number of tests needing processing, samples will be prioritised to ensure the highest risk samples are processed first.

"These will include highly symptomatic people, our vulnerable communities, and close contacts of known cases."

"Our hard-working lab staff need to ensure that samples are consistently turned around quicker. Lower risk samples from asymptomatic people which are over five days will not be processed," says XXX.

"This really reinforces just how critical it is that only the people that need a test the most should go for a test.

"If you are asymptomatic and not considered high risk, you may well not get a test result. But you must continue to remain isolating at home for the relevant period (10 days for a household contact, 7 days for a close contact).

"These changes are designed to protect our most vulnerable communities and at risk people, while preparing other New Zealanders for a further rise in cases.

"New Zealand has one of the best vaccination rates in the world, and we want to continue to preserve our resources and our health system for the most at-risk amongst us," says XXX.

From: Bridget White
Sent: Monday, 21 February 2022 9:15 pm
To: Ashley Bloomfield
Subject: Fwd: Testing and Supply updates from Mon 21 Feb Minister and PM meetings
Attachments: Operational changes to respond to Omicron 21022022.pdf; Phases of operational changes to respond to Omicron 21022022.pdf; RE:

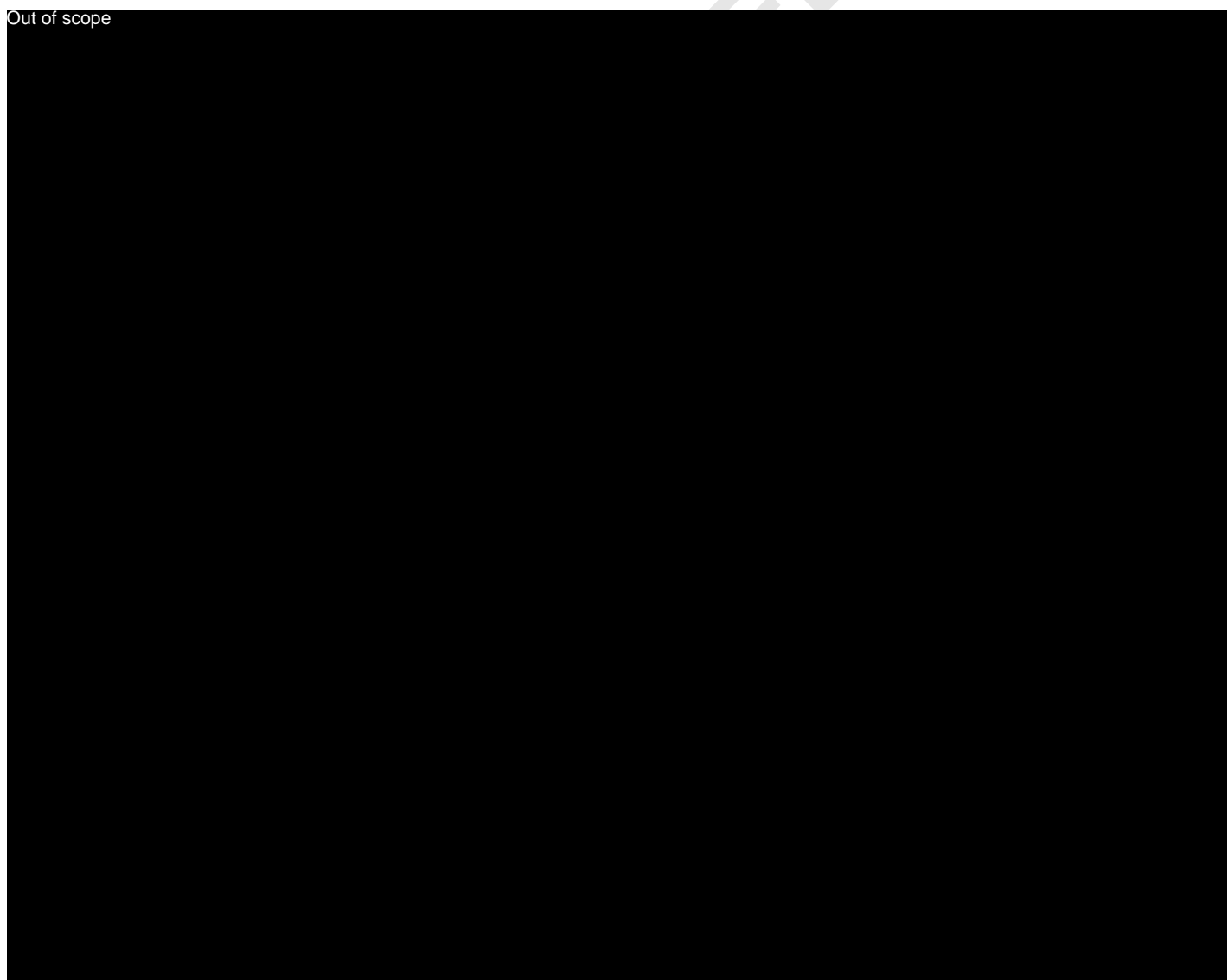
[Refer to Document 13b below](#)

Just realised you weren't in the email but hopefully dg advisory has forwarded it you

From: Darryl Carpenter <Darryl.Carpenter@health.govt.nz>
Sent: Monday, February 21, 2022 5:33 PM
To: Pheona Hurley; Dawn Kelly-Ext; Kanchan Sharma-EXT
Cc: Karen Wong; DG Advisory; Lisa McPhail; Andrew Bichan; Bridget White; COVID-19 Office; Christina Bir; Kelvin Watson; Priti Patel
Subject: Testing and Supply updates from Mon 21 Feb Minister and PM meetings

Kia ora all – please see below our responses to various requests for info from this morning Minister/s and PM meetings from Testing and Supply Group. Happy to take any questions or requests for additional information.

Out of scope



6. Micro manage LabTests and Waikato DHB Labs

- a. LabTests – they have been sending samples to Canterbury SCL (another part of the APHG network) last week but have ceased that now Canterbury cases are such that pooling is no longer an option and their TATs will be compromised so no gain to be made with continuing to send them samples. Looking at alternatives such as Medlab Central
 - b. Waikato DHB Lab – we are working with them to commence sending samples to Hill Labs from today (to their Hamilton base)
 - c. Further updates on managing the Lab network will be provided tomorrow (Tuesday)
7. **Impact of changing testing regimes now/recently and when we move to Phase 3**
- a. The changes included below provide the basis for a reduction in PCR testing
 - b. Stopping testing of asymptomatic close contacts (18%), asymptomatic non-contacts (20%), BWF (2.7%), MIF returnees (2.5%) will provide up to 43% reduction in PCR testing progressively from today. Once we go to Phase 3, this will likely result in further reduction in PCR testing once general population moves to using RATs when symptomatic (RATs become diagnostic) or a household contact (either using RATs). At that point, PCR will be reserved for priority groups
 - c. Further modelling is required to determine how quickly this reduction in PCR testing will enable the Lab network to clear their >48hr backlog. Early indications are that this will be 3-5 days (but to be confirmed).

All tests	199,971 (this is all tests between Mon – Sun last week)
Border worker tests	5,360 (2.7%) – moving to RATs
MIF resident (returnees) tests	4,954 (2.5%) – advice is to move to RATs

eOrder tests	153,771 (eOrdering is all CTCs and some GPs so this number is a subset of the 'all tests' above)
Symptomatic	70,660 (46%) – keep testing this group while in Phase 2. In Phase 3, most will move to RATs but priority groups will continue to use PCR
Asymptomatic household contacts	20,630 (13%) – keep testing this group while in Phase 2. In Phase 3, most will move to RATs but priority groups will continue to be tested with PCR
Asymptomatic close contacts	27,694 (18%) – moving to RATs for Phase 2 today. In Phase 3, this group won't be tested
Other asymptomatic individuals (non-contacts)	30,921 (20%) – stop testing this group (provide better comms, key messages and triaging at the CTC and GP). Note, some BWF might be included here
Other (unspecified)	3,866 (6%)

8. **Guidance regarding RATs use vs PCR** – see attached PDF's (Operational changes to respond to Omicron PDF as-of 21 Feb 2022). Please note, these don't include the changes to close contacts decision which was made earlier today. They will be revised tomorrow and include any other policy changes being made

Out of scope

Ngā mihi

Darryl Carpenter | Group Manager COVID-19 Testing and Supply
COVID-19 Health System Response | Ministry of Health

E: darryl.carpenter@health.govt.nz

Mobile: s 9(2)(a)

<http://www.health.govt.nz>



PROACTIVELY RELEASED

Phases for response to Omicron

	Phase One	Phase Two	Phase Three
Testing	<ul style="list-style-type: none"> PCR for symptomatic people and close contacts via GP or CTC. Existing surveillance testing continues PCR testing for border workers and international arrivals entering MIQ Mixed model of RAT and PCR testing for healthcare workers PCR testing to confirm diagnosis if positive RAT Change to "Introduction of 'Close Contact Exemption Scheme', so asymptomatic close contact critical workforce can continue to work if no positive result from a RAT Distribution of additional supplies of RATs to community providers (in readiness - no change in use as yet) Engage stakeholders on testing plan and prepare for changes 	<ul style="list-style-type: none"> RATs may be used in addition to PCR testing for symptomatic and close contact priority populations and in regions with high testing demand e.g., Northern Region. Move ongoing asymptomatic surveillance testing to RATs e.g., healthcare workers, discontinue other asymptomatic surveillance testing unless recommended by the Ministry of Health Begin transitioning border workforce to RATs, beginning with Northern Region International arrivals entering MIQ PCR testing (frequency changes as of 28 February), RAT for self-isolation from 28 February Engage stakeholders to prepare for transition to Phase Three Clear and consistent public messaging re changes 'Close Contact Exemption Scheme' if needed for asymptomatic critical workforce using daily RATs PCR testing to confirm diagnosis if positive RAT 	<ul style="list-style-type: none"> Focus PCR testing on priority populations Border workforce regular RATs International arrivals entering MIQ PCR testing (frequency changes as of 28 February), RAT for self-isolation from 28 February Symptomatic people may use RAT as diagnostic test - positive results do not needed to be confirmed with a PCR test unless this is advised 'Close Contact Exemption Scheme' if needed for asymptomatic critical workforce using daily RATs RATS available from GPs and community collection sites
Case investigation and contact tracing	<p>Cases:</p> <ul style="list-style-type: none"> Identified via positive PCR. Notified by phone call and phone-based case investigation <p>Contacts:</p> <ul style="list-style-type: none"> Active management of close contacts in the NCTS with texts, emails or phone calls daily Test immediately and on days 5 and 8 post exposure Close contacts notified by phone call Push notifications through QR scanning, Bluetooth and locations of interest used to identify contacts <p>Public health response:</p> <ul style="list-style-type: none"> PHUs focus on high complexity cases investigation and medium-high risk settings. NCIS focus on case investigation in low-risk settings. 	<p>End to end electronic pathway for notifications and self-investigation utilised.</p> <p>Cases:</p> <ul style="list-style-type: none"> Identified via positive PCR. Notified by text and directed to online self-investigation (this helps a case undertake their own case investigation) Self-investigation tool increasingly targeting high-risk exposures. Phone based interviews by public health case investigators where required. Symptomatic household contacts will become a probable case for reporting and case management purposes WGS prioritised based on PHU and MOH advice <p>Contacts:</p> <ul style="list-style-type: none"> Active management (daily checking of household contacts) Close contacts notified via text, directed to website, test on day 5 (non-household contacts self-manage) Push notifications through QR scanning, Bluetooth and locations of interest used to identify contacts 'Close Contact Exemption Scheme' for critical infrastructure workers if needed <p>Public health response:</p> <ul style="list-style-type: none"> PHUs focus on high priority cases and medium-high risk settings. NCIS focus on case investigation and low to medium risk settings. Border case investigations stops. 	<p>End to end electronic pathway utilised and cases supported to self-notify close contacts.</p> <p>Cases:</p> <ul style="list-style-type: none"> Identified via positive PCR, RATs or symptoms. Symptomatic household contacts will become a probable case - test not required Notified by text and directed to online self-investigation tool Self investigation tool will focus on very high-risk contacts eg correctional facilities households and residential care settings, thereby narrowing the numbers of contacts identified. WGS prioritised based on PHU and MOH advice <p>Contacts:</p> <ul style="list-style-type: none"> Light touch support for contacts, who will be automatically notified from online self-investigation with an option for cases to self-notify their contacts. All close contacts provided information to self-manage, option to test if symptomatic. Only highest risk contacts will be traced and required to isolate Limited use of push notifications, locations of interest and Bluetooth notifications at high case numbers - QR scanning to remain 'Close Contact Exemption Scheme' for critical infrastructure workers <p>Public health response:</p> <ul style="list-style-type: none"> PHUs focus on outbreak management and very high-risk settings. NCIS provide a supporting role to PHUs.
Isolation & Quarantine	<p>Cases:</p> <ul style="list-style-type: none"> Isolate for 14 days (release by health official) <p>Household Close Contacts:</p> <ul style="list-style-type: none"> Isolate until case released AND for an additional 10 days post case release (Test on days 5 and 8 post case release) <p>Close Contacts:</p> <ul style="list-style-type: none"> Isolate for 10 days from last exposure (test immediately and on days 5 and 8) <ul style="list-style-type: none"> Critical infrastructure/health workforce capacity will be supported by public health guidance to enable close contacts to work, this includes the 'Close Contact Exemption Scheme'. Isolation in community encouraged for community cases, but some limited availability of MIQ to support 	<p>Cases:</p> <ul style="list-style-type: none"> Isolate for 10 days (self release after day 10) <p>Household Close Contacts:</p> <ul style="list-style-type: none"> Isolate with case (test when symptoms develop or when the case reaches day 3 and day 8 of isolation). Release on the same day as the case (after the case has completed 10 days isolation) provided no new or worsening symptoms AND negative day 8 test <p>Close Contacts:</p> <ul style="list-style-type: none"> Isolate for 7 days (test on day 5) <ul style="list-style-type: none"> Critical infrastructure/health workforce capacity will be supported by public health guidance to enable close contacts to work, this includes 'test to return'. 	<p>Cases:</p> <ul style="list-style-type: none"> Isolate for 10 days (self release after day 10) <p>Household Close Contacts:</p> <ul style="list-style-type: none"> Isolate with case (test when symptoms develop or when the case reaches day 3 and day 8 of isolation). Release on the same day as the case (after the case has completed 10 days isolation) provided no new or worsening symptoms AND negative day 8 test <p>Close Contacts:</p> <ul style="list-style-type: none"> Not required to self-isolate <ul style="list-style-type: none"> Critical infrastructure/health workforce capacity will be supported by public health guidance to enable contacts and if appropriate cases to work, which may include asymptomatic surveillance testing using RATs
Care in the Community	<ul style="list-style-type: none"> Begin shift to self-service and automation Low proportion of positive cases using self-service tools Clinical care delivered by primary care teams, supported by the local care coordination hub All steps taken to support cases to isolate in their usual place of residence, with alternative accommodation options across the regions identified and being utilised Preparedness activities progressing, including scaling community connector service, bringing forward tagged provider funding where appropriate Community providers designated as a critical workforce 	<ul style="list-style-type: none"> Transition to cases using self-service and automation Other people with lower clinical risks, but with welfare needs may still require support through the welfare response Clinical care delivered by primary care teams, supported by the local care coordination hub for those with a requirement for ongoing clinical care Support for positive cases to isolate in their usual place of residence. Alternative accommodation options across the regions are identified and being utilised, with some areas becoming stressed Close engagement with all-of-government providers to ensure access to services is provided from a range of entry points Community providers designated as a critical workforce 	<ul style="list-style-type: none"> Majority of positive cases are self-managed Clinical care is focussed on those with high needs Wraparound health and welfare support services will focus on those with high needs Support for positive cases to isolate in their usual place of residence and unlikely there will be alternative accommodation capacity available for cases that are unable to safely isolate at home Lower risk individuals and households with welfare needs may present through other channels/services (such as community providers) as case numbers reach very high levels Community providers designated as a critical workforce

PHASE ONE

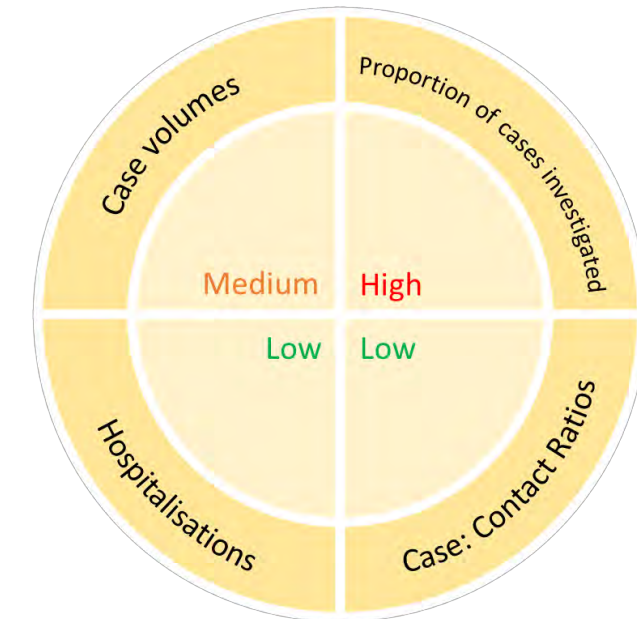
	Response settings
Testing	<p>Current testing parameters continue</p> <ul style="list-style-type: none"> Continue PCR testing for symptomatic people and close contacts via GP or CTC Continue existing surveillance testing Continue PCR testing for border workers and international arrivals into MIQ Continue mixed model of rapid antigen testing (RAT) and PCR testing for healthcare workers, as appropriate Continue PCR testing to confirm diagnosis where positive RAT Change - Introduction of 'Close Contact Exemption Scheme', so asymptomatic close contact critical workforce can continue to work if no positive result from a RAT <p>Preparation for latter phases:</p> <ul style="list-style-type: none"> Pre-loading RAT supply to healthcare providers, community providers and (supervised testing and onward distribution of home testing for workforce use or distribution) Monitor PCR demand and reporting timeframes, identifying need to redistribute samples regionally if this arises Engage stakeholders on testing plan and new criteria for testing, and develop guidance on change to testing parameters
Case investigation and contact tracing	<p>Case notification and investigation:</p> <ul style="list-style-type: none"> Identified via positive PCR. Notified by phone call and phone-based case investigation PHUs focus on high complexity cases investigation and medium-high risk settings. NCIS focus on case investigation in low-risk settings. WGS is prioritised based on PHU requirements in consultation with MOH <p>Case: Close contacts: isolate for 10 days since exposure</p> <p>Testing:</p> <ul style="list-style-type: none"> Case: diagnostic PCR Household Close Contacts: 1 PCR test immediately and on case's day 5 (Test on day 5 and 8 post case release) Close Contacts: 1 PCR Test immediately and on days 5 and 8 post exposure <p>Locations of interest (LOI) / push notifications:</p> <ul style="list-style-type: none"> Push notifications (through mandatory QR scanning), Bluetooth and locations of interest used to identify contacts <p>Technology:</p> <ul style="list-style-type: none"> Automated digital pathway plus manual pathway as an option. Electronic outbreak detection tool - technology solution to automate the detection of clusters and outbreaks <p>Border case investigation:</p> <ul style="list-style-type: none"> No case investigations for border cases in a MIQF <p>Contact categorisation:</p> <ul style="list-style-type: none"> Household Close Contacts and Close Contacts only <p>Contact management:</p> <ul style="list-style-type: none"> Close contacts notified by phone call Active management of close contacts in the NCTS with texts, emails or phone calls daily <p>Isolation requirements for cases and contacts:</p> <ul style="list-style-type: none"> Cases: isolate for 14 days (release by health official) Household Close Contacts: Isolate until case released AND for an additional 10 days post case release
Isolation & Quarantine	<p>Cases:</p> <ul style="list-style-type: none"> Isolate for 14 days (release by health official) <p>Household Close Contacts:</p> <ul style="list-style-type: none"> Isolate until case released AND for an additional 10 days post case release (Test on days 5 and 8 post case release) <p>Close Contacts:</p> <ul style="list-style-type: none"> Isolate for 10 days from last exposure (test immediately and on days 5 and 8) <p>Critical infrastructure/health workforce capacity will be supported by public health guidance to enable close contacts to work, this includes the 'Close Contact Exemption Scheme'.</p> <p>Isolation in community encouraged for community cases, but some limited availability of MIQ to support</p>
Care in the Community	<ul style="list-style-type: none"> Begin shift to self-service and automation. Low proportion of positive cases using self-service tools. Clinical care delivered by primary care teams, supported by the local care coordination hub. All steps taken to support positive cases to isolate in their usual place of residence. Alternative accommodation options across the regions are identified and being utilised. Preparedness activities progressing, including scaling community connector service, bringing forward tagged provider funding where appropriate. Community providers designated as a critical workforce.

Situation: A few cases in community, but most cases connected

Objectives: Contain and eliminate

Recommended mask use

General public		<ul style="list-style-type: none"> Reusable well-fitted mask (3 layer minimum) or disposable medical mask
Critical workers including general health workers:		<ul style="list-style-type: none"> Certified well-fitting medical mask
Higher risk health workers or border staff		<ul style="list-style-type: none"> P2/N95 particulate respirators – fit tested



Impact of management strategies

Omicron management strategies	Vaccination	Electronic case notification	Case investigation (whole population)	Case investigation (vulnerable population)	Case and contact self-management	Relative focus on vulnerable settings	Locations of interest and push notifications	Border response	Testing - PCR	Testing - RATs
Stamp it out	++	+	++	+	+	+	+	+	+++	+

Key: +++ Significant, ++ Moderate, + Minor, - N/A

Testing plan

Cohort	Asymptomatic, not a contact	Asymptomatic close/household contact	Symptomatic
General population	No test	PCR tests on days 5 and 8 of isolation	PCR test immediately
Additional or alternative testing for specific cohorts (if blank, general population testing applies)			
Healthcare and emergency service workforce ¹	PCR/RAT surveillance testing of select groups or in specific circumstances ²	May use daily RAT to work as part of 'Close Contact Exemption Scheme' ³	
Critical service workforce ⁴			
Hospital inpatients/facility residents			
Hospital admissions/ facility arrivals	PCR/RAT screening as needed on arrival	PCR/RAT screening as needed on arrival	PCR/RAT screening as needed on arrival
Hospital/facility visitors	PCR/RAT screening as needed	No test as no entry in most cases	No test as no entry in most cases
Border workers	Daily/twice weekly/weekly/fortnightly PCR as per the Required Testing Order		
Priority populations			

¹ Includes DHBs, GPs, pharmacies, residential facilities (including ARC and disability facilities), police, corrections, first responders etc.

² Such as healthcare staff working with immunocompromised patients or corrections and residential facility staff

³ Where permitted by an exception to the direction under section 70 of the Health Act 1956 relating to Close Contacts and Locations of Interest

⁴ Critical services provide key infrastructure, and/or are part of critical supply chains

PHASE TWO

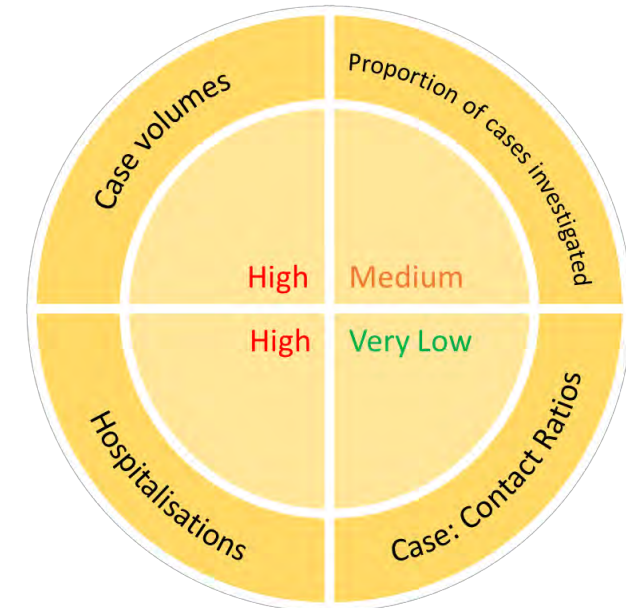
	Response settings	
Testing	Some testing parameters continue, others begin to change. Ensure clear and consistent public messaging re changes <ul style="list-style-type: none"> Continue PCR testing for symptomatic people and close contacts. RATs may be used in addition to PCR testing for symptomatic and close contact priority populations and in regions with high testing demand e.g., Northern Region. Continue International arrivals entering MIQ PCR testing (frequency changes as of 28 February), RAT for self-isolation from 28 February Continue PCR testing to confirm diagnosis if positive RAT Change Begin transitioning border workforce to RATs, beginning with Northern Region Change - Move ongoing asymptomatic surveillance testing to RATs e.g., healthcare workers, discontinue other asymptomatic surveillance testing unless recommended by the Ministry of Health Change - Enable 'Close Contact Exemption Scheme' if needed for asymptomatic critical workforce using daily RATs Preparation for latter phase <ul style="list-style-type: none"> Continue pre-loading RAT supply to healthcare providers and community providers (supervised testing and home testing for workforce use or distribution) Commence distribution to other critical workforces (as defined by MBIE and DPMC) Engage stakeholders to prepare for transition to Phase Three Confirm plans with prioritised groups for changes to testing, including CTCs' transition to new testing plan Monitor PCR demand and reporting timeframes, informed by changing incidence. Identify need to redistribute samples regionally if this arises 	
	Case notification and investigation: End to end electronic pathway for notifications and self-investigation utilised. <ul style="list-style-type: none"> Cases identified via positive PCR Cases are notified via text message and directed to online self-investigation (this helps a case undertake their own case investigation) Self-investigation tool increasingly targeting high-risk exposures. Phone based interviews by public health case investigators where required. PHUs focus on high priority cases and medium-high risk settings. NCIS focus on case investigation and low to medium risk settings. Symptomatic household contacts will become a probable case for reporting and case management purposes. WGS is prioritised based on PHU and MOH advice Contact categorisation: <ul style="list-style-type: none"> Household Close Contacts and Close Contacts only Contact management: <ul style="list-style-type: none"> Active management (daily checking of household contacts) Close contacts notified via text, directed to website, test on day 5 (non-household contacts self-manage) 	<ul style="list-style-type: none"> 'Close Contact Exemption Scheme' for critical infrastructure workers if needed Isolation requirements for cases and contacts: <ul style="list-style-type: none"> Cases: isolate for 10 days, (self-release after day 10) Household Close Contacts: Isolate from day that case receives positive test. Release on the same day as the case Close Contacts: isolate for 7 days since last exposure Testing: <ul style="list-style-type: none"> Cases: PCR test or RATs is used to diagnose COVID depending on availability. PCR testing to confirm diagnosis if positive RAT. Household Close Contacts: test when symptoms develop or when the case reaches day 3 and day 8 of isolation Close Contacts: PCR test on Day 5 after last exposure Locations of interest (LOI) / push notifications: <ul style="list-style-type: none"> Push notifications (through mandatory QR scanning), Bluetooth and locations of Interest used to identify contacts. Technology: <ul style="list-style-type: none"> Automated digital pathway with limited manual pathway. Border case investigation: <ul style="list-style-type: none"> Not completed.
Case investigation and contact tracing		
Isolation & Quarantine	Cases: <ul style="list-style-type: none"> Isolate for 10 days (self release after day 10) Household Close Contacts: <ul style="list-style-type: none"> Isolate with case (test when symptoms develop or when the case reaches day 3 and day 8 of isolation). Release on the same day as the case (after the case has completed 10 days isolation) provided no new or worsening symptoms AND negative day 8 test. If another household member becomes positive, that household member would commence 10 days of isolation as a case, however the rest of the household, assuming negative tests, would still be released on the first case's day 10 Close Contacts: <ul style="list-style-type: none"> Isolate for 7 days (test on day 5) Critical infrastructure/health workforce capacity will be supported by public health guidance to enable close contacts to work, this includes the 'Close Contact Exemption Scheme'.	
	<ul style="list-style-type: none"> Transition to cases using self-service and automation. Other people with lower clinical risks, but with welfare needs may instead present directly to MSD or external providers. Clinical care delivered by primary care teams, supported by the local care coordination hub for those with a requirement for ongoing clinical care. Support for positive cases to isolate in their usual place of residence. Alternative accommodation options across the regions are identified and being utilised, with some areas becoming stressed. Close engagement with all-of-government providers to ensure access to services is provided from a range of entry points. Community providers designated as a critical workforce. 	
Care in the Community	<ul style="list-style-type: none"> Transition to cases using self-service and automation. Other people with lower clinical risks, but with welfare needs may instead present directly to MSD or external providers. Clinical care delivered by primary care teams, supported by the local care coordination hub for those with a requirement for ongoing clinical care. Support for positive cases to isolate in their usual place of residence. Alternative accommodation options across the regions are identified and being utilised, with some areas becoming stressed. Close engagement with all-of-government providers to ensure access to services is provided from a range of entry points. Community providers designated as a critical workforce. 	

Situation: Case numbers increasing significantly, growing pressure on health system (but manageable)

Objectives: Reduce rates of community transmission and transition system responses

Recommended mask use

General public		<ul style="list-style-type: none"> Reusable well-fitted mask (3 layer minimum) or disposable medical mask
Critical workers		<ul style="list-style-type: none"> Certified well-fitting medical mask
General health workers		<ul style="list-style-type: none"> Certified medical mask - Type II R or Level 2 - 3
Higher risk health workers or border staff		<ul style="list-style-type: none"> P2/N95 particulate respirators - fit tested



Impact of management strategies

Omicron management strategies	Vaccination	Electronic case notification	Case investigation (whole population)	Case investigation (vulnerable population)	Case and contact self-management	Relative focus on vulnerable settings	Locations of interest and push notifications	Border response	Testing - PCR	Testing - RATs
Flatten the curve	++	++	+	++	++	++	-	-	++	++

Key: +++ Significant, ++ Moderate, + Minor, - N/A

Testing plan

Cohort	Asymptomatic, not a contact	Asymptomatic close/household contact	Symptomatic
General population	No test	PCR test on day 5 of isolation if a close contact or if a household contact, test when symptoms develop or when case reaches day 3 and day 8 (can use RAT instead of PCR in regions with high PCR demand e.g. Northern Region)	PCR test immediately (can use RAT instead of PCR in regions with high PCR demand e.g. Northern Region)
Additional or alternative testing for specific cohorts (if blank, general population testing applies)			
Healthcare and emergency service workforce ¹	PCR/RAT surveillance testing of select groups or in specific circumstances ²	May use daily RAT to work as part of 'Close Contact Exemption Scheme' ³	
Critical service workforce ⁴		May use daily RAT to work as part of 'Close Contact Exemption Scheme' ³	
Hospital inpatients/facility residents			
Hospital admissions/ facility arrivals	PCR/RAT screening as needed on arrival	PCR/RAT screening as needed on arrival	PCR/RAT screening as needed on arrival
Hospital/facility visitors	PCR/RAT screening as needed	No test as no entry in most cases	No test as no entry in most cases
Border workers	Regular RAT surveillance testing, beginning 19 February, roll out beginning in Northern Region		
Priority populations		RAT also available through community provider	RAT also available through community provider

¹ Includes DHBs, GPs, pharmacies, residential facilities (including ARC and disability facilities), police, corrections, first responders etc.

² Such as healthcare staff working with immunocompromised patients or corrections and residential facility staff

³ Where permitted by an exception to the direction under section 70 of the Health Act 1956 relating to Close Contacts and Locations of Interest

⁴ Critical services provide key infrastructure, and/or are part of critical supply chains

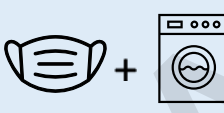

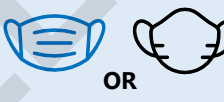

PHASE THREE

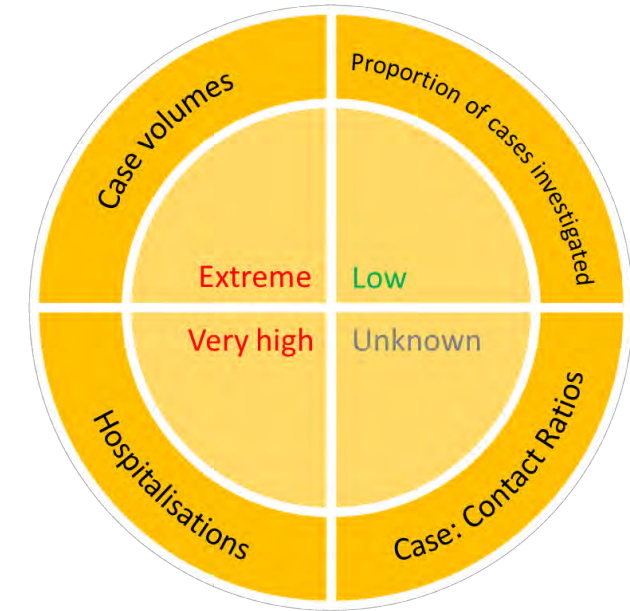
	Response settings	
Testing	Omicron testing plan is now in operation <ul style="list-style-type: none"> Change - Focus PCR testing on priority populations Continue - Continuation of 'Close Contact Exemption Scheme' if needed for asymptomatic healthcare and critical workforce who are close contacts using RATs Change - Shift from testing of most who are symptomatic via PCR to RATs Change - Symptomatic people may use RAT as diagnostic test - positive results do not need to be confirmed with a PCR test unless this is advised. RATs available from GPs and community collection sites Continue Border workforce regular RATs Continue 'Close Contact Exemption Scheme' if needed for asymptomatic critical workforce using daily RATs Sustaining new approach to testing <ul style="list-style-type: none"> Continue to supply RATs to healthcare and other critical workforces to meet demand Monitor PCR demand and reporting timeframes following changes to testing plan and in light of changing incidence Monitor supply/demand and where required recommend action to re-prioritise. 	
	Case notification and investigation: End to end electronic pathway utilised and cases supported to self-notify close contacts. <ul style="list-style-type: none"> Cases identified via positive PCR, RATs or symptoms. Notified by text and directed to online self-investigation tool Self investigation tool will focus on very high-risk contacts e.g., correctional facilities households and residential care settings, thereby narrowing the numbers of contacts identified PHUs focus on outbreak management and very high-risk settings NCIS provide a supporting role to PHUs. WGS is prioritised based on PHU and MOH advice Contact categorisation: <ul style="list-style-type: none"> Household Close Contacts and Close Contacts only Contact management: <ul style="list-style-type: none"> Light touch support for contacts, who will be automatically notified from online self-investigation with an option for cases to self-notify their contacts Close Contacts provided information to self-manage, option to test if symptomatic Only highest risk contacts will be traced and required to isolate Close Contact Exemption Scheme for critical infrastructure workers if needed 	Isolation requirements for cases and contacts: <ul style="list-style-type: none"> Cases: isolate for 10 days, (self-release after day 10) Household Close Contacts: Isolate from day that case receives positive test. Release on the same day as the case Close Contacts: not required to self-isolate Testing: <ul style="list-style-type: none"> Cases: PCR test or RATs is used to diagnose COVID-19 depending on availability. If PCR is not available, a positive RAT and COVID-19 symptoms will constitute a case Household Close Contacts: test when symptoms develop or when the case reaches day 3 and day 8 of isolation Close Contacts: If COVID-19 symptoms develop, get a test Locations of interest (LOI) / push notifications: <ul style="list-style-type: none"> Limited use of push notifications, locations of interest and Bluetooth notifications at high case numbers - QR scanning to remain. Technology: <ul style="list-style-type: none"> Self-registration of cases but no case investigation completed. Border case investigation: <ul style="list-style-type: none"> N/A
Case investigation and contact tracing		
Isolation & Quarantine	Cases: <ul style="list-style-type: none"> Isolate for 10 days (self release after day 10) Household Close Contacts: <ul style="list-style-type: none"> Isolate with case (test when symptoms develop or when the case reaches day 3 and day 8 of isolation). Release on the same day as the case (after the case has completed 10 days isolation) provided no new or worsening symptoms AND negative day 8 test. If another household member becomes positive, that household member would commence 10 days of isolation as a case, however the rest of the household, assuming negative tests, would still be released on the first case's day 10 Close Contacts: <ul style="list-style-type: none"> Not required to self-isolate Critical infrastructure/health workforce capacity will be supported by public health guidance to enable contacts and if appropriate cases to work, which may include asymptomatic surveillance testing using RATs.	
	<ul style="list-style-type: none"> Majority of positive cases are self-managed. Clinical care is focussed on those with high needs. Wraparound health and welfare support services will focus on those with high needs. Support for positive cases to isolate in their usual place of residence and unlikely there will be alternative accommodation capacity available for cases that are unable to safely isolate at home. Lower risk individuals and households will likely present directly through other channels/services (such as community providers) as case numbers reach very high levels. Community providers designated as a critical workforce. 	
Care in the Community		

Situation: Widespread community cases, need to change tack to manage pressure on health services

Objectives: Preserve (protect vulnerable communities and critical services and infrastructure)

Recommended mask use

General public		<ul style="list-style-type: none"> Medical mask that meets NZ standard with option of layering reusable face mask on top
Critical workers		<ul style="list-style-type: none"> Certified medical mask
General health workers		<ul style="list-style-type: none"> Certified medical mask – Type IIR Level 2-3 or in specific circumstances P2/N95
Higher risk health workers or border staff		<ul style="list-style-type: none"> P2/N95 particulate respirators – fit tested



Impact of management strategies

Omicron management strategies	Vaccination	Electronic case notification	Case investigation (whole population)	Case investigation (vulnerable population)	Case and contact self-management	Relative focus on vulnerable settings	Locations of interest and push notifications	Border response	Testing - PCR	Testing - RATs
Manage it	++	+++	-	+++	+++	+++	-	-	+	+++

Key: +++ Significant, ++ Moderate, + Minor, - N/A

Testing plan

Cohort	Asymptomatic, not a contact	Asymptomatic close/household contact	Symptomatic
General population	No test	Household Contacts test when symptoms develop or when case reaches day 3 and day 8	RAT immediately PCR by clinical discretion
Additional or alternative testing for specific cohorts (if blank, general population testing applies)			
Healthcare and emergency service workforce ¹	PCR/RAT surveillance testing of select groups or in specific circumstances ²	May use daily RAT to work as part of 'Close Contact Exemption Scheme' ³	
Critical service workforce ⁴		May use daily RAT to work as part of 'Close Contact Exemption Scheme' ³	
Hospital inpatients/facility residents		RAT/PCR by clinical discretion	PCR as well as RAT by clinical discretion
Hospital admissions/ facility arrivals	PCR/RAT screening as needed on arrival	PCR/RAT screening as needed on arrival	PCR/RAT screening as needed on arrival
Hospital/facility visitors	PCR/RAT screening as needed	No test as no entry in most cases	No test as no entry in most cases
Border workers	Regular RAT surveillance testing		
Priority populations		RAT also available through community provider	RAT also available through community provider

¹ Includes DHBs, GPs, pharmacies, residential facilities (including ARC and disability facilities), police, corrections, first responders etc.

² Such as healthcare staff working with immunocompromised patients or corrections and residential facility staff

³ Where permitted by an exception to the direction under section 70 of the Health Act 1956 relating to Close Contacts and Locations of Interest

⁴ Critical services provide key infrastructure, and/or are part of critical supply chains

From: Bridget White <Bridget.White@health.govt.nz>

Sent: Monday, 21 February 2022 12:42 pm

To: Chrystal O'Connor <Chrystal.O'Connor@health.govt.nz>; Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; Rachael Hopkins <Rachael.Hopkins@health.govt.nz>; Kristen Davison <Kristen.Davison@health.govt.nz>; Jo Pugh <Jo.Pugh@health.govt.nz>; Science & Insights Leadership Team

<Science&InsightsLeadershipTeam@health.govt.nz>; Brent Quin <Brent.Quin@health.govt.nz>; COVID-IMT

Response Manager <COVID_IMT_ResponseMgr@health.govt.nz>; Toby Regan <Toby.Regan@health.govt.nz>

Cc: Andrew Bichan <Andrew.Bichan@health.govt.nz>; Robyn Shearer <Robyn.Shearer@health.govt.nz>; PHP-Office of the Director of Public Health <PHP-Office.of.the.Director.of.Public.Health@health.govt.nz>; Caroline McElnay <Caroline.McElnay@health.govt.nz>; Ian Town <Ian.Town@health.govt.nz>; Caroline Flora <Caroline.Flora@health.govt.nz>

Subject: FW: Actions from Post Ministers meeting

Importance: High

Hi all

see below actions

I have added leads

Out of scope

Testing – we need a one page table showing decrease in demand expected and by when – and how this will make PCR sustainable for those you need hem

For those on the various Minister calls – is there any other actions missing from the list below

Cheers

b

From: Andrew Bichan <Andrew.Bichan@health.govt.nz>

Sent: Monday, 21 February 2022 11:54 am

To: Bridget White <Bridget.White@health.govt.nz>; Robyn Shearer <Robyn.Shearer@health.govt.nz>

Cc: Lisa McPhail <Lisa.McPhail@health.govt.nz>

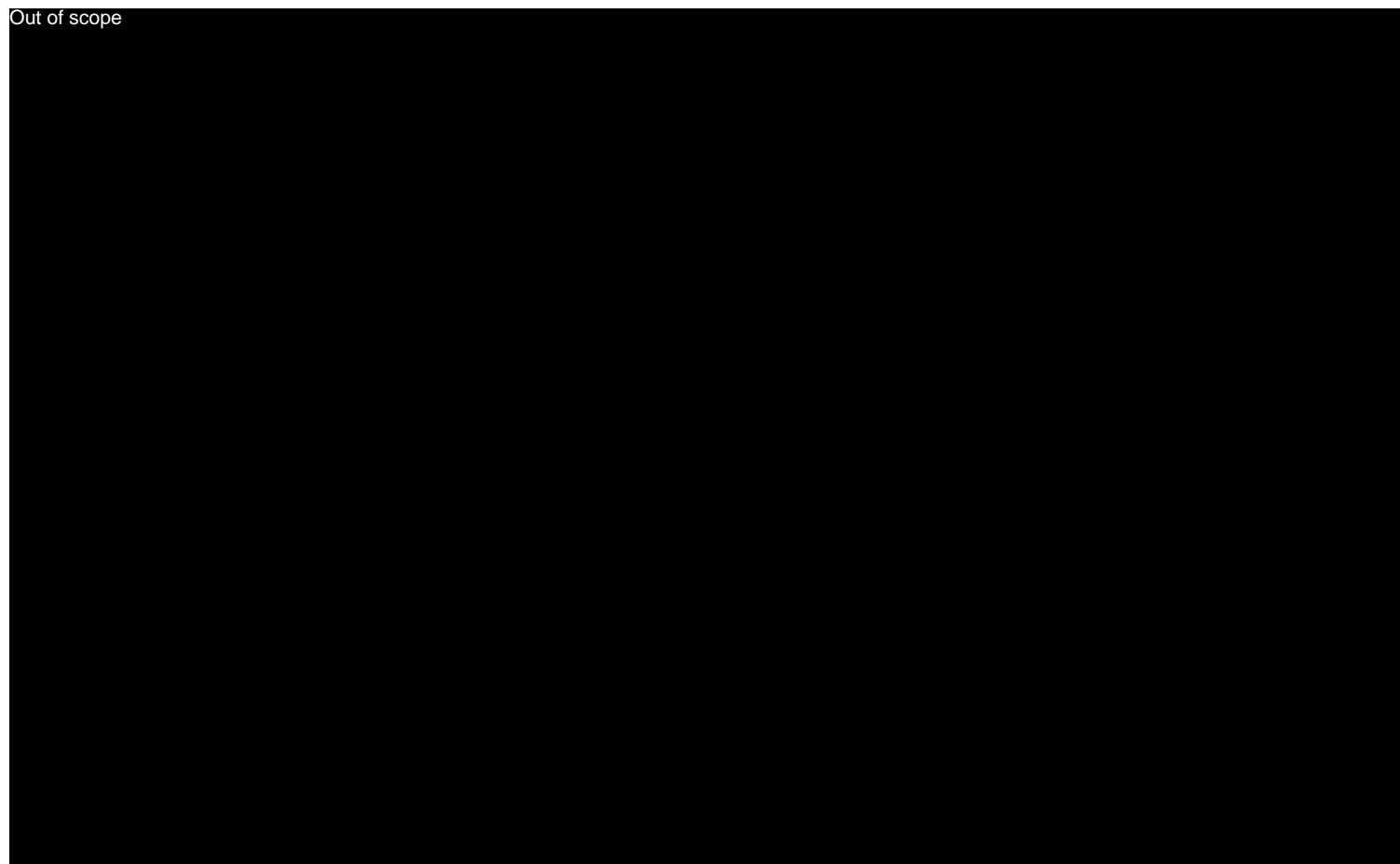
Subject: Actions from Post Ministers meeting

Hi

Below are the actions I recorded – a few I missed a critical bit of info so please check.

Out of scope

Out of scope



Andrew Bichan | Chief of Staff
Director-General | Ministry of Health | Mobile s 9(2)(a)
(He/him)

Manaakitanga, Kaitiakitanga, Whakapono, Kōkiri ngātahi



From: Bridget White <Bridget.White@health.govt.nz>
Sent: Tuesday, 22 February 2022 4:22 pm
To: Andrew Bichan <Andrew.Bichan@health.govt.nz>; Darryl Carpenter <Darryl.Carpenter@health.govt.nz>
Subject: FW: Testing Wait Times
Importance: High

See below

Basically this is all in the day 5 test memo and comm's plan that went to Ashley on Sunday and he decided not to share with Ministers yet

We need to check whether DG is okay with providing the content from the memo and comms plan

From: Pheona Hurley <Pheona.Hurley@parliament.govt.nz>
Sent: Tuesday, 22 February 2022 3:12 pm
To: Darryl Carpenter <Darryl.Carpenter@health.govt.nz>
Cc: Karen Wong <Karen.Wong@health.govt.nz>; COVID-19 Office <Covid-19Office@health.govt.nz>; Bridget White <Bridget.White@health.govt.nz>; Dom Harris <Dominic.Harris@health.govt.nz>
Subject: Testing Wait Times

Kia ora Darryl,

The Prime Minister is requesting the following regarding testing:

- For individuals who have not had their tests processed within a certain time:
 - Can we advise that they seek a RAT to get a quick result?
 - Would their PCR swab still be processed?
 - If they receive a positive result would they need another PCR to confirm?
 - When and how could this be communicated to those impacted by the delays?
 - We have heard anecdotally that results may be available on MyCOVIDRecord prior to text messages going out – is it being communicated with those waiting for results to check the online records?
- Reporting – by the end of today it would be good to understand the following, by DHB:
 - PCR test result timeframes
 - If they are using RATs, and if not using them yet, when they will be
 - The delay between processing and results being notified to GP and patient etc.

Ngā mihi,

Pheona



Pheona Hurley (she/her) | **Private Secretary, Health**
Office of Hon Chris Hipkins | Minister for COVID-19 Response
Office of Hon Dr Ayesha Verrall | Associate Minister of Health
Email: Pheona.Hurley@parliament.govt.nz
Phone: s 9(2)(a)

From: Jo Pugh
Sent: Thursday, 24 February 2022 6:12 pm
To: Pheona Hurley; Christina Bir
Cc: Karen Wong; Bridget White; Ashley Bloomfield; DG Advisory; Andrew Bichan
Subject: RE: Additional Daily Update 24 February 2022: Lab Network - attached

Refer to Document 17b below

Kia ora Pheona

We will take note of the changes you have requested for the table tomorrow.

In answer to your queries:

- options to move almost all the Auckland backlog to Australia and quickly establish a sustainable pattern of 12K/day in Auckland (comprising hospital, GP and ARC).

- We are continuing to work with Northern, Waikato and Tauranga to manage their existing backlog
- We have experienced some IT challenges with integrating systems. These are being worked through with further conversations with the network tomorrow morning
- Ashley and Bridget have met with the APHG group to discuss the need to address the backlog.

- radical reductions to PCR volume from Auckland general practice to enable the catch up to occur in NZ.

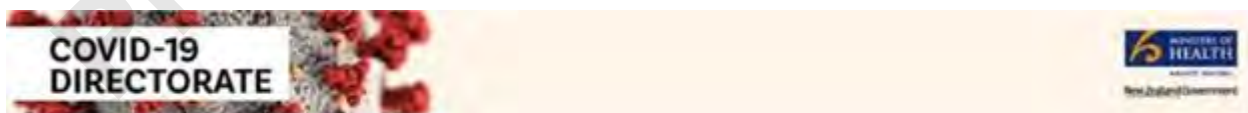
- The shift of border workers to RAT, change to all close contacts not needing a PCR test, change to RAT being diagnostic and not needing a follow up PCR in every positive RAT case, significantly reduce the GP PCR activity.
- Access to supervised RATs has been enabled through pre-loading of 700k of RATs to GPs, and work is progressing at pace with finalising the arrangement for the provision of the service by GPs.
- The impact of these changes will not be seen until the GPs start using RATs as part of Phase 3 testing settings.

Please contact me if you have any further questions.

Nga mihi
Jo

Jo Pugh BA, Grad Dip OSH, EMPA
Acting GM Testing and Supply
Manager Border Workforce Compliance
COVID-19 Testing and Supply
jo.pugh@health.govt.nz, s 9(2)(a)

Ministry of Health, <http://www.health.govt.nz>



From: Pheona Hurley <Pheona.Hurley@parliament.govt.nz>
Sent: Thursday, 24 February 2022 5:31 pm

Document 17a

To: Jo Pugh <Jo.Pugh@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>
Cc: Karen Wong <Karen.Wong@health.govt.nz>; Bridget White <Bridget.White@health.govt.nz>; Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>; DG Advisory <dgadvisory@health.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>
Subject: RE: Additional Daily Update 24 February 2022: Lab Network - attached

Kia ora,
Minister Verrall has asked me to pass this feedback onto Ashley also, so have copied all back in for any responses.

Ngā mihi,

Pheona



Pheona Hurley (she/her) | **Private Secretary, Health**
Office of Hon Chris Hipkins | Minister for COVID-19 Response
Office of Hon Dr Ayesha Verrall | Associate Minister of Health
Email: Pheona.Hurley@parliament.govt.nz
Phone: 9(2)(a)

From: Pheona Hurley
Sent: Thursday, 24 February 2022 4:53 PM
To: Jo Pugh <Jo.Pugh@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>
Cc: 'Karen Wong' <Karen.Wong@health.govt.nz>; 'Bridget White' <Bridget.White@health.govt.nz>
Subject: RE: Additional Daily Update 24 February 2022: Lab Network - attached
Importance: High

Kia ora Jo & Christina,

Feedback on this new report from Minister Verrall:

Thank you for this report – it gives a good picture of swabs to be processed and turn-around time.

I assume the “days of testing” column is based on no further swabs submitted to those labs, but of course this assumption is not the case. It appears the nationwide decrease in swabs is relatively minor from the note at the top of the page. In the Auckland region are >17,000 swabs collected in the Auckland region yesterday (potentially more if you also add the <24 hrs row to this total), but the capacity of the labs is 12K. This remains a worrying picture.

Please advise **today** how we address this situation:

- options to move almost all the Auckland backlog to Australia and quickly establish a sustainable pattern of 12K/day in Auckland (comprising hospital, GP and ARC).

Continue to work with Northern region, Waikato and Tauranga

IT challenges are being worked through with further conversations with the network on the schedule tomorrow morning

Ashley and Bridget have met with the APHG group to discuss the need to address the backlog.

- radical reductions to PCR volume from Auckland general practice to enable the catch up to occur in NZ.

Changes for GPs have been enabled.

The impact of the changes will not be seen until the GPs start using RATs and this will be dependent on having RATs available.

Minor edits for table going forward:

- colour text in the turnaround time box red if the value is <80%.

- label pathlab in the tests yet to be processed box Pathlab BOP.

Don't hesitate if you need further information on these points at all.

Ngā mihi,

Pheona



Pheona Hurley (she/her) | **Private Secretary, Health**
Office of Hon Chris Hipkins | Minister for COVID-19 Response
Office of Hon Dr Ayesha Verrall | Associate Minister of Health
Email: Pheona.Hurley@parliament.govt.nz
Phone: s 9(2)(a)

From: Marsha Yamshikova [<mailto:Marsha.Yamshikova@health.govt.nz>] **On Behalf Of** Darryl Carpenter

Sent: Thursday, 24 February 2022 2:49 PM

To: Andrew Bichan <Andrew.Bichan@health.govt.nz>; Anna Ramsey <Anna.Ramsey@health.govt.nz>; Antony Byers <Antony.Byers@health.govt.nz>; Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>; Brent Quin <Brent.Quin@health.govt.nz>; Bridget White <Bridget.White@health.govt.nz>; Celeste Gillmer <Celeste.Gillmer@health.govt.nz>; Chris O'Gorman <Chris.O'Gorman@dpmc.govt.nz>; Christian Marchello <Christian.Marchello@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Christine Stevenson <christine.stevenson@customs.govt.nz>; COVID Comms <COVIDcomms@health.govt.nz>; COVID-IMT Response Manager <COVID_IMT_ResponseMgr@health.govt.nz>; Dani Coplon <Dani.Coplon@dpmc.govt.nz>; Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; David Wansbrough <David.Wansbrough@health.govt.nz>; DG Advisory <dgadvisory@health.govt.nz>; Dom Harris <Dominic.Harris@health.govt.nz>; Gill Hall <Gill.Hall@health.govt.nz>; Hycenta Uwikunda <Hycentha.Uwikunda@health.govt.nz>; Jenny Hawes <Jenny.Hawes@health.govt.nz>; Jo Pugh <Jo.Pugh@health.govt.nz>; Karen Wong <Karen.Wong@health.govt.nz>; Kelvin Watson <Kelvin.Watson@health.govt.nz>; Kirsten Beynon <Kirsten.Beynon@health.govt.nz>; Media MOH <media@health.govt.nz>; Nic Turner <Nic.Turner@health.govt.nz>; Priti Patel <Priti.Patel@health.govt.nz>; Sarah Turner <Sarah.Turner@health.govt.nz>; Sija Robertson <Sija.Robertson-Stone@dpmc.govt.nz>; Stephen Corbett <Stephen.Corbett@health.govt.nz>; Steve Wakeling <Steven.Wakeling@health.govt.nz>; Dawn Kelly <Dawn.Kelly@parliament.govt.nz>; Kanchan Sharma <Kanchan.Sharma@parliament.govt.nz>; Pheona Hurley <Pheona.Hurley@parliament.govt.nz>

Subject: Additional Daily Update 24 February 2022: Lab Network - attached

Good afternoon

Please find attached a lab network update – from tomorrow, it will be incorporated in our regular daily update below.

Darryl Carpenter | Group Manager COVID-19 Testing and Supply

COVID-19 Health System Response | Ministry of Health

E: darryl.carpenter@health.govt.nz

Mobile: s 9(2)(a)

<http://www.health.govt.nz>



From: Marsha Yamshikova **On Behalf Of** Darryl Carpenter

Sent: Thursday, 24 February 2022 10:16 am

To: Andrew Bichan <Andrew.Bichan@health.govt.nz>; Anna Ramsey <Anna.Ramsey@health.govt.nz>; Antony Byers <Antony.Byers@health.govt.nz>; Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>; Brent Quin <Brent.Quin@health.govt.nz>; Bridget White <Bridget.White@health.govt.nz>; Celeste Gillmer

<Celeste.Gillmer@health.govt.nz>; Chris O'Gorman <Chris.O'Gorman@dpmc.govt.nz>; Christian Marchello <Christian.Marchello@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Christine Stevenson <christine.stevenson@customs.govt.nz>; COVID Comms <COVIDcomms@health.govt.nz>; COVID-IMT Response Manager <COVID IMT ResponseMgr@health.govt.nz>; Dani Coplon <Dani.Coplon@dpmc.govt.nz>; Darryl Carpenter <Darryl.Carpenter@health.govt.nz>; David Wansbrough <David.Wansbrough@health.govt.nz>; DG Advisory <dgadvisory@health.govt.nz>; Dom Harris <Dominic.Harris@health.govt.nz>; Gill Hall <Gill.Hall@health.govt.nz>; Hycenta Uwikunda <Hycentha.Uwikunda@health.govt.nz>; Jenny Hawes <Jenny.Hawes@health.govt.nz>; Jo Pugh <Jo.Pugh@health.govt.nz>; Karen Wong <Karen.Wong@health.govt.nz>; Kelvin Watson <Kelvin.Watson@health.govt.nz>; Kirsten Beynon <Kirsten.Beynon@health.govt.nz>; Media MOH <media@health.govt.nz>; Nic Turner <Nic.Turner@health.govt.nz>; Priti Patel <Priti.Patel@health.govt.nz>; Sarah Turner <Sarah.Turner@health.govt.nz>; Sija Robertson <Sija.Robertson-Stone@dpmc.govt.nz>; Stephen Corbett <Stephen.Corbett@health.govt.nz>; Steve Wakeling <Steven.Wakeling@health.govt.nz>; Dawn Kelly <dawn.kelly@parliament.govt.nz>; Kanchan Sharma <kanchan.sharma@parliament.govt.nz>; Pheona Hurley <pheona.hurley@parliament.govt.nz>

Subject: Daily Update 24 February 2022: RATs supply and evaluation/authorisation of applications - attached

Kia Ora

As requested, please find attached today's daily update on RATs supply and evaluation/authorisation of applications.

Ngā mihi

Darryl Carpenter | Group Manager COVID-19 Testing and Supply

COVID-19 Health System Response | Ministry of Health

E: darryl.carpenter@health.govt.nz

Mobile: s 9(2)(a)

<http://www.health.govt.nz>



Statement of confidentiality: This e-mail message and any accompanying attachments may contain information that is IN-CONFIDENCE and subject to legal privilege.

If you are not the intended recipient, do not read, use, disseminate, distribute or copy this message or attachments.

If you have received this message in error, please notify the sender immediately and delete this message.

This e-mail message has been scanned for Viruses and Content and cleared by the Ministry of Health's Content and Virus Filtering Gateway

- Total tests reported on 23 February 2022: 33,225
- E-orders from CTCs and GPs have seen a decrease in swabs: 23,000 (~10,000 of these are from GPs)

TESTS YET TO BE PROCESSED

	86497					22803			7242			6660			3648	
	ADHB	CMDHB	Waitemata	LabTest	Northland	Waikato	Hawkes Bay	Pathlab	MedLab Central	Taranaki	WGTN	Nelson	SCL-CH	CHL	Dunedin	Total
Tests outstanding < 24 hours	1101	1909	2901	11118	327	1348	500	2854	380	71	3623	1280	1165	3200	1406	33183
Tests outstanding 24-48 hours	1935	2840	849	10069	502	3857	600	2601	0	0	3163	427	179	400	1916	29338
Tests outstanding > 48 hours	2930	5202	1553	19073	513	6007	350	2127	0	0	5	7	0	0	326	38093
Tests outstanding > 5 days	1006	3392	369	675	58	59	0	0	0	0	0	0	2	0	0	5561
Samples waiting received yesterday and waiting for registration	0	0	4600	13100	475	2500		0	0	0	0	0	0	0	0	20675
Total	6972	13343	10272	54035	1875	13771	1450	7582	380	71	6791	1714	1346	3600	3648	126850
Lab capacity	2000	1700	2500	6000	370	1500	1094	1000	2250	32	2000	575	1000	4500	1083	
Days of testing	3.5	7.8	4.1	9.0	5.1	9.2	1.3	7.6	0.2	2.2	3.4	3.0	1.3	0.8	3.4	

TURN-AROUND TIMES

Testing laboratory group (TAT)	< 24hrs	< 30 Hrs	< 48hrs	< 72hrs
Auckland DHB	20.6%	25.50%	68.3%	95.1%
Canterbury Health Laboratories	43.9%	67.20%	94.1%	100.0%
Canterbury SCL	42.8%	65.00%	68.9%	68.9%
Hawke's Bay	18.2%	25.40%	90.2%	100.0%
LabTest Auckland	2.5%	6.10%	14.8%	15.5%
MedLab Central	90.9%	99.80%	99.9%	99.9%
MedLab South	18.9%	40.60%	91.7%	100.0%
Middlemore Hospital	24.6%	24.60%	24.6%	31.6%
North Shore Hospital	17.8%	26.10%	46.4%	68.7%
Northland DHB Lab	58.2%	71.80%	85.4%	90.0%
Pathlab Bay of Plenty	23.7%	24.00%	26.3%	87.3%
R J Hill Laboratories	15.6%	27.00%	78.1%	87.7%
Southern Community Labs	19.9%	37.00%	77.0%	96.4%
Waikato DHB Laboratory	11.3%	20.10%	27.8%	29.4%
Wellington SCL	56.5%	76.80%	95.6%	100.0%

From: Jo Pugh
Sent: Thursday, 24 February 2022 9:11 pm
To: Bridget White
Subject: PCR samples to Australia

Hi Just a quick note, after talking to Andrew Bichan, I have asked Kirsten Beynon to work with Christina on the work required to send samples to Australia. Kirsten can take point on conversations and updates with Minister Verrall. She has had a conversation with Christina and it looks like it is not going to happen tomorrow as there is not enough volume to make it worthwhile combined with a number of technical requirements needed to get the samples over there. In the meantime Kirsten is putting a project plan together to manage it and has let Andrew Bichan know tonight that there will be no samples sent tomorrow. We will have more info for you tomorrow after a meeting at 9am.
Jo

Jo Pugh BA, Grad Dip OSH, EMPA
Acting GM Testing and Supply
Manager Border Workforce Compliance
COVID-19 Testing and Supply
jo.pugh@health.govt.nz, s 9(2)(a)

Ministry of Health, <http://www.health.govt.nz>



Text messages between the Director-General and Minister Ayesha Verrall

Minister Ayesha Verrall, Thursday 24 February, 5.29pm

Hi, the PCR testing backlog figures are not looking reassuring. Pheona has forwarded to you an email from me. Looks like we need to take additional action, do you agree?

Minister Ayesha Verrall, Friday 25 February, 2.19pm

Hi Ashley,

Thanks for the lab network update.

1. Have arrangements for all new swabs submitted to Labtests to be tested in Australia been confirmed yet? Even with no new work Labtests have 8 days of testing. There is a risk of large scale discards without Australian support and still small scale with.
2. Daily volumes for Labtests are still double their capacity. Why haven't GP volumes reduced yet? Can we limit the swabs Labtests are sending out? Has the new payment model gone live yet?
3. BOP, Wellington, waitemata and maybe waikato still in excess of their capacity. Wellington's first day of RATs today but the others should have had several days – are additional actions needed there?
4. Are there any risks in the GP contracting process that Min Little as budget holding minister needs to be aware of?

Dr Ashley Bloomfield, Friday 25 February

Thanks Minister. Will get response to these questions (sorry just realises you are not on the vaccines Minister's call!)

Minister Ayesha Verrall, Friday 25 February, 3.49pm

Thanks. We better land the answer to 1 today. Otherwise 5 days without a definitive solution to backlog

Dr Ashley Bloomfield, Saturday 26 February, 10.51am

Hi Ministers I have updates on a couple of lab/testing matters, please call when convenient.

Dr Ashley Bloomfield, Sunday 27 February

Hi Minister. Kirsten and others have been working on the backlog issues again all day. They are pulling a memo and other material together for the morning but I can give you an overview if you want to chat this evening. I should say that the number of unprocessed swabs is quite a bit larger than we expected. 9200 are in Queensland and starting processing 5am tomorrow morning and a lot of swabs from LTA are being moved to their counterpart labs but a key issue is because they are in the labs' systems already they can't readily be 'moved'.

From: Bridget White
Sent: Friday, 25 February 2022 7:51 am
To: Jo Pugh; Priti Patel
Subject: FW: Today on testing

Hi

I need one person to drive all these threads today – a single controlling person who has authority to direct, demand and pull together everything

I think it needs to be either of you

Can we discuss urgently

Cheers
b

From: Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>
Sent: Friday, 25 February 2022 6:41 am
To: Andrew Bichan <Andrew.Bichan@health.govt.nz>; Bridget White <Bridget.White@health.govt.nz>
Subject: Today on testing

Hi both

Here is what (some of what) needs to happen today:

1. Oversight/project management of all the strands that need to come together. Need comms and clinical (GP) input on tap throughout the day
2. Kirsten B to take the lead on addressing the PCR testing backlog – she needs full cooperation from Christina B, all information to be provided etc
3. Confirm what APHG is going to do to address its backlog in Auckland – I think a follow up meeting at 9am scheduled
4. Press on with getting swabs to Aussie, whatever it takes
5. Clare's team to finalise the pricing for exam and swab, get it agreed and communicated out. Her team to be fully involved in comms to GPs and others in the community sector (Andrew I need to meet with her and whoever else from her team as soon as possible this morning to get clear on what is needed).
6. Confirm the clinical indications for PCR (very limited now, I still haven't seen the formal list) and communicate those widely to the sector – as part of phase 3 move

Comms

To people who have been waiting for their tests. I reviewed and approved the message content last night.

To GPs summarising everything including the pricing, clinical indications for PCR (otherwise shouldn't be used),

To the public re how to access RATs and that PCR testing will only now be used in limited circumstances

RATs

Communicate with every DHB re the need to push out and make the switch immediately, get unsupervised RAT distribution points up and going, RATs out to GPs etc

Push out as many as possible to end points,

Ngā mihi nui
Ashley

Document 20

Dr Ashley Bloomfield

Te Tumu Whakarae mō te Hauora

Director-General of Health

Pronouns: He/Him

email: ashley.bloomfield@health.govt.nz

Mobile: § 9(2)(a)

www.health.govt.nz

PROACTIVELY RELEASED

From: Jo Pugh
Sent: Friday, 25 February 2022 10:20 am
To: Andrew Bichan; Kirsten Beynon; Bridget White; Lisa McPhail
Cc: Christian Marchello; Christina Bir; Priti Patel
Subject: RE: PCR planning and test backlog UPDATE

Hi Andrew
We will have another update at midday and another by 2:30 pm.
Cheers Jo

From: Andrew Bichan <Andrew.Bichan@health.govt.nz>
Sent: Friday, 25 February 2022 10:08 am
To: Kirsten Beynon <Kirsten.Beynon@health.govt.nz>; Bridget White <Bridget.White@health.govt.nz>; Jo Pugh <Jo.Pugh@health.govt.nz>; Lisa McPhail <Lisa.McPhail@health.govt.nz>
Cc: Christian Marchello <Christian.Marchello@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Priti Patel <Priti.Patel@health.govt.nz>
Subject: RE: PCR planning and test backlog UPDATE

Thanks Kirsten

Printed for Ashley. Lisa is working with Priti about joining all the threads – I assume updating may become a bit more centralised during the day.

Andrew B

Andrew Bichan | Chief of Staff
Director-General | Ministry of Health | Mobile § 9(2)(a)
(He/him)

Manaakitanga, Kaitiakitanga, Whakapono, Kōkiri ngātahi



From: Kirsten Beynon <Kirsten.Beynon@health.govt.nz>
Sent: Friday, 25 February 2022 9:56 am
To: Andrew Bichan <Andrew.Bichan@health.govt.nz>; Bridget White <Bridget.White@health.govt.nz>; Jo Pugh <Jo.Pugh@health.govt.nz>; Lisa McPhail <Lisa.McPhail@health.govt.nz>
Cc: Christian Marchello <Christian.Marchello@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Kirsten Beynon <Kirsten.Beynon@health.govt.nz>; Priti Patel <Priti.Patel@health.govt.nz>
Subject: PCR planning and test backlog UPDATE

Morena all

Update

LTA

- Shipment of work to Australia – they will directly transfer this work starting on the weekend Sunday (IT required to be set up by LTA)

Document 21

- Daily shipments of batches until they catch up. LTA estimate at this stage 20,000-30,000 swabs in total to be packaged up for Sunday and Monday TBC.
- More meetings with QML/APHG/MOH 12pm to finalise logistics

Tauranga/BOP - PathLab

- Still to be confirmed very small numbers (up to 100)
- Important to test the IT end to end solution for future contingencies

Waikato

- Further discussions re options with them

Northern region

- CTC volumes to Hills
- Clinical position of Microbiologist and samples age – continues to be communicated by them strongly

Key message to all

- RATs will start going out today to GPs
- As RATs are being distributed PCR swabs supply should reduce accordingly from lab to primary care
- Coms on use of PCR and need to protect all laboratory testing capacity – strong messages need to be sent to PHOs and GPs on labs demands.

Kirsten Beynon (*she/her*)

Chief Advisor Testing | Science & Insights | COVID-19 Health System Response | Manatū Hauora

| E: kirsten.beynon@health.govt.nz | A: 133 Molesworth Street, Wellington | P: s 9(2)(a)



From: Jo Pugh
Sent: Sunday, 27 February 2022 1:49 pm
To: Bridget White
Subject: FW: request from PM - will need before Monday

I got this from Christian. There is a mixture of equipment and staff issues. Some equipment not expected until March, some of the equipment expected in Feb has not been installed yet.

Jo

From: Christian Marchello <Christian.Marchello@health.govt.nz>

Sent: Sunday, 27 February 2022 11:44 am

To: Jo Pugh <Jo.Pugh@health.govt.nz>

Subject: RE: request from PM - will need before Monday

This was from the labs in January. A mix of equipment and staff. I know off the top of my head a few these went live – Canterbury put in their decapper a few weeks ago, Hutt Valley went live 2 weeks ago, and the BDmax were put in at Medlab.

	Procurement expected increase
Laboratory Name	(E.g. Expecting new instruments/new staff etc)
Canterbury Health Laboratories	Additional decapper/recapper expected end of March
Canterbury SCL	Planning automated pipette instrumentation
Dunedin SCL	Universe (already factored into projections)
ESR	Another quantstudio 5 / 2 staff
Hawkes Bay	VitaPCR (4) currently being validated for POCT
Hill Laboratories	Kingfisher, BSC, Heat nactivation,
IGENZ	
Labplus	1x Copan Universe installation by Feb; 1x Copan Universe installation by May; 2x Quantstudio 5; 4x GeneXpert cells
LabTests	All planned equipment and staff appointments will be completed by beginning of March.
Medlab Central	4x BDmax (Gisborne early Feb, others TBC), cobas 6800 (date TBC)
Middlemore	Copan Universe installation by Feb; 2 further BD max units (Jan + Feb); 1 further high throughput analyser (RFP In process)
Nelson/Marlborough	No increased capacity planned
Northland	A large scale platform yet to be decided and 5 FTE
Pathlab	BD COR instrument x 1; Scientist x 1 recruited (waiting to get through Immigration process from Ireland); Vacancies x 2
Taranaki DHB	Recruiting 2 extra staff.
Taranaki Pathology Services	No increased capacity planned
Waikato	One Liat on order ETA March, Copan universe robotics ETA end Feb/March
Waitemata	Recruiting 4 extra MLPAT's, Copan UniVerse installation beginning of Feb 2022 (factored into numbers, although might alter slightly)

Christian Marchello, PhD (Epidemiology)

(he/him)

Principal Advisor, National Laboratory Testing Team

COVID-19 Testing and Supply | COVID-19 Health System Response

Ministry of Health - Manatū Hauora | New Zealand

Mobile: § 9(2)(a) | Email: christian.marchello@health.govt.nz**From:** Jo Pugh <Jo.Pugh@health.govt.nz>**Sent:** Sunday, 27 February 2022 11:36 am**To:** Christian Marchello <Christian.Marchello@health.govt.nz>**Subject:** FW: request from PM - will need before Monday

Hi Christian

Do you have any thoughts about what we can say?

Jo

From: Karen Wong <Karen.Wong@health.govt.nz>**Sent:** Sunday, 27 February 2022 11:02 am**To:** Priti Patel <Priti.Patel@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Jo Pugh <Jo.Pugh@health.govt.nz>; Christian Marchello <Christian.Marchello@health.govt.nz>**Subject:** RE: request from PM - will need before Monday

Just checking please Christina, if we've gone back to Bridget on this - see highlighted. Noting that Bridget asked on Friday for a paragraph to Ashley and Min office to provide to PM on this urgently as they can't answer media queries. Bridget said she would onsend, I assume after we answer the highlighted query. @Jo Pugh will leave with you to please finalise this as needed with Bridget today.

Many thanks

Karen

Karen Wong | Programme Manager - Governance | Testing & Supply

Phone | § 9(2)(a)

COVID-19 Health System Response, Ministry of Health | www.moh.govt.nz

If this email reaches you out of hours, I don't expect a response outside of your office hours, it's just a convenient time for me to send an email

From: Priti Patel <Priti.Patel@health.govt.nz>**Sent:** Saturday, 26 February 2022 8:41 am**To:** Christina Bir <Christina.Bir@health.govt.nz>; Jo Pugh <Jo.Pugh@health.govt.nz>**Cc:** Karen Wong <Karen.Wong@health.govt.nz>**Subject:** FW: request from PM - will need before Monday

We probably need an answer to this

Ngā mihi

Priti Patel

Programme Manager

Border Workforce Vaccinations Order/Rapid Antigen Testing Programme

COVID-19 Testing Operations & Supply | COVID-19 Health System Response | Manatū Hauora

E: priti.patel@health.govt.nz M: § 9(2)(a)<http://www.health.govt.nz>

From: Bridget White <Bridget.White@health.govt.nz>

Sent: Friday, 25 February 2022 7:33 pm

To: Andrew Bichan <Andrew.Bichan@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Lisa McPhail <Lisa.McPhail@health.govt.nz>

Cc: Annie Coughlan <Annie.Coughlan@health.govt.nz>; Priti Patel <Priti.Patel@health.govt.nz>; Karen Wong <Karen.Wong@health.govt.nz>

Subject: Re: request from PM - will need before Monday

Hi

Without going to the labs do we know what assumption didn't hold true re getting to the 35 k figure? Was it any particular lab? Was it equipment yet to be installed?

Cheers b

From: Bridget White

Sent: Friday, February 25, 2022 6:50:22 PM

To: Andrew Bichan <Andrew.Bichan@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>; Lisa McPhail <Lisa.McPhail@health.govt.nz>

Cc: Annie Coughlan <Annie.Coughlan@health.govt.nz>; Priti Patel <Priti.Patel@health.govt.nz>; Karen Wong <Karen.Wong@health.govt.nz>

Subject: RE: request from PM - will need before Monday

Found the 35k figure -it was the projected end Feb figure. This figure has not been reached.

- a) Forecasts for the **end of February 2022** indicate that baseline PCR testing capacity with "BAU pooling" will be 68,575 tests in a 24-hour period, with a surge capacity of 84,400. Baseline capacity 1:1 (no pooling) will be 35,105.

From: Andrew Bichan <Andrew.Bichan@health.govt.nz>

Sent: Friday, 25 February 2022 6:29 pm

To: Christina Bir <Christina.Bir@health.govt.nz>; Bridget White <Bridget.White@health.govt.nz>; Lisa McPhail <Lisa.McPhail@health.govt.nz>

Cc: Annie Coughlan <Annie.Coughlan@health.govt.nz>; Priti Patel <Priti.Patel@health.govt.nz>; Karen Wong <Karen.Wong@health.govt.nz>

Subject: RE: request from PM - will need before Monday

Thanks for this

I'll hold off providing to Ashley tonight as both the PM and Ashley have numbers in their heads which are not on the list below – from experience both have a history of being right on these things. Let Lisa know when there is final text ready for him to review.

Cheers

Andrew B

Andrew Bichan | Chief of Staff

Director-General | Ministry of Health | Mobile s 9(2)(a)

(He/him)

Manaakitanga, Kaitiakitanga, Whakapono, Kōkiri ngātahi



From: Bridget White
Sent: Saturday, 26 February 2022 11:31 am
To: Ashley Bloomfield
Subject: FW: request from PM - will need before Monday

Scroll down to highlighted wording.

I have asking testing if without going to the labs, they can explain why capacity didn't reached the projected end Feb 35k eg are machines still been installed? Havent heard back yet

From: Andrew Bichan <Andrew.Bichan@health.govt.nz>
Sent: Friday, 25 February 2022 7:33 pm
To: Bridget White <Bridget.White@health.govt.nz>; Annie Coughlan <Annie.Coughlan@health.govt.nz>
Cc: Lisa McPhail <Lisa.McPhail@health.govt.nz>
Subject: RE: request from PM - will need before Monday

Fair call – it is not highest priority right now but we can expect the question. Annie – can you get someone to come up the lines below with a view to going to PMO? We'll run past Ashley tomorrow if you're happy that it's kosher Bridget.

ab

Andrew Bichan | Chief of Staff
Director-General | Ministry of Health | Mobile s 9(2)(a)
(He/him)

Manaakitanga, Kaitiakitanga, Whakapono, Kōkiri ngātahi



From: Bridget White <Bridget.White@health.govt.nz>
Sent: Friday, 25 February 2022 7:28 pm
To: Andrew Bichan <Andrew.Bichan@health.govt.nz>; Annie Coughlan <Annie.Coughlan@health.govt.nz>
Cc: Lisa McPhail <Lisa.McPhail@health.govt.nz>
Subject: Re: request from PM - will need before Monday

The number did go up to 8 in a bundle to surge to 50k last year. Labs have variable practice with pooling.

Team now urgently need to work on Min directed work to get an order done and gazetted to allow returnees to have up to 100 unauthorised rats in their language before Sunday as part of reconnecting nz

I don't know if I can explain why the labs can explain why they didn't we reach 35 k target over the weekend. Also things are delicate with the lab network and they would take any questions about as an accusation they have failed and we are trying to get them to deal with the backlog and not destroy swabs. I don't want to inflame things

From: Andrew Bichan <Andrew.Bichan@health.govt.nz>
Sent: Friday, February 25, 2022 7:15:23 PM
To: Bridget White <Bridget.White@health.govt.nz>; Annie Coughlan <Annie.Coughlan@health.govt.nz>

Cc: Lisa McPhail <Lisa.McPhail@health.govt.nz>

Subject: RE: request from PM - will need before Monday

Good sleuthing – that is the number given in the January taskforce update. It does mean we owe Minister Verrall an explanation for not hitting the 35K unpooled target. Below looks like a good first cut – I think the testing people need to confirm accuracy (e.g. pooling may be as high as 8 samples?). At some point a good explanation of surge capacity will be needed (I assume it is use of overtime etc).

ab

Andrew Bichan | Chief of Staff

Director-General | Ministry of Health | Mobile s 9(2)(a)

(He/him)

Manaakitanga, Kaitiakitanga, Whakapono, Kōkiri ngātahi



From: Bridget White <Bridget.White@health.govt.nz>

Sent: Friday, 25 February 2022 6:58 pm

To: Andrew Bichan <Andrew.Bichan@health.govt.nz>; Annie Coughlan <Annie.Coughlan@health.govt.nz>

Subject: RE: request from PM - will need before Monday

Reedit to explain the 35K

From: Bridget White

Sent: Friday, 25 February 2022 6:40 pm

To: Andrew Bichan <Andrew.Bichan@health.govt.nz>; Annie Coughlan <Annie.Coughlan@health.govt.nz>

Subject: FW: request from PM - will need before Monday

Hi

I suggest we just put a few more words around this. Welcome any edits. Once agreed we need to get to Ashley and the PM via Minister H office – or Annie you can provide via Andrew Campbell?

Prior to Omicron a standard practice in labs is to bundle or pool samples for processing. This allows significantly more samples to be processed at a time. Typically samples are pooled in bundles of 3 to 5 swabs. Any bundles that was positive were then rerun individually to identify which of the bundled swab was positive.

However with the prevalence of Omicron pooling of samples is no longer possible. This has meant all swabs need to be processed individually.

The lab capacity reported prior to February 2022 was based on pooled samples. In November 21 the pooled baseline was 23,500 per day. This increased over December and January due to new equipment coming on-line. It was projected that by end February the single swab capacity would reach 35,105 through new equipment however this has not been achieved. The actual end February single swab daily PCR capacity is 30,910.

In summary, the increase in capacity from November to January was attributed to continual use of pooling and introduction of new equipment. The decrease reported from during February is due to the need to single sample test.

From: Christina Bir <Christina.Bir@health.govt.nz>
Sent: Friday, 25 February 2022 6:04 pm
To: Bridget White <Bridget.White@health.govt.nz>
Cc: Andrew Bichan <Andrew.Bichan@health.govt.nz>; Annie Coughlan <Annie.Coughlan@health.govt.nz>; Priti Patel <Priti.Patel@health.govt.nz>; Karen Wong <Karen.Wong@health.govt.nz>
Subject: RE: request from PM - will need before Monday

Hi Bridget

The lab capacity reported has changed over the period from November to February:

- November - 23 500
- December - 32 980
- January – 42 860, 58 539, 57 000
- February – 30 910

The increase in capacity from December to January was attributed to continual use of pooling and introduction of new equipment. The decrease reported from January to February is mainly attributed to reverting to single sample test.

Kind regards
Christina

From: Bridget White <Bridget.White@health.govt.nz>
Sent: Friday, 25 February 2022 4:25 pm
To: Priti Patel <Priti.Patel@health.govt.nz>; Karen Wong <Karen.Wong@health.govt.nz>; Christina Bir <Christina.Bir@health.govt.nz>
Cc: Andrew Bichan <Andrew.Bichan@health.govt.nz>; Annie Coughlan <Annie.Coughlan@health.govt.nz>
Subject: request from PM - will need before Monday
Importance: High

Hi

The PM has requested a reconciliation of the PRC capacity figures.

It needs to be clear on the pre omicron pooled baseline daily total (ie what we provided to the DPMC report back to Min V) and what that translates to as a unpooled single swab baseline daily total.

It seems DG and PM have been given different figures for the unpooled single swab capacity – either 35K or 38K. We need one single and to stick with it – only increase if true new capacity added ie additional processing machines.

Can we also change the language to drop the BAU as its not clear if BAU means pooled or unpooled

Karen – can you add onto the PCR capacity dashboard a fixed single unpooled 1:1 capacity figure. We have said we can no longer pool samples so we need to only use the single swab number as the baseline. If labs process more than the single swab figure per day then I assume they have done so by either 24/7 processing or pooling

We need a paragraph to Ashley and Min office to provide to PM on this urgently as they can't answer media queries.

Cheer
b

Bridget White | DCE Covid-19 Health System Response Directorate | Ministry of Health | Mobile s 9(2)(a) |
Bridget.White@health.govt.nz

From: Jo Pugh
Sent: Saturday, 26 February 2022 11:59 am
To: Bridget White; Kirsten Beynon
Cc: Priti Patel
Subject: FW: From today's Omicron Operational Management Meeting
Attachments: FW: From today's Omicron Operational Management Meeting

Refer to Document 23b below

Hi both

These are the suggested lines for the 1pm. Anything else we should be saying following the meetings this morning?
Jo

From: Lucy Mitchell-Kennelly <Lucy.Mitchell@health.govt.nz>
Sent: Saturday, 26 February 2022 11:53 am
To: Natalie Gyles <Natalie.Gyles@health.govt.nz>; Jo Pugh <Jo.Pugh@health.govt.nz>; Priti Patel <Priti.Patel@health.govt.nz>
Subject: RE: From today's Omicron Operational Management Meeting

Hello,

Further to my email I have more information on the day 5 tests bullet that was raised. See attached- this basically entails PCR tests older than 5 days will not be processed.

There are some lines for the 1pm that don't mention this specifically but continues to drum the message of how and when to use RAT tests.

The key for the 1pm needs to be :

- *RATs are now being used at CTCs and by GPs for diagnostic purposes. They will make the decision on which test is most appropriate for you*
- *PCR testing is being reserved for those people who most need it*
- *Only get tested if you have symptoms or have been directed to do so by a health professional*
- *DO not seek testing if you are well as this delays testing for people who are unwell*
- *Pharmacy supervise RAT testing is for unvax people who need attest for domestic travel or attending Court (check this with testing and Billy allen)*
- *Be patient*

No action from us UNLESS we see anything major.

We are going to take lines from the media release at 1pm to draft some social media lines for this bullet point.

- Members of the public abusing CTCs and pharmacies where they aren't given RATs because they aren't eligible. (we do need some comms support on this – including some social media)

Jo ill give you a call shortly to regroup.

Thanks,

From: Lucy Mitchell-Kennelly
Sent: Saturday, 26 February 2022 11:11 am
To: Natalie Gyles <Natalie.Gyles@health.govt.nz>; Jo Pugh <Jo.Pugh@health.govt.nz>; Priti Patel

<Priti.Patel@health.govt.nz>

Subject: FW: From today's Omicron Operational Management Meeting

Hi All,

Highlighted in the below email it says to work with Kirsten Beynon or Bridget (unsure who these colleagues are), is there anything we can add from our perspective? Im finding out what they specifically need from us, but thought I would share this in the interim.

Welcome your thoughts on the other bullets too?

Including you all as im unsure who is around, please reply all.

Kind Regards,
Lucy

From: Mandy Gyles <Amanda.Gyles@health.govt.nz>

Sent: Saturday, 26 February 2022 10:55 am

To: Lucy Mitchell-Kennelly <Lucy.Mitchell@health.govt.nz>

Subject: Fwd: From today's Omicron Operational Management Meeting

Hi Lucy

Let's catch up on this -

From: Sarah Turner <Sarah.Turner@health.govt.nz>

Sent: Saturday, February 26, 2022 8:44:01 AM

To: Danya Levy <Danya.Levy@health.govt.nz>; Sam Fraser-Baxter <Sam.Fraser-Baxter@health.govt.nz>; Lindsey Poll <Lindsey.Poll@health.govt.nz>; Mandy Gyles <Amanda.Gyles@health.govt.nz>

Cc: Annie Coughlan <Annie.Coughlan@health.govt.nz>

Subject: From today's Omicron Operational Management Meeting

Some key issues to note from the Operational Management meeting this morning – the bit in yellow will need action today via any planned comms, social media etc. Please get the correct messaging from Bridget or Kirsten Beynon:

Out of scope

- The 5 day test issue – need some messaging about the move to RATs. Also looking at making sure the txt messages can help people pivot to RATs instead of waiting around for PCR tests. Please work with Kirsten Beynon for more detail. This likely needs to happen this weekend.

Out of scope

Sarah

Sarah Turner (she/her) | Deputy Director General

Office of the Director-General

s 9(2)(a)

sarah.turner@health.govt.nz

Manatū Hauora, 133 Molesworth Street
Thorndon, Wellington 6011




From: Mandy Gyles
Sent: Saturday, 26 February 2022 11:46 am
To: Lucy Mitchell-Kennelly
Cc: COVID Comms
Subject: FW: From today's Omicron Operational Management Meeting
Attachments: DG Memo re Lab Network processing PCR samples older than 5 days 20 Feb 2022 with AB feedback.docx

From: Bridget White <Bridget.White@health.govt.nz>
Sent: Saturday, 26 February 2022 11:20 am
To: Danya Levy <Danya.Levy@health.govt.nz>; Kirsten Beynon <Kirsten.Beynon@health.govt.nz>
Cc: Sam Fraser-Baxter <Sam.Fraser-Baxter@health.govt.nz>; Mandy Gyles <Amanda.Gyles@health.govt.nz>; Caroline Flora <Caroline.Flora@health.govt.nz>
Subject: RE: From today's Omicron Operational Management Meeting

We have to work through getting Minister on board before we can definitively say we will not be processing some samples. There was work on a comms plan last weekend which needs to be refreshed before we push anything out. We did not get approval to progress last weekend but hope to do so today.

In the meantime people are getting Tests at 48 and 168 hours saying there is delay and if still symptoms to get a RAT.

Out of scope



The key for the 1pm needs to be :

- RATs are now being used at CTCs and by GPs for diagnostic purposes. They will make the decision on which test is most appropriate for you
- PCR testing is being reserved for those people who most need it
- Only get tested if you have symptoms or have been directed to do so by a health professional
- DO not seek testing if you are well as this delays testing for people who are unwell
- Pharmacy supervise RAT testing is for unvax people who need attest for domestic travel or attending Court (check this with testing and Billy allen)
- Be patient

Cheers
b

From: Danya Levy <Danya.Levy@health.govt.nz>
Sent: Saturday, 26 February 2022 11:00 am
To: Bridget White <Bridget.White@health.govt.nz>; Kirsten Beynon <Kirsten.Beynon@health.govt.nz>
Cc: Sam Fraser-Baxter <Sam.Fraser-Baxter@health.govt.nz>; Mandy Gyles <Amanda.Gyles@health.govt.nz>
Subject: FW: From today's Omicron Operational Management Meeting

Hi Bridget and Kirsten,

Please see email below from Sarah Turner. I have lines on the second point coming from NRHCC for the 1pm update, as Auckland is coping the brunt of this.

Do you have lines or information on the Day 5 test please? I don't have any background on this.

Out of scope

Many thanks,
Danya

Danya Levy | Principal Media Advisor | Office of the Director-General | Ministry of Health | s 9(2)(a)



From: Sarah Turner <Sarah.Turner@health.govt.nz>

Sent: Saturday, 26 February 2022 10:44 am

To: Danya Levy <Danya.Levy@health.govt.nz>; Sam Fraser-Baxter <Sam.Fraser-Baxter@health.govt.nz>; Lindsey Poll <Lindsey.Poll@health.govt.nz>; Mandy Gyles <Amanda.Gyles@health.govt.nz>

Cc: Annie Coughlan <Annie.Coughlan@health.govt.nz>

Subject: From today's Omicron Operational Management Meeting

Some key issues to note from the Operational Management meeting this morning – the bit in yellow will need action today via any planned comms, social media etc. Please get the correct messaging from Bridget or Kirsten Beynon:

Out of scope

- The 5 day test issue – need some messaging about the move to RATs. Also looking at making sure the txt messages can help people pivot to RATs instead of waiting around for PCR tests. Please work with Kirsten Beynon for more detail. This likely needs to happen this weekend.

Out of scope

Sarah

Sarah Turner (she/her) | Deputy Director General

Office of the Director-General

s 9(2)(a)

sarah.turner@health.govt.nz

Manatū Hauora, 133 Molesworth Street
Thorndon, Wellington 6011



From: Bridget White
Sent: Saturday, 26 February 2022 3:16 pm
To: Andrew Bichan; Kirsten Beynon; Ashley Bloomfield
Cc: Christina Bir; Jo Pugh; Priti Patel
Subject: FW: Daily Laboratory Operations Dashboard 21 February 2022
Attachments: 20220221_Daily Laboratory Operations Dashboard.pdf; Testing Capacity Weekly Dashboard - 25 February.pdf

Refer to Documents 24b and 24c below

Hi

The daily lab report graph attached shows the number of tests per day and the rolling 7 day average. The big increase in Aug 21 was dealt with via surge ie bundling up to 8 swabs at a time and extended lab hours. The volumes now are similar to what we saw in Dec but due to prevalence we cannot bundle so only option is extend hours and labs are already doing this hence we started to get a backlog.

The second graph is the pooled capacity from the looks of it. I've also attached this weeks lab capacity dashboard that goes to Min Veral. It shows the big drop in reported capacity due to moving to single swab capacity

looking back through the daily reports (which we didn't get over Christmas) we have grown the single swab baseline from around 12000 in Aug to 30910 today. Unfortunately this success story of tripling the lab capacity will be lost in the noise of the backlog. Also I still can't find the 38 K figure

	Baseline single swab(unpooled) capacity
22 Aug 2021	11934
1 Nov 2021	15969
1Dec 2021	19019
22 Dec 2021	20869
1 Feb 2022	27353
25 Feb 2022	30910

From: Michelle Perera <Michelle.Perera@health.govt.nz>
Sent: Monday, 21 February 2022 8:26 am
Subject: Daily Laboratory Operations Dashboard 21 February 2022

Good Morning,

Summary based on testing completed on:	20/02/2022
Number of tests completed	27,109
Number of tests completed over the last 7 days	199,971
Total number of tests completed to date	6,513,660
7 day rolling average	28,567
Surge Testing Capacity	60,571
Baseline Testing Capacity	30,904

Total tests based on stocks on hand	1,216,815
Days of tests based on stocks on hand and 7 day rolling average	42.60

Comments:

Total number of tests completed during the current outbreak since 17 August is 3,949,263.

The testing days capacity numbers does not take full account of pooling rates.

The total tests available in the network numbers are similarly affected and close monitoring of testing reagent and consumable supplies is ongoing.

Continue to use private contracted laboratories to support testing volumes as required.

Taranaki Pathology Services (APHG) have now commenced COVID-19 PCR testing as of 1 February 2022 using a Hologic Panther Fusion.

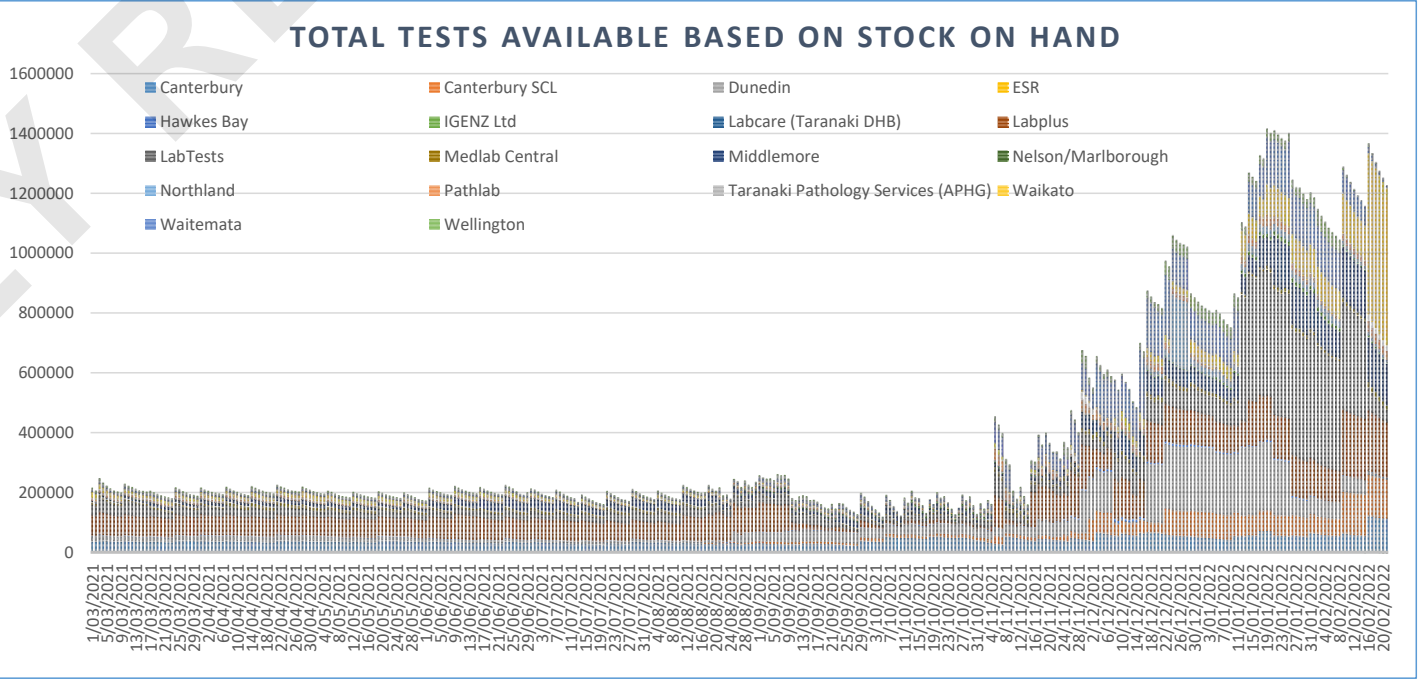
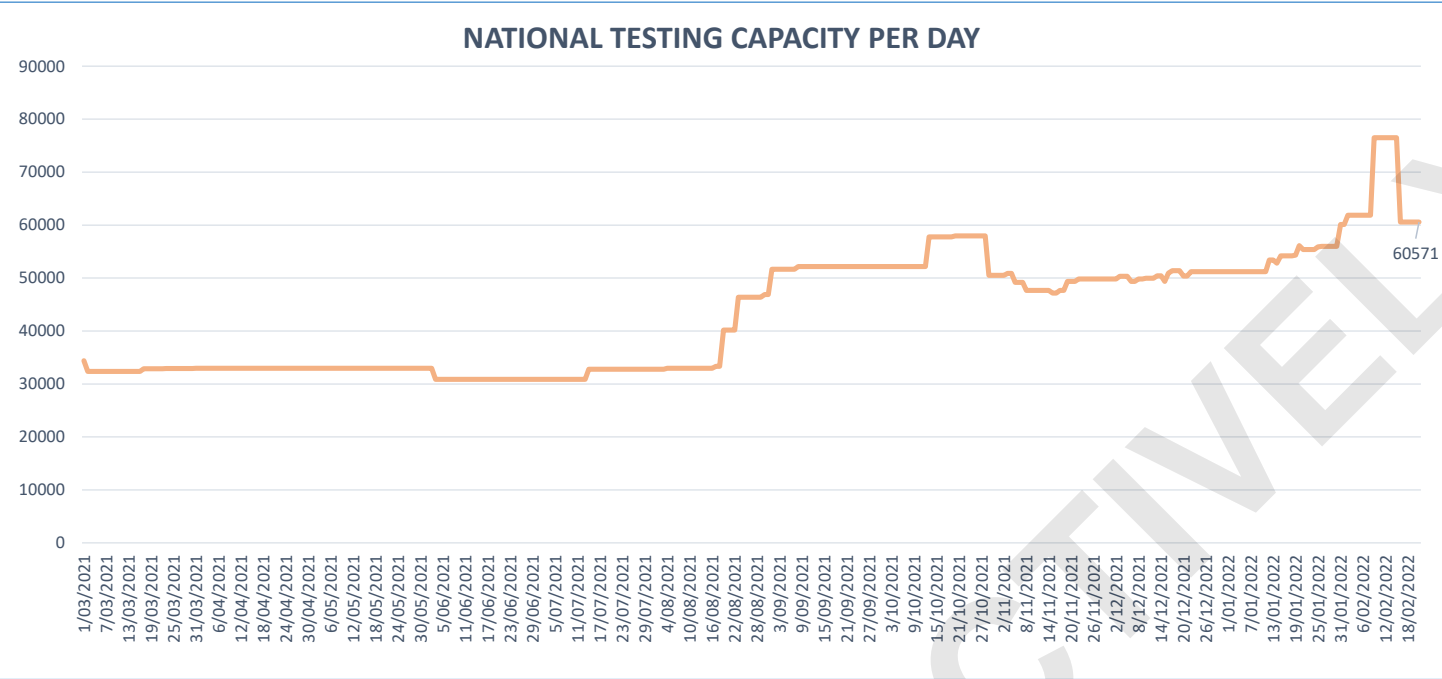
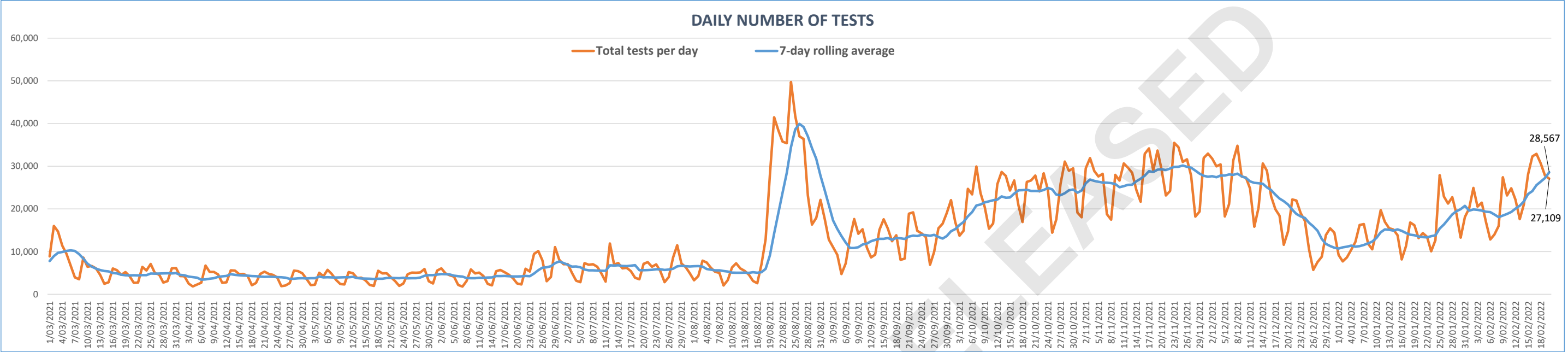
Ngā mihi,

Michelle Perera | Advisor COVID-19 National Laboratory Testing Team

COVID-19 Health System Response, Ministry of Health | www.moh.govt.nz



COVID-19 LABORATORY TESTING DASHBOARD – 21 February 2022



Summary based on testing completed on:	20/02/2022
Number of tests completed	27,109
Number of tests completed over the last 7 days	199,971
Total number of tests completed to date	6,513,660
7 day rolling average	28,567
Surge Testing Capacity	60,571
Baseline Testing Capacity	30,904
Total tests based on stocks on hand	1,216,815
Days of tests based on stocks on hand and 7 day rolling average	42.60

Comments:

Total number of tests completed during the current outbreak since 17 August is 3,949,263.

The testing days capacity numbers does not take full account of pooling rates.

The total tests available in the network numbers are similarly affected and close monitoring of testing reagent and consumable supplies is ongoing.

Continue to use private contracted laboratories to support testing volumes as required.

Taranaki Pathology Services (APHG) have now commenced COVID-19 PCR testing as of 1 February 2022 using a Hologic Panther Fusion.

COVID-19 PCR testing capacity weekly dashboard

Week ending
25 February 2022

Document 24c

Group focus areas



Increasing lab capacity/supply

Introduce improvements, new innovations and providers to increase lab capacity.



Prioritise testing demand

Ensure testing is targeting the people and settings that need it most.

Testing by numbers

Last week

This week

7 day average of tests processed per day



25,567



28,795

(+3,228)

7 day average tests Processed within 24 hours



55%



31%

(-24%)

Baseline testing capacity – no pooling



30,904



30,910

(+6)

7 day average testing volume of baseline capacity



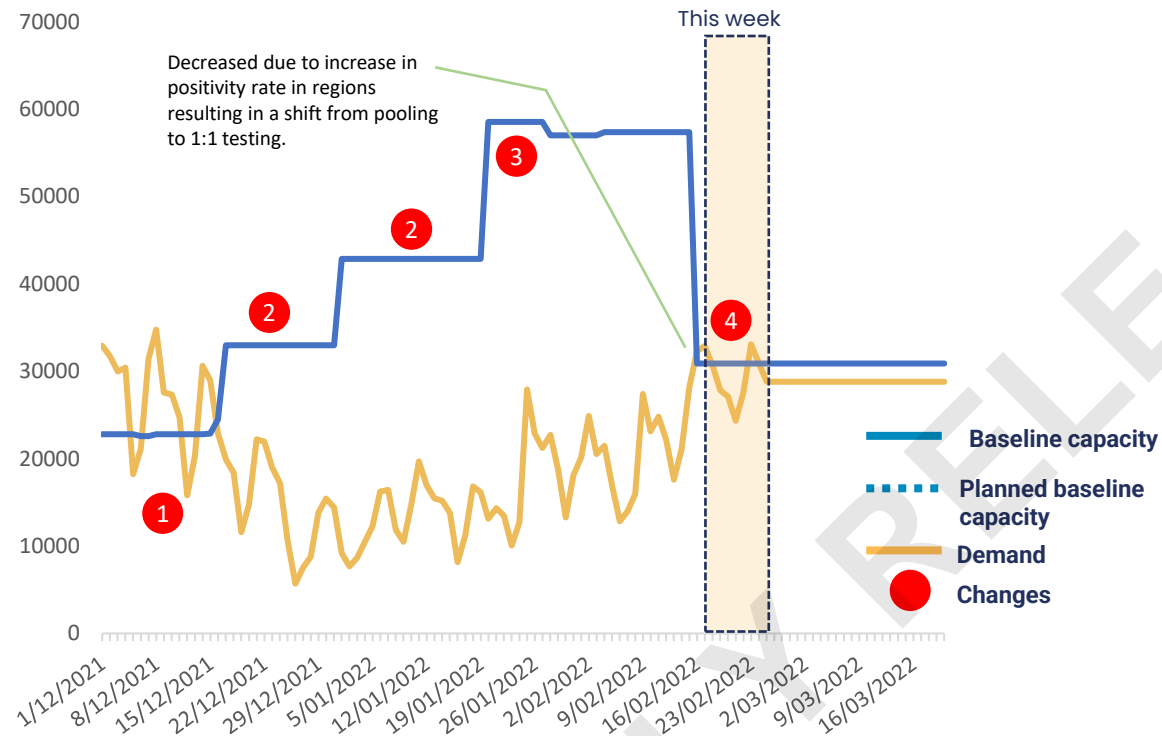
83 %



93%

(+10%)

Daily tests & 30 day projection based on current average tests per day



Regional focus testing

Region	7 day rolling ave of tests completed	Baseline Capacity - BAU	% Capacity Utilised
1. Northern region	13863	15320	90%
2. Central region	5045	5800	87%
3. Lower North region	3235	2632	123%
4. Canterbury region	4468	6075	74%
5. Southern region	2184	1083	202%
TOTAL	28795	30910	93%

NB – doesn't take into consideration number of samples collected

Northern region: Lab Plus, Lab Tests, Medlab Central, Middlemore

Central region: Hawke's Bay, Pathlab, R J Hill, Waikato

Lower North region: ESR, Taranaki DHB, Taranaki Pathology Services and Wellington SCL.

Canterbury region: Canterbury Health Labs, Canterbury SCL, Nelson/Marlborough

Southern region: Dunedin SCL

Activity	Status update	Expected impact
National Baseline testing capacity	<ul style="list-style-type: none"> Baseline capacity 1:1 ratio testing 30,910 Rollout of RATs at CTCs and GPs. Significant decrease in PCR demand in northern region. Impact of change to RATS at GP will be realized in the coming week Outstanding test in the laboratory network as at 8:30am is 115,206 10% increase in 7 day average testing., which is 93% of baseline unpooled capacity 	<p>4 Decrease in PCR demand at CTCs realized</p> <ul style="list-style-type: none"> Decrease in demand through changes at GPs will not show till next week Ongoing efforts to reduce backlog, with utilizing Queensland Medical Laboratory (QML) to support testing for Waikato, Northern Region and Bay of Plenty
Contracted laboratory capacity	<ul style="list-style-type: none"> Hill Laboratories continue to support Auckland and Bay of Plenty testing laboratories Contract sign-off with QML to support large volume for PCR 	<p>2 Provide overflow testing capacity</p> <ul style="list-style-type: none"> Reduction in backlog
Auckland Region	<ul style="list-style-type: none"> 66% of the national backlog is in the Northern Region Redirect to Hill Laboratories Redirect to QML (Australia) 	<p>3 Reduction of backlog with utilisation of QML</p>
Central North Island	<ul style="list-style-type: none"> Contribute 19% of the total backlog Reduction on demand by changes to CTCs and GPs Resourcing to reduce backlog over the weekend 	<p>4 Reduction on backlog</p>
Lower North Island	<ul style="list-style-type: none"> Contribute 6% of the total backlog Wellington SCL implement new analyser 	<p>4 Support testing demand for Auckland</p>
South Island	<ul style="list-style-type: none"> Canterbury Health and SCL supporting regional testing Rolling out RATs in CTCs and GPs as stocks are available Southern – overwhelmed with demand however earlier in the week, however changes to CTCs have made a significant difference. 	<ul style="list-style-type: none"> Reduction in demand not observed yet in the Canterbury region Southern will catch on the backlog through the weekend

Prioritise testing demand

Demand	<ul style="list-style-type: none"> Change from phase 2 to phase 3, Change of RAT positive result not requiring confirmatory 	<p>3 Reduction in PCR demand</p>
Supply	<ul style="list-style-type: none"> Additional capacity through contractual arrangement with QML and Hill Increasing RATs supply for use 	<ul style="list-style-type: none"> Protect the laboratory PCR testing volume

From: Kirsten Beynon <Kirsten.Beynon@health.govt.nz>

Sent: Saturday, 26 February 2022 1:16 pm

To: Bridget White <Bridget.White@health.govt.nz>; Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>; Lisa McPhail <Lisa.McPhail@health.govt.nz>

Cc: Jo Pugh <Jo.Pugh@health.govt.nz>

Subject: FW: backlog

Hi all

FYI – the team advised the labs no need to report today so not a full report. Min. Verrall wants an update of this along with a sustainability plan.

Kirsten

From: Christina Bir <Christina.Bir@health.govt.nz>

Sent: Saturday, 26 February 2022 12:50 pm

To: Kirsten Beynon <Kirsten.Beynon@health.govt.nz>

Subject: backlog

Hi Kirsten

Here is the numbers I have received today, and also sending yesterday's as reference.

26-Feb	63420					7755			18606			1962			912	Total
	ADHB	CMDHB	Waitemata	LabTest	Northland	Waikato	Hawkes Bay	Pathlab BOP	MedLab Central	Taranaki	WGTN	Nelson	SCL-CH	CHL	Dunedin	
Tests outstanding < 24 hours	109	420		897				696		82	1952	234	1373		581	6344
Tests outstanding 24-48 hours	595	1479		11251				1661		0	1591	329	0		195	17101
Tests outstanding > 48 hours	2082	6251		31134				5395		0	14981	26	0		136	60005
Tests outstanding > 5 days	522	5292		388				3		0	0	0	0		0	6205
Samples waiting received yesterday and waiting for registration	0			3000						0	0	0	0		0	3000
Total	3308	13442	0	46670	0	0	0	7755	0	82	18524	589	1373	0	912	92655
Lab capacity	2000	1700	2500	6000	370	1500	1094	1000	2250	32	2000	575	1000	4500	1083	
Days of testing	1.7	7.9	0.0	7.8	0.0	0.0	0.0	7.8	0.0	2.6	9.3	1.0	1.4	0.0	0.8	
25-Feb	75793					21812			8096			7259			2246	Total
	ADHB	CMDHB	Waitemata	LabTest	Northland	Waikato	Hawkes Bay	Pathlab BOP	MedLab Central	Taranaki	WGTN	Nelson	SCL-CH	CHL	Dunedin	
Tests outstanding < 24 hours	674	1501	2795	11440	115	876.00	350	1422	250	40	3851	893	1504	1860	1026	28597
Tests outstanding 24-48 hours	746	1891	2063	11021	275	1956.00	450	2384	0	0	1691	440	55	2492	882	26346
Tests outstanding > 48 hours	2515	6036	963	23892	715	8044.00	100	3902	0	0	2264	14	1	0	338	48784
Tests outstanding > 5 days	434	4621	223	434	580	24.00	0	4	0	0	0	0	0	0	0	6320
Samples waiting received yesterday and waiting for registration	0	0	2859	0	0	2000.00		300	0	0	0	0	0	0	0	5159
Total	4369	14049	8903	46787	1685	12900	900	8012	250	40	7806	1347	1560	4352	2246	115206
Lab capacity	2000	1700	2500	6000	370	1500	1094	1000	2250	32	2000	575	1000	4500	1083	
Days of testing	2.2	8.3	3.6	7.8	4.6	8.6	0.8	8.0	0.1	1.3	3.9	2.3	1.6	1.0	2.1	

Kind regards

Christina Bir

Manager – National Laboratory Testing Team | Testing and Supply Group

COVID-19 Health System Response Directorate

Ministry of Health | www.moh.govt.nz

Mobile: s 9(2)(a)

From: Jo Pugh
Sent: Saturday, 26 February 2022 3:46 pm
To: Bridget White; Kirsten Beynon
Subject: RE: Update re PCR backlog next steps

Hi

I asked for a list a while ago but haven't been able to get hold of Erica again. I'll let you know what they are as soon as I can.

From: Bridget White <Bridget.White@health.govt.nz>
Sent: Saturday, 26 February 2022 3:42 pm
To: Jo Pugh <Jo.Pugh@health.govt.nz>; Kirsten Beynon <Kirsten.Beynon@health.govt.nz>
Subject: RE: Update re PCR backlog next steps

Whats the trade off ie what is the other urgent work they are doing?

From: Jo Pugh <Jo.Pugh@health.govt.nz>
Sent: Saturday, 26 February 2022 3:24 pm
To: Bridget White <Bridget.White@health.govt.nz>; Kirsten Beynon <Kirsten.Beynon@health.govt.nz>
Subject: RE: Update re PCR backlog next steps

Hi both

I have confirmed we can do the Data matching but don't have the capacity to start the text development work until mid next week.

They are under pressure with all of their work being classed as urgent.

If end of next week is still feasible, I can commission this today to get the work onto the priority list.

Jo

From: Bridget White <Bridget.White@health.govt.nz>
Sent: Saturday, 26 February 2022 2:06 pm
To: Jo Pugh <Jo.Pugh@health.govt.nz>; Kirsten Beynon <Kirsten.Beynon@health.govt.nz>
Subject: FW: Update re PCR backlog next steps

See below – Jo can you pick up the data matching with Gerard

Kirsten – can we keep Jo in the loop of the various emails as acting Mgr Testing she can task the staff etc . Ta

From: Kirsten Beynon <Kirsten.Beynon@health.govt.nz>
Sent: Saturday, 26 February 2022 1:58 pm
To: Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>; Bridget White <Bridget.White@health.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>; Lisa McPhail <Lisa.McPhail@health.govt.nz>
Subject: RE: Update re PCR backlog next steps

Comments below

From: Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>
Sent: Saturday, 26 February 2022 1:36 pm
To: Bridget White <Bridget.White@health.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>; Kirsten

Beynon <Kirsten.Beynon@health.govt.nz>

Subject: Update re PCR backlog next steps

Hi all

Minister Verrall called me to follow up a discussion wed had earlier, and she had also spoken with Kirsten.

Here is what she would like as next steps:

- Reduce the number of people who's samples may not be processed through a range of actions:
 - Check what today's figures look like on the table showing quantities of samples at different processing times and work out – just once – how many samples will not be processed and the target messages to that group (noting it may include some that are currently not yet at 5 days. **WIP some gaps**)
 - I have assumed that all those with ≥ 5 days since test were sent a txt yesterday already, so the question is whether those people can be sent a further txt to find out if they have had a RAT and/or data match those who have uploaded a RAT result with their sample in the system, and exclude those people (although I note we will still may need to let those people know their sample is not going to be processed given they have a more up to date result **Data match against NHI, and YES/NO response: follow up plan.** **@Bridget White** **Bridget can you follow with Gerard or IT on this?**)
- Ensure we have a clear plan to process the backlog to support this only having to happen once. Needed today with the relevant steps included re communication to people etc. **WIP**
- Finalise the explanation of the different 'unpooled' sample processing capacity. I have seen the current draft explanation, but it includes a range of both pooled and unpooled sample figures: it is the latter that we need to focus on and someone will need to go back through the relevant reporting docs to tease out the overall capacity (plus surge) from unpooled capacity limits at different points in the last couple of months **Please provide this explanation and I can review this.**
-

Ngā mihi nui

Ashley

Dr Ashley Bloomfield

Te Tumu Whakarae mō te Hauora

Director-General of Health

Pronouns: He/Him

email: ashley.bloomfield@health.govt.nz

Mobile: § 9(2)(a)

www.health.govt.nz

From: Jo Pugh
Sent: Sunday, 27 February 2022 2:31 pm
To: Kirsten Beynon; Bridget White
Subject: FW: PCR Delay texts

Interesting stat - of the Northern Region pending since 14th, we sent the text to – 14,430 people

3036 have a subsequent result either a PCR or a RAT

I can confirm changes to the existing texts take mins. It is new texts with new triggers that take days.

However, I have since discovered that there is actually a manually based “Final” text primed and ready to go that we can use with the help of the Labs.

Labs would need to set it up by using the word “Discarded” in their report, which triggers us to send the text to go out.

D&D just need the words of the text (it can be set up in minutes). We would need to let the Labs know what the process is and the word to use. We can report on how many are discarded.

Risk is that the Labs would be making the choice so we would need to be very clear on our expectations of when discarding is acceptable.

Kirsten does this sound workable?
Jo

From: Bridget White <Bridget.White@health.govt.nz>
Sent: Sunday, 27 February 2022 9:42 am
To: Kirsten Beynon <Kirsten.Beynon@health.govt.nz>; Jo Pugh <Jo.Pugh@health.govt.nz>; Lisa McPhail <Lisa.McPhail@health.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>
Cc: Christian Marchello <Christian.Marchello@health.govt.nz>
Subject: RE: PCR Delay texts

Yep – all good to refine the text wording

From: Kirsten Beynon <Kirsten.Beynon@health.govt.nz>
Sent: Sunday, 27 February 2022 8:46 am
To: Jo Pugh <Jo.Pugh@health.govt.nz>; Bridget White <Bridget.White@health.govt.nz>; Lisa McPhail <Lisa.McPhail@health.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>
Cc: Christian Marchello <Christian.Marchello@health.govt.nz>; Kirsten Beynon <Kirsten.Beynon@health.govt.nz>
Subject: RE: PCR Delay texts

Morena all

I have had a quick look at this.

We need to review the 48 hour text message; I suggest that we remove the estimated timeframe for a results until backlog is cleared and then reinstate. Challenging when some labs are currently in an ok position and some are not.

Need to say if someone has since developed symptoms to get a RAT? Many for these people who have not processed were low priority category and asymptomatic; they could of acquired COVID since.

Has not text gone out to encourage getting a RAT test.

We will also need to work up some text comments in preparation for not processed swabs.

Kirsten Beynon (*she/her*)

Chief Advisor Testing | Science & Insights | COVID-19 Health System Response | Manatū Hauora

| E:kirsten.beynon@health.govt.nz | A: 133 Molesworth Street, Wellington | P: s 9(2)(a)



From: Jo Pugh <Jo.Pugh@health.govt.nz>

Sent: Saturday, 26 February 2022 6:16 pm

To: Bridget White <Bridget.White@health.govt.nz>; Lisa McPhail <Lisa.McPhail@health.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>; Kirsten Beynon <Kirsten.Beynon@health.govt.nz>

Subject: PCR Delay texts

Delayed Text

From: Jo Pugh
Sent: Sunday, 27 February 2022 11:13 am
To: Bridget White
Cc: Kirsten Beynon
Subject: Lab update

Just spoke to Kirsten
She has the lab data and is:

- Creating a timeline of samples and when they reach the point of not being able to processed
- Writing bulletpoint updates for Ashley and the Minister
- Then will finish adding her work into Priti's report
- I'm chasing up the possibility of changing the text in the one sent at 5 days rather than creating another new text.

Jo

Jo Pugh BA, Grad Dip OSH, EMPA
Acting GM Testing and Supply
Manager Border Workforce Compliance
COVID-19 Testing and Supply
jo.pugh@health.govt.nz, § 9(2)(a)

Ministry of Health, <http://www.health.govt.nz>



From: Jo Pugh
Sent: Sunday, 27 February 2022 12:46 pm
To: Kirsten Beynon; Bridget White
Cc: Christian Marchello
Subject: RE: Laboraotry Network UPDATE I OCMMMENT and Review please

Thanks Kirsten

This looks good to me. I see there is no mention of the swabs going to Australia. Will that be in the next comms?

Cheers Jo

From: Kirsten Beynon <Kirsten.Beynon@health.govt.nz>
Sent: Sunday, 27 February 2022 12:34 pm
To: Jo Pugh <Jo.Pugh@health.govt.nz>; Bridget White <Bridget.White@health.govt.nz>
Cc: Christian Marchello <Christian.Marchello@health.govt.nz>
Subject: Laboraotry Network UPDATE I OCMMMENT and Review please
Importance: High

Hi Jo and Bridget

Can you scan over this before I send. Christian has checked it. I will not email anything yet re sample not processed but I an keen to get this out today about the labs role in being sustainable.

Thanks
Kirsten

Kia ora all

Thank you to you and your teams for all your continued hard work and critical contribution to the NZ COVID-19 response. I have attached the communications that have been sent to GPs re use of RATs.

The MOH expectation is that GPs will be using RATs as first test with limited referrals for PCR testing; and we should start to see a significant decrease in PCR test demands with the introduction of RATs and we will be monitoring this closely on Monday and Tuesday.

The MOH are committed to supporting sustainable test volumes for PCR testing laboratories; to achieve this we all need to continue to work with referrers to educated them and reduce demand.

What we need from you all

- Continue to prioritise the urgent and critical PCR samples as per the existing triage systems that the laboratories have in place under Microbiologist guidance.
- EDUCATE and COMMUNICATE and REINFORCE messaging: to GPs and their practice teams (via your couriers and other relationship leads) that RATs are the priority test; PCR should be collected in the limited situations below including:
 - confirmation of the diagnosis will inform the clinical management and care of an individual – for example if they are immunosuppressed and confirmation of diagnosis will determine if therapeutics can be used
 - an individual cannot self-administer a RAT and a supervised RAT is not available
 - where a case in a facility or setting has a major impact on how the facility / setting is managed – for example, the first case in an aged residential care facility

Document 29

- ADJUST SWABS and ONLY SUPPLY what is within the labs capacity range. Swabs supplied to primary care need to reflect the introduction of RATs and the proportional requirement for essential PCR testing . Do not over supply GPs and Medical practices with swabs and UTM vials. If there is excess supply in primary care; if possible have your couriers pull back the excess supplies that have been distributed to avoid wastage and expiry.

To assist us to support you

- CONTINUE: provide daily figures with the breakdown by 24hr periods including number of samples received but not register.
- URGENTLY ADVISE: if there appears to be **no reduction in referrals from GPs** or there is an uplift in demands from CTCs.
- REAGENT/SUPPLIES: for contracts between laboratories and suppliers should be manage directly and standing orders and regular shipments in place. Please advise the MOH/HPL of pending issues with supplies
- STAFFING and SERVICE DISRUPTION: please advise of staffing shortages or equipment/IT failures that will disrupt service delivery and will reduce testing capacity
- ALL notifications should go to covid-19laboratorytesting@health.govt.nz

Backlog

We will continue to make an assessment over the next 24 hours of the number of aged and unprocessed samples; **please continue to prioritise the most urgent and critical samples** and managing the backlog as per Microbiologist guidance.

Referral or diversion of samples that are in place to other testing laboratories should continue if a backlog remains in your laboratory and we will monitor daily with those labs.

If your backlog will be cleared; please consider taking of samples to support urgent and critical testing elsewhere in the NZ network (within your capacity) to enable your lab colleagues to reduce their TATs for patients.

Sustainable response

It is important we put in place a sustainable plan for testing moving forwards and that there is a sustained reduction in PCR testing demand to match the single test capacity within each laboratory.

We will need to work together on load balancing of samples amongst labs as soon a lab:

1. is over an agreed TAT threshold or numbers received in a day exceed capacity
2. there is an analyser or equipment failure for an extended period;
3. has a supply failure issue or shortage
4. reduced staffing

To support this we need early alerts in place from Labs and where possible they manage the situation between labs but advise the MOH of the action plan of it the lab cannot resolve on its own BCPs.

The preference for redirection of samples as early as possible should be:

1. within regions for the larger centres
2. between regions for medium to small
3. within networks where the electronic transfer is well established

All with a priority focus on TATs for patients to support their care or to support outbreak management in high-risk settings like ARC.

Document 29

An alternative solution for access to results needs to be implemented if re-directed or diverted samples cannot be resulted back into regional repositories (for short period of time). The backlog cannot continue to grow with a concern the GP cannot access the results; this is a moot point if numbers not being processed is growing daily and is unprocessed. A contingency need to urgently be put in place for alternative options for access to results.

All labs should have their own BCPs and protocols in place for redirection of samples or have identified barriers to redirection and working on mitigation plans.

Kirsten Beynon (*she/her*)

Chief Advisor Testing | Science & Insights | COVID-19 Health System Response | Manatū Hauora

| E:kirsten.beynon@health.govt.nz | A: 133 Molesworth Street, Wellington | P: s 9(2)(a)



From: Ashley Bloomfield
Sent: Sunday, 27 February 2022 7:06 pm
To: Caroline Flora
Cc: Steve Barnes; Lisa McPhail; Niki Stefanogiannis
Subject: RE: Self-isolation of travellers

Hi Caroline

Thanks for the update and to the team for incorporating my feedback – I realise this is all being done at pace!

Good to see convergence of our advice with Prof Skegg

Re doing a followup PCR on positive RATs – I don't think the volume will be that large (some people won't do it) so I don't think lab capacity is the main issue.

If the key purpose is to do surveillance of potential new variants, we will get ample warning of these from surveillance in other countries so on balance I don't see a strong case for doing PCR (and WGS) just on people. I think we should advise that we will review PCR and WGS priorities over the coming two weeks to see how they are best deployed as we move through and out the other side of the Omicron outbreak

Ngā mihi nui
Ashley

Dr Ashley Bloomfield

Te Tumu Whakarae mō te Hauora
Director-General of Health
Pronouns: He/Him

email: ashley.bloomfield@health.govt.nz

Mobile: § 9(2)(a)

www.health.govt.nz

From: Caroline Flora <Caroline.Flora@health.govt.nz>
Sent: Sunday, 27 February 2022 6:40 pm
To: Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>
Cc: Steve Barnes <Steve.Barnes@health.govt.nz>; Lisa McPhail <Lisa.McPhail@health.govt.nz>; Niki Stefanogiannis <Niki.Stefanogiannis@health.govt.nz>
Subject: FW: Self-isolation of travellers

Kia ora Ashley

We're making your changes to the memo now. Thank you for the feedback, and my apologies that it wasn't up to scratch.

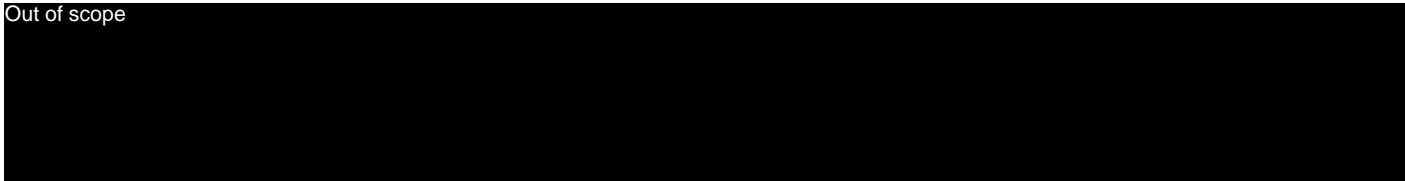
Out of scope

There are some key differences, including the proposal to follow up positive RATs with a PCR (which we would advise against due to lab capacity, but could explore sampling for WGS for variant surveillance down the track). The report also presumes unvaccinated travellers would enter MIQ. We'll keep that option on the table in our memo.

Next steps:

1. We will get you a new version of the memo asap

Out of scope



Many thanks

Caroline

Caroline Flora | Associate Deputy Director-General

System Strategy and Policy, Ministry of Health | www.moh.govt.nz

Mobile: s 9(2)(a)



Kia ora, if this email reaches you out of hours, I don't expect a response outside of your office hours, it's just a convenient time for me to send an email

From: Jo Pugh
Sent: Sunday, 27 February 2022 8:55 pm
To: Bridget White; Kirsten Beynon
Cc: Jenny Hawes
Subject: draft Testing Comms plan
Attachments: testing comms plan 270222.docx
[Refer to Document 31b below](#)

Draft comms plan attached for review.

From: Christine Ross <Christine.Ross@health.govt.nz>
Sent: Sunday, 27 February 2022 8:51 pm
To: Jo Pugh <Jo.Pugh@health.govt.nz>
Subject: RE: Sample reprioritisation plan at phase III DRAFT 1940h MEMO to follow

Hi Jo, draft comms attached. If the key messages are ok we can easily turn them into a PR.

I've also included the request a rat comms plan Jim was working on last week – it may be a useful counter to the less positive news.

Christine

From: Jo Pugh <Jo.Pugh@health.govt.nz>
Sent: Sunday, 27 February 2022 8:05 pm
To: Jenny Hawes <Jenny.Hawes@health.govt.nz>; Kirsten Beynon <Kirsten.Beynon@health.govt.nz>; Christine Ross <Christine.Ross@health.govt.nz>
Subject: RE: Sample reprioritisation plan at phase III DRAFT 1940h MEMO to follow

This is the content of the text to be sent out to effected people.

Kia ora {PAT_GIVEN_NAME}}, your COVID-19 test taken on {{SWAB_DATE_DD-MONTH}} is no longer able to be processed. We apologise for this situation. If you have since developed symptoms or your symptoms have worsened, collect rapid antigen tests (RATs) from your local testing centre or contact Healthline 0800 358 5453. If you are a household contact of a case, and have not already done so, collect RATs from your local testing centre. If you are not symptomatic, you do not need to get another test. Not you? Phone 0800 668 968 and quote {{PLACER_GROUP_NO}}.

From: Jo Pugh
Sent: Sunday, 27 February 2022 7:52 pm
To: Jenny Hawes <Jenny.Hawes@health.govt.nz>
Subject: FW: Sample reprioritisation plan at phase III DRAFT 1940h MEMO to follow

From: Kirsten Beynon <Kirsten.Beynon@health.govt.nz>
Sent: Sunday, 27 February 2022 7:45 pm
To: Ashley Bloomfield <Ashley.Bloomfield@health.govt.nz>
Cc: Lisa McPhail <Lisa.McPhail@health.govt.nz>; Andrew Bichan <Andrew.Bichan@health.govt.nz>; Bridget White <Bridget.White@health.govt.nz>; Jo Pugh <Jo.Pugh@health.govt.nz>; Karen Wong <Karen.Wong@health.govt.nz>; Kirsten Beynon <Kirsten.Beynon@health.govt.nz>
Subject: Sample reprioritisation plan at phase III DRAFT 1940h MEMO to follow

Hi Ashley

Updated document as per discussion:

- Memo and talking points to follow this will include:
 - Quantum of the swabs proposing to not process ie all on and prior to 23/2
 - Sustainability plan – ie what will be in place to ensure it doesn't happen again
 - All actions taken to reduce demand and unblock the network
 - Any levellers MOH has left? Eg DHB CEs, contractual options? Additional flights to Australia?
 - Comms plan – ie text, media statement, TPs
 - Rec's – agree to not processing all swabs taken on and prior to 23/2
 - Note risk remain if labs don't manage demand by managing swabs in the GP settings and domestic distribution of RATs means CTC and GPs revert to PCR
- Spreadsheet updated with lab data to follow FYI

Kirsten Beynon (*she/her*)

Chief Advisor Testing | Science & Insights | COVID-19 Health System Response | Manatū Hauora

| E:kirsten.beynon@health.govt.nz | A: 133 Molesworth Street, Wellington | P: s 9(2)(a)



Key messages

- As we have observed overseas and planned for here the spread of Omicron means we have to pivot our testing regime.
- Due to the current Omicron outbreak, there are thousands more cases of COVID-19 and many more people being tested
- This has led to a backlog of PCR tests able to be processed by the laboratory network
- Every practical measure has been taken to relieve pressure on the labs, including sending some tests to Australia for processing
- However, we now have xxx of PCR tests still to be processed that are five days old or more, and no longer likely to give an accurate result
- Anyone who had a PCR test on 23rd Feb or earlier, is still waiting for their test result and has since developed symptoms or their symptoms have worsened, should collect rapid antigen tests from their local testing centre or contact Healthline on 0800 358 5453
- A text message with these instructions is being sent to everyone affected by this situation
- In Phase 3 of the Omicron Response the purpose of testing shifts away from trying to find every case to making sure our PCR testing capacity is available for those who need it the most
- This is why we now have much wider use of Rapid antigen tests (RATs).
- From 28 February, members of the public will be able to order rapid antigen test (RAT) kits for home testing if they:
 - have COVID-19 symptoms, or
 - are a Household Contact.

Other Phase 3/RATs messages

- As the Government announced last week, symptomatic people and/or asymptomatic close contacts whose RAT is positive will be considered a case and do not need to be verified through a PCR test. This will further relieve pressure on the system.
- After testing, people need to record their result in My Covid Record, as well as advise their employer. If you cannot access My Covid Record, call 0800 222 478.
- Although there are still significant global supply constraints, we have secured the delivery of enough RATs to help New Zealand through a widespread Omicron outbreak in the coming months. There are currently 6.9 million RATs in the system with around 14.7 million expected by the end of the month.

Text

Kia ora {PAT_GIVEN_NAME}}, your COVID-19 test taken on {{SWAB_DATE_DD-MONTH}} is no longer able to be processed. We apologise for this situation. If you have since developed symptoms or your symptoms have worsened, collect rapid antigen tests (RATs) from your local testing centre or contact Healthline 0800 358 5453. If you are a household contact of a case, and have not already done so, collect RATs from your local testing centre. If you are not symptomatic, you do not need to get another test. Not you? Phone 0800 668 968 and quote {{PLACER_GROUP_NO}}.

Q&A

Why are we abandoning PCR testing?

Under Omicron Phase 3 the purpose of testing shifts away from trying to find every case to making sure our PCR testing capacity is supporting those that need it the most

PCR testing will still be used for those who are unwell and more susceptible to the effects of COVID-19, or by clinical discretion. The Phase 3 testing regime involves much wider use of Rapid antigen tests (RATs), which is already happening around New Zealand

Should we have switched sooner?

We know that PCR tests are more accurate than RATs and that's why we used PCR at earlier stages of the pandemic. Now we are at a point where it's time to pivot our approach, to match the speed of Omicron's spread and manage the impact of this variant on our health system and communities.

Is this a failure of the system?

We understand that people who are affected by this will be frustrated. The pandemic has challenged our systems and capacity and we are responding with the most practical option, which is to ask anyone affected and who has developed symptoms or has worsening symptoms to either seek a RAT test or call Healthline.

Do we have enough RATs to manage this shift?

We currently have approximately 4 million Rapid Antigen Tests (RATs) on hand, alongside large volumes that are already dispatched into the health and disability system. Another 10 million RATs are arriving over the weekend, which will progressively be distributed into the system over next week.

Request a RAT comms plan

From 28 February, members of the public will be able to order rapid antigen test (RAT) kits for home testing if they:

- have COVID-19 symptoms, or
- are a Household Contact.

Two channels will be available for people to request RATs:

1. Via the new website: requestrats.covid19.health.nz
2. Via a free call at 0800 222 478 option 3

RATs are free under the public health response for those who need a test - household contacts and people with symptoms.

To make a request via the website, people will need to have access to a mobile phone to validate the order. RATs can be requested on behalf of someone else.

Requesting RATs on the RAT Requester site is an easy step-by-step process, just follow the instructions.

People eligible for RATs for home testing will be issued an order number. They can then pick up their RAT order from a collection site listed on Healthpoint, or have someone collect their order for them. <https://www.healthpoint.co.nz/covid-19/?covidTesting=rats>

A delivery option is currently being worked on.

For assistance, please email help@ratrequest.min.health.nz

channels

- Email to stakeholders
- Website (MoH and UAC)
- Social media posts
- Press release

From: Louise Cox [DPMC] <Louise.Cox@dpmc.govt.nz>
Sent: Monday, 28 February 2022 12:45 pm
To: Kirsten Beynon; Ian Town; Robyn Shearer; Geoff Gwynn
Cc: Amber Bill [DPMC]; Martin Rodgers [DPMC]
Subject: CRIAG advice to the Minister for COVID-19 Response
Attachments: DPMC cover note on CICRIAG advice - 18 Feb.pdf; 2022-02-18 - CICRIAG advice note to Minister for COVID-19 Response.docx
Refer to Document 32b below

[IN-CONFIDENCE]

Kia ora koutou,

For your information please see the attached advice from CRIAG to the Minister for COVID-19 Response following your meeting with them on 16 February. The advice was also copied to the office of the Minister of Health.

Also attached is the coversheet that sets out the key areas that CRIAG have suggested the Minister may wish to seek further assurance on and his responses to those.

Please note that the above attachments will be provided to CCB later this week.

Ngā mihi
Louise

Louise Cox
Senior Advisor | DPMC Secretariat
COVID-19 Independent Continuous Review, Improvement and Advice Group

P s 9(2)(a)
E louise.cox@dpmc.govt.nz



The information contained in this email message is for the attention of the intended recipient only and is not necessarily the official view or communication of the Department of the Prime Minister and Cabinet. If you are not the intended recipient you must not disclose, copy or distribute this message or the information in it. If you have received this message in error, please destroy the email and notify the sender immediately.



COVER PAGE: COVID-19 INDEPENDENT CONTINUOUS REVIEW, IMPROVEMENT AND ADVICE GROUP: ADVICE NOTE TO THE COVID-19 RESPONSE MINISTER

Meeting Date	16 February 2022		
Agenda	The agenda covered: <ul style="list-style-type: none"> • Technical testing update from the Ministry of Health • Care in the Community update from the Ministry of Health 		
Assurance on key issues and risks raised			
<p>The attached advice note sets out the issues, risks and observations raised by the COVID-19 Independent Continuous Review, Improvement and Advice Group (the Group) during its meeting.</p> <p>From those issues, risks and observations the Group has identified areas where you may wish to seek further assurance:</p> <p>There are three options you may wish to consider for each of the areas where further assurance may be needed:</p>			
1. You are already assured that the necessary work has been or is being undertaken to address the issue or risk. No further action is required.			
2. You believe there is value in further assurance work being undertaken and you either:			
a. Direct relevant parts of the system to address the matter and provide assurance; or			
b. Direct the Group to undertake further assurance work and report back on the matter			
Areas you may wish to seek further assurance¹	Assurance option		
	1	2a	2b
1. That the emerging equity issues are being picked up and addressed urgently in real-time through: data analysis; review of case risk assessment criteria and their application; and targeted strategies for South Auckland, Pacific and Māori communities.		✓	

¹ Note: as the adequacy of Care in the Community systems and processes to identify low-risk cases that deteriorate rapidly was raised as a key assurance area in the Group's advice note of 10 February 2022, it is not included here but remains a key concern for the Group.

2. That there is adequate line of sight across the capacity of the health components of the Care in the Community system to respond to the rapidly evolving needs over the course of the Omicron wave.		✓	
3. That there is a suitable level of operational oversight, informed by real-time data, to identify gaps, anticipate issues, and make necessary operational changes to the response as rapidly as needed.		✓	
4. That communications strategies are focussed on simplicity and community activation, and that the key definitions of 'close contact' and 'self-isolation' are actively reviewed for currency.		✓	
5. That processes to procure testing capacity, rapid testing options and to implement saliva testing are proportionate in terms of assurance requirements versus the immediate risk of insufficient capacity and flow on impacts.			✓
6. That the COVID-19 Testing Technical Advisory Group will have the necessary level of authority, visibility and reporting line to Ministers to fully support evolving testing strategies at pace.			✓

5 and 6 are linked. I'd like rec 5 passed on to the TTAG and for their views to be sought. CH

COVID-19 Independent Continuous Review, Improvement and Advice Group

COVID-19 INDEPENDENT CONTINUOUS REVIEW, IMPROVEMENT AND ADVICE GROUP: ADVICE NOTE TO THE COVID-19 RESPONSE MINISTER

Meeting date: 16 February 2022

This note sets out the key issues, matters and observations raised by us, the COVID-19 Independent Continuous Review, Improvement and Advice Group during and subsequent to our weekly meeting. Unless specified otherwise, the points below are our opinions.

Discussions with representatives from the Ministry of Health (MoH) have informed this note along with material and information provided to us through the DPMC Secretariat.

CAVEAT: The below comments are a reflection of our views as at 16 February. Events are moving at a dynamic pace and some views may subsequently shift.

Equity

Equity issues are being amplified by the Omicron wave. To date, the Omicron wave is not evenly distributed across New Zealand or by ethnicity. Auckland has around seven times the number of cases per population than the rest of the country and Pacific and Māori are disproportionately represented in the number of cases and hospitalisations. This is consistent with previous outbreaks during the pandemic.

We have heard the following as evidence that equity issues are being amplified by Omicron.

- *Pacific and Māori are over-represented in cases and hospitalisations*

The proportionality by ethnicity of cases and hospitalisations in the Auckland region does not resemble the demographic makeup of the District Health Board areas (DHBs). For example, as of 16 February, 14 of 19 cases in Middlemore Hospital are Pasifika, four are Māori and one is Pākehā. Conversely, there are low numbers of cases in the Pacific community who are being triaged as high-risk. We are concerned about the mismatch of this data and on the potential implications, especially for the Pacific community.

The low numbers triaged as high-risk, combined with expected large numbers of Omicron cases, means that the burden of death may well fall upon those outside of the high-risk group as currently defined. It is not clear to us how this issue is being monitored. We strongly urge you to seek assurance that there are processes in train to independently evaluate the application of the high-risk criteria. In addition, we encourage you to gain assurance that there are, or will soon be, processes in place (that are potentially automated) to check on the health of all cases during the crucial five-to-eight-day period after becoming a case, and that there are processes to follow up on non-responders and those whose condition is worsening.

- *There is a gap in real-time data that brings issues of equity to the fore*

There is a lack of real-time visibility of equity and capacity issues and trends that require immediate intervention. We believe there is a need for a more dynamic system that enables real-time feedback loops. You may wish to seek assurance that if this system doesn't already exist, that data analysts/scientists are brought in as soon as possible to support real-time data analysis.

- *The one-size fits all approach doesn't reflect what is playing out*

While it is our view that systems and dedicated resources to monitor and interpret data in real-time are needed, the data already clearly demonstrates that we have a significant equity crisis emerging in South Auckland in particular. This is a clear red flag and we are very concerned that there may be insufficient capacity in the system to deal with early trends such as the proportion of hospitalisation rates by ethnicity. We recommend that you seek assurance that there is awareness of the emerging situation in South Auckland, and that plans have been developed to address this and other potential areas of high need.

We have been advised of the following in response to our enquiries on this matter.

- The online self-assessment tool has risk flags built in to help capture those who may self-determine they are lower risk than they are. General Practitioners will also have visibility of patients who test positive. In addition, the self-management system has the functionality to automate checks on cases. MoH did however note that there is a concern that once the original triaging has occurred, there is a reliance on individuals to escalate care in the self-management pathway.

Care in the Community

The health elements of the Care in the Community (CiC) systems are ambitious and there has been a huge amount of work undertaken. However, it is unclear to us whether there is adequate scrutiny of the systems to ensure they are not overly complex, are truly functional, and of their actual readiness. Workforce capacity is a key issue for the health elements of the CiC approach as well as the welfare elements raised in our previous advice of 10 February.

We have the following concerns which suggest that the health elements of CiC are a potential area of risk in terms of system complexity, functionality, readiness and capacity.

- *The visibility of system capacity to care for community cases is not apparent*

We are unable to get a sense of whether there is a view of the capacity of the system to respond to rapidly rising community cases. There appears to be no central understanding of potential demand, and therefore what planned capacity looks like. Visibility of the capacity of the community care system is needed urgently and this should be assessed against the estimated need over the course of the Omicron wave. This should then lead to appropriate actions.

- *Centralised operational oversight may be lacking*

We have not had any assurance that there is operational oversight to identify gaps, anticipate issues at pace, and identify cross system complexities. We would support the establishment of a small group of DHB leaders to strategically oversee the operational response against Omicron within the next week. The group would essentially drive real-time quality improvement, monitoring and responses to trends. The authority for any such group to make changes to the operational response is critical to gain the pace needed. This could be part of the solution to address the gap in real-time data to bring issues of equity to the fore.

We have been advised of the following in response to our enquiries on these matters.

- MoH raised that workforce capacity remains an issue that does not have an easy or quick solution, and shifting workforces regionally is a challenge.

Simplicity of communications and currency of definitions

The critical junction points of Phases Two and Three are bringing a significant change in approach, with a move towards self-management that presupposes a level of understanding by the average New Zealander. The extent of this as a change management exercise is not to be underestimated, nor the public's understanding assumed. Clear communications remain critical, in particular to support public understanding of what self-management entails, and how they can support each other within their communities.

We have heard or become aware of the following in regard to communications.

- *People are trying to do the 'right thing'*

We have heard that the 'worried-well' are clogging up the testing system as also occurred early on in the Delta outbreak, revealing a disconnection between the changes and public understanding. We need to bridge the gap between the changes in approach and the understanding of New Zealanders through a clear communications strategy that is underpinned by the principal of simplicity.

- *Contact definitions may be unnecessarily complicated*

In addition to the complexity of the online forms for self-management pathways raised in our 10 February advice, the definition of a close contact is overly complicated. The definition appears to be that used by public health professionals and is unlikely to be applied easily by the general public. Instead, the aim of the definition should be to capture a good proportion of close contacts while being very easy to apply.

- *Key definitions need to be actively recalibrated*

The working definitions of 'close contacts' and 'self-isolation' are critical elements in the response and need to be actively (and pro-actively) recalibrated to reflect real-time risk in the community. Delays in keeping them current causes unnecessary pressure on the system, individuals and businesses.

- *Our communities are integral to keeping people safe*

Community activation, whereby communities, whānau and individuals have plans in place to check on and support each other, could have further promotion as an adjunct to formalised CiC processes to prevent people from falling through the gaps.

We have been advised of the following in response to our enquiries on these matters.

- MoH are strengthening messages to educate the worried well regarding when they should seek testing.

Testing

There is a rapidly emerging crisis around testing capacity in New Zealand which requires an immediate pivot to address. Testing is both the trigger for people to enter and exit the CiC system and delays in testing risk avoidable adverse impacts on people. While there is an urgent need to increase capacity, pressures such as some laboratories no longer being able to pool tests, has decreased overall and some regional capacity. We can also expect there to be a lot more pressure on RAT supplies over the coming weeks. Actions to increase testing capacity and options need to have clear and specific timelines that are in sync with necessary pace.

From what we have heard, we have ongoing concern in regard to the testing system.

- *Case numbers in Auckland require a targeting of RAT resources*

With the high numbers of cases in Auckland, and the strain on testing already occurring, it should be urgently considered to supply as many RATs as possible to the region. While we have previously advised that RATs utility is limited for asymptomatic cases and prior to the onset of symptoms for symptomatic cases, it is a good use of RATs to test close contacts who become symptomatic. Positive RAT results for symptomatic close contacts (who are a high prevalence sub-population) should not need to have a confirmatory PCR test, which will help to reduce pressure on PCR capacity.

- *Pre-COVID-19 procurement models are incongruent with necessary speed*

Government processes are continuing to hamper the speed of the response. An example is the ongoing negotiations with Rako Science indicating that we continue to apply pre-COVID-19 procurement models that are incompatible with the speed and agility needed. We have reached a critical point in terms of testing capacity and traditional procurement processes hamstringing our ability to meet the needs of the response.

Lucira and other loop-mediated isothermal amplification (LAMP) tests are not yet in operation despite clear evidence they out-perform RATs and are approaching the performance of full PCR tests. They have been rolled out in other countries that have robust evaluation and approval systems. Our view is that these tests should be utilised instead of, or at least complementary to, RATs at the border and in other situations. While the process is underway to approve these tests, there is a risk that timelines are not clear and are not in sync with the urgent need. For example, a LAMP pilot should be ready within 1-2 weeks,

Given the urgency of testing capacity, you may wish to seek assurance that processes are being expedited and that there are enough personnel to meet the critical needs around testing we will face within the next and subsequent weeks.

- *The COVID-19 Testing Technical Advisory Group plays a key role*

MoH has advised that they are proposing a reshaping of the COVID-19 Technical Testing Advisory Group (CTTAG) that will have a strategic focus. We support the strategic role of the CTTAG and highlight its importance in providing ongoing specialist expertise to MoH for the Omicron wave and future variants. We do raise, however, that it does not appear that it will have the level of authority, visibility or reporting line to Ministers that was envisaged by our Group and the Strategic COVID-19 Public Health Advisory Group. We also urge that the function of the Group is formalised and that advice to MoH is recorded and recommendations are made available to you in real time.

- *Saliva testing is not yet fully integrated*

Saliva testing does not appear to be fully integrated and the available capacity in New Zealand fully used. This is despite advice from David Murdoch's report that this testing modality performs at an equivalent level as nasopharyngeal swab for PCR testing, in keeping with the advice from the Simpson Roche committee in 2020. Given the urgency of testing capacity issues, we urge you to seek assurance that further adoption of saliva testing, including in all situations where nasopharyngeal swabs are indicated, is being progressed with the necessary pace.

We have been advised of the following in response to our enquiries on these matters.

- MoH have advised that base PCR testing capacity will fall short but that they are carefully monitoring pressure points by region and where they can utilise other regional capacity to alleviate pressure. The rollout of RATs will move quicker than originally planned to help address capacity issues and prioritise PCR tests for where most

needed. MoH also indicated they are working at pace to fix RAT supply chains and get tests where they need to be over the next 24-36 hours. They are also strengthening messaging to educate the worried well.

- MoH are working with Lucira on a pathway and are exploring partners to test proof of concept. They also indicated that the Lucira test may be an option for use in a further border self-isolation pilot.
- MoH are continuing conversations with Rako Science and other potential providers and are looking at where saliva tests can be used to support PCR testing capacity.
- MoH are prioritising emerging testing technologies but need to balance this against the timing of Omicron and the pressures on limited workforce. They are planning workshops following on from the recommendations of the DPMC-led rapid review.

Broader impacts on the health system

In addition to the above, we would also like to raise our thoughts on the broader impacts on the health system.

As we have raised previously to you in our advice dated 23 September 2021, we have significant concerns about the unintended consequences caused by delays to health care caused by the response to COVID-19. We have not been made aware of anyone monitoring and preparing to respond to these broader impacts. Our view is that there is an urgent need to bring people in to monitor, interpret and respond to wider health-system quality and safety issues.



Sir Brian Roche (Chair), on behalf of the members of the COVID-19 Independent Continuous Review, Improvement and Advice Group

Dr Dale Bramley
Dr Debbie Ryan
Prof Philip Hill,
Rob Fyfe

From: Christina Bir <Christina.Bir@health.govt.nz>
Sent: Tuesday, 1 March 2022 9:38 am
To: Bridget White <Bridget.White@health.govt.nz>; Priti Patel <Priti.Patel@health.govt.nz>
Cc: Jo Pugh <Jo.Pugh@health.govt.nz>
Subject: RE: PCR tests undertaken from 24 Feb to 28 Feb

The network as a whole have reported a significant decrease in GP swabs coming to the labs

- LabTest (Akl) get the majority of AKL GP work – reduction from 11k to 334 yesterday

Kind regards
 Christina

From: Bridget White <Bridget.White@health.govt.nz>
Sent: Tuesday, 1 March 2022 9:20 am
To: Priti Patel <Priti.Patel@health.govt.nz>
Cc: Christina Bir <Christina.Bir@health.govt.nz>; Jo Pugh <Jo.Pugh@health.govt.nz>
Subject: RE: PCR tests undertaken from 24 Feb to 28 Feb

Is this the number of swabs taken on the day or the number processed ? I want the number taken as processed should still be addressing backlog

From: Priti Patel <Priti.Patel@health.govt.nz>
Sent: Tuesday, 1 March 2022 9:17 am
To: Bridget White <Bridget.White@health.govt.nz>
Cc: Christina Bir <Christina.Bir@health.govt.nz>; Jo Pugh <Jo.Pugh@health.govt.nz>
Subject: PCR tests undertaken from 24 Feb to 28 Feb

Here you go

Date reported	Thu	Fri	Sat	Sun
Date tested	24-Feb-22	25-Feb-22	26-Feb-22	27-Feb-22
PCR tests	30979	31016	27790	22742

Ngā mihi

Priti Patel
 Programme Manager
 Border Workforce Vaccinations Order/Rapid Antigen Testing Programme
 COVID-19 Testing Operations & Supply | COVID-19 Health System Response | [Manatū Hauora](#)
 E: priti.patel@health.govt.nz M: s 9(2)(a)
<http://www.health.govt.nz>



From: Jo Pugh
Sent: Tuesday, 1 March 2022 10:41 am
To: Andrew Bichan
Cc: Bridget White
Subject: PCR Lab testing

Hi Andrew

Process for notifying people is outlined below:
 People without a cell phone have the result sent to their GP's.

People who have a cell phone get a Text:

- On arrival in the lab Advising them that their sample has arrived
- Two days after Advise them of delay and seek help if symptoms are worse
- 5 days after Advise the of delay and to get a RAT if they are symptomatic

Now a final text has been developed that will advise them their sample is not going to be developed and to get a RAT if still symptomatic.

Text	Message content	First turned on	Comments
Collected	Kia ora {{PAT_GIVEN_NAME}}, COVID test collected {{SWAB_DATE_DDMMON_HH:MI}}. For more info- http://bit.ly/HUtestinfo . Not you? Phone 0800 668 968 and quote unique ID {{PLACER_GROUP_NO}}.		Received at the CTC – everyone gets these
Receipted in lab	Kia ora <first name> your covid swab has arrived in the lab on < dd mon> is in the laboratory. Expect a result in 72 hours. Not you? Phone 0800 668 968 and quote unique ID <PH or Filler number>		
48 hours	Kia ora <first name> your covid swab taken on < dd mon> is in the laboratory. Due to the high workload, it is still being worked on. Expect a result in 72 hours. Not you? Phone 0800 668 968 and quote unique ID <PHnnnn or Filler order>	First sent Tuesday 22/02 7am	22,123 sent
168 hours	Kia ora {{PAT_GIVEN_NAME}}, your COVID-19 test taken on {{SWAB_DATE_DD-MONTH}} is in the laboratory. Due to the high workload, it is still being worked on. We apologise for the delay. If you have since acquired symptoms your symptoms have worsened, contact Healthline 0800 358 5453. If you are a contact of a case, collect RATs from your local testing centre. If you are not symptomatic, you are not required to get another test. Not you? Phone 0800 668 968 and quote {{PLACER_GROUP_NO}}.	First sent Friday 25/02 at about 11am	<p>Number of texts sent: 6927</p> <p>Note that these are the people who's phone numbers have been provided. There may be more than this have not gotten a result text because no mobile phone number was provided.</p> <p>Number that now HAVE A RESULT: PCR: 3290</p> <p>2160 got a new test done – either PCR or RAT</p>

			<p>New PCR:771 (of which 631 have received their new PCR result) Self-RAT: 625 Supervised RATs:764</p> <p>Those still waiting for initial PCR result older than 5 days: 1477 Those waiting secondary PCR result: 140</p> <p>This means that</p> <p>Note, this all applies to only those that we have mobile phone numbers for and can text</p>
Unable to process due to high demand	<p>Kia ora {PAT_GIVEN_NAME}}, your COVID-19 test taken on {{SWAB_DATE_DD-MONTH}} is no longer able to be processed. We apologise for this situation. If you have since developed symptoms or your symptoms have worsened, collect rapid antigen tests (RATs) from your local testing centre or contact Healthline 0800 358 5453. If you are a household contact of a case, and have not already done so, collect RATs from your local testing centre. If you are not symptomatic, you do not need to get another test. Not you? Phone 0800 668 968 and quote {{PLACER_GROUP_NO}}.</p>	Not sent yet but will be for those pending results >168hrs	<p>We will ONLY send this message if the labs send us through a result of "NOT PROCESSED" AND if we have a mobile phone number available for them.</p>

Jo Pugh BA, Grad Dip OSH, EMPA
Acting GM Testing and Supply
Manager Border Workforce Compliance
COVID-19 Testing and Supply
jo.pugh@health.govt.nz, s 9(2)(a)

Ministry of Health, <http://www.health.govt.nz>

From: Sarah Upston
Sent: Tuesday, 1 March 2022 7:16 am
To: Clare Perry
Subject: RE: Laboratory network update 28 Feb 2022

Thanks Clare,

Yesterday when the team were calling a few PHOs to remind, the issue of RAT supply came up a few times – so we may need caution if refusing PCR tests where supply is variable.

Ngā mihi nui,

Sarah Upston

Acting Manager - Primary Care | Primary Health Care System Improvement and Innovation | Health System Improvement and Innovation | Office phone 04 907 5195 | Mobile s 9(2)(a)

I work remotely some days during the week – please include virtual options for hui (meetings).



From: Clare Perry <Clare.Perry@health.govt.nz>
Sent: Tuesday, 1 March 2022 7:00 am
To: Cathy O'Malley <Cathy.OMalley@nmdhb.govt.nz>; nick chamberlain-EXT <nick.chamberlain@northlanddhd.org.nz>
Cc: Keriana Brooking <Keriana.Brooking@hbdhb.govt.nz>; Adeline Cumings <Adeline.Cumings@health.govt.nz>; Sarah Upston <Sarah.Upston@health.govt.nz>
Subject: Fwd: Laboratory network update 28 Feb 2022

For visibility - messages to Labs.

We should be seeing the benefit for Labs mid this week with switch to RATS (though data less robust). Clare

From: Bridget White <Bridget.White@health.govt.nz>
Sent: Monday, 28 February 2022, 8:58 AM
To: Clare Perry
Subject: FW: Laboratory network update 28 Feb 2022

Refer to Document 35b below

Comms to Labs below.

We are getting labs to manage the supply of swabs to GPs ie only putting out what they can actually process.

Kirsten was looking at positivity rates at CTCs versus GPs and GPs are much lower so they are using PCRs swabs where not necessarily indicated. Hopefully now the funding issue is addressed any incentives for PCRs swabbing without clinical indicators has been removed

Cheers

b

From: Kirsten Beynon <Kirsten.Beynon@health.govt.nz>

Sent: Monday, 28 February 2022 7:44 am

To: Kirsten Beynon <Kirsten.Beynon@health.govt.nz>

Subject: Laboratory network update 28 Feb 2022

Importance: High

Kia ora all

Thank you to you and your teams for all your continued hard work and critical contribution to the NZ COVID-19 response. I have attached the communications that have been sent to GPs re use of RATs.

The MOH expectation is that GPs will be using RATs as first test with limited referrals for PCR testing; and we should start to see a significant decrease in PCR test demands with the introduction of RATs and we will be monitoring this closely on Monday and Tuesday. We expect that the RATs distribution and use in CTCs will enable sustainable PCR numbers from these sources.

The MOH are committed to supporting sustainable test volumes for PCR testing laboratories; to achieve this we all need to continue to work with referrers to educate them and reduce demand.

What we need from you all

- Continue to prioritise the urgent and critical PCR samples as per the existing triage systems that the laboratories have in place under Microbiologist guidance.
- EDUCATE and COMMUNICATE and REINFORCE messaging: to GPs and their practice teams (via your couriers and other relationship leads) that RATs are the priority test; PCR should be collected in the limited situations below including:
 - confirmation of the diagnosis will inform the clinical management and care of an individual – for example if they are immunosuppressed and confirmation of diagnosis will determine if therapeutics can be used
 - an individual cannot self-administer a RAT and a supervised RAT is not available
 - where a case in a facility or setting has a major impact on how the facility / setting is managed – for example, the first case in an aged residential care facility
- ADJUST SWABS and ONLY SUPPLY what is within the labs capacity range. Swabs supplied to primary care need to reflect the introduction of RATs and the proportional requirement for essential PCR testing . Do not over supply GPs and Medical practices with swabs and UTM vials. If there is excess supply in primary care; if possible have your couriers pull back the excess supplies that have been distributed to avoid wastage and expiry.

To assist us to support you

- CONTINUE: provide daily figures with the breakdown by 24hr periods including number of samples received but not register.
- **URGENTLY ADVISE:** if there appears to be **no reduction in referrals from GPs** or there is an uplift in demands from CTCs.
- REAGENT/SUPPLIES: for contracts between laboratories and suppliers should be manage directly and standing orders and regular shipments in place. Please advise the MOH/HPL of pending issues with supplies
- STAFFING and SERVICE DISRUPTION: please advise of staffing shortages or equipment/IT failures that will disrupt service delivery and will reduce testing capacity

- ALL notifications should go to covid-19laboratorytesting@health.govt.nz

Backlog

We will continue to make an assessment over the next 24 hours of the number of aged and unprocessed samples and next steps; **please continue to prioritise the most urgent and critical samples**, any backlogs from samples from the 24 Feb 22 forwards to date that will make the most difference clinically, whilst managing the backlog as per Microbiologist guidance.

Referral or diversion of samples that are in place to other testing laboratories should continue if a backlog remains in your laboratory and we will monitor daily with those labs.

- A shipment has gone from LTA to QML, Australia today and overflow from Auckland to Hills.

If your backlog will be cleared; there is an expectation that as a national lab network you will support urgent and critical testing elsewhere as you have done in past. The priority for all labs should be on achieving the best TATs for all those who have a PCR swab taken in New Zealand. This means sending work out to other urgently and picking up work from others as required.

Sustainable response

It is important we put in place a sustainable plan for testing moving forwards and that there is a sustained reduction in PCR testing demand to match the single test capacity within each laboratory.

We will need to work together on load balancing of samples amongst labs as soon as a lab:

1. is over an agreed TAT threshold or numbers received in a day exceed capacity
2. there is an analyser or equipment failure for an extended period;
3. has a supply failure issue or shortage
4. reduced staffing

To support this we need early alerts in place from Labs and where possible they manage the situation between labs but advise the MOH of the action plan if the lab cannot resolve on its own BCPs.

Do not register work into your lab systems if demand is exceeding capacity, and it will not be able to be processed within a timely manner and a backlog will occur. Labs need to make decisions early to redirect or divert to another laboratory. It is near impossible to repatriate samples and divert once work is registered in a lab system without the capacity to process.

The preference for redirection of samples as early as possible should be:

1. within regions for the larger centres
2. between regions for medium to small
3. within networks where the electronic transfer is well established

All with a priority focus on TATs for patients to support their care or to support outbreak management in high-risk settings like ARC.

An alternative solution for access to results needs to be implemented if re-directed or diverted samples cannot be resulted back into regional repositories (for short period of time). The backlog cannot continue to grow with a concern the GP cannot access the results; this is a moot point if numbers not being processed is growing daily and is unprocessed. A contingency need to urgently be put in place for alternative options for access to results.

All labs should have their own BCPs and protocols in place for redirection of samples or have identified barriers to redirection and working on mitigation plans.

I will further assess with the Testing team the updated data and information from laboratories this morning.

Kirsten Beynon (*she/her*)

Chief Advisor Testing | Science & Insights | COVID-19 Health System Response | Manatū Hauora

| E:kirsten.beynon@health.govt.nz | A: 133 Molesworth Street, Wellington | P: s 9(2)(a)



PROACTIVELY RELEASED

From: Kirsten Beynon
Sent: Sunday, 27 February 2022 7:06 am
To: Kirsten Beynon
Subject: FW: Testing and Rapid Antigen Test (RAT): Information update for general practice
Importance: High

In Phase 3 of the Omicron Plan, Rapid Antigen Testing (RATs) becomes the primary testing diagnostic tool for COVID-19, for most of the population. A positive RAT result does not require a PCR test as confirmation. This will support laboratories to maintain all critical testing services for the health system as well as COVID-19 testing, ensure timely results and ensure PCR is utilised in the best way possible.

There are a few situations where PCR testing may be indicated. PCR tests should be targeted to those who are at higher risk of severe illness, including members of priority populations. Situations where PCR testing may be considered include where:

- an individual cannot self-administer a RAT and a supervised RAT is not available
- if a patient returns a negative RAT but symptoms are persistent, a PCR test could be considered if confirmation of the diagnosis will inform the clinical management and care of an individual – for example if they are immunosuppressed and confirmation of diagnosis will determine if therapeutics can be used. For lower risk patients, a repeat RAT can be used instead.

The following table outlines the testing plan for asymptomatic and symptomatic persons that are likely to be seen in general practice.

Cohort	Asymptomatic, not a contact	Asymptomatic household contact	Symptomatic
General population	No test	Household contacts use RAT when symptoms develop or when case reaches day 3 and day 10	RAT immediately. Repeat if negative result and symptoms persist. PCR at clinical discretion

Funding

A key element of the updated guidance is the adjustment to the funding for testing. General practices will be funded \$120 (excl GST) to undertake a combined clinical assessment and provide a test (either a RAT or PCR). In Phase 3, the test will predominately be a RAT and only PCR where clinically indicated. The RAT can either be supervised at the practice or unsupervised if the patient is able to self-administer the RAT themselves at home. This funding will be reviewed at the end of March 2022.

Once a case is confirmed COVID-19 positive (either via a RAT or a PCR), general practices will have access to the COVID-19 Care in the Community general practice funding. This includes funding for further assessments, reviews and clinical escalation.

All funding and claiming will be made available through existing payment mechanisms with DHBs and PHOs.

Supply

We want to reiterate that we have good supplies of RATs, and that providing these to general practices is a priority. To date around 1,000,000 RATs have been supplied to general practices, PHUs and urgent care facilities. On Wednesday 23 February we pushed out at least 245 RATS (35 kits) to each general practice. Despite potential delays due to Omicron impacting on freight workforces we expect the majority, if not all, general practices will have received these by now. Over 5 million RATs have arrived into the country in the last two days and around 10 million

are expected to arrive over the weekend. Orders will be dispatched as soon as possible, however please be aware that there are currently domestic freight constraints that are impacting delivery times. Please continue to order RATs through the National Supply Chain portal as per your current practice.

Public awareness

We also have work underway to minimise the impact on general practices who have opted not to offer RATs but are being contacted by the public for information about it. General practices that offer RATs are added to HealthPoint and the Ministry will begin a social media campaign to advise the public where to go for general information and advice on RATs.

Contact

If you have any queries regarding information contained in this guidance, please email COVID-19testing@health.govt.nz, with 'GP Testing Query' in the heading.

Thank you for your understanding as we work in this fast-changing environment. We will continue to update you with any new developments.

Ngā mihi nui
Celeste

Celeste Gillmer

Manager, Testing Operations, COVID-19 Health System Response, Mobile: s 9(2)(a)

