

Memorandum

Extending the current COVID-19 Testing Strategy

Date due to MO:	5 October 2020	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	20201789
To:	Hon Chris Hipkins, Minister of Health		

Contact for telephone discussion

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Action for Private Secretaries: N/A



Extending the current COVID-19 Testing Strategy

Purpose of report

1. To advise you that the Ministry of Health is extending the current focus of the COVID-19 Testing Strategy by two weeks to 18 October 2020.

Context of current strategy

- 2. The current COVID-19 Testing Strategy commenced on 21 September and was scheduled to end on 4 October 2020.
- 3. Its highest priority is testing symptomatic people both in Auckland and the rest of the country.
- 4. It has a strong focus on testing at the border and testing within the Auckland region, and in particular across Māori and Pacific communities.
- 5. The strategy took into account the status of the Auckland August cluster and the potential for movement down alert levels for both Auckland (from Alert level 2.5 to 2) and the rest of New Zealand (Alert level 2 to 1). As anticipated, these downward movements, which took effect in the week beginning 21 September, have resulted in increased travel within the country and significantly increased mobility for Aucklanders both within and outside of Auckland.
- 6. The strategy also took into account further increases in mobility nationwide from the beginning of school holidays on 26 September and consequent expected increases in activity across the tourism, hospitality and transport sectors.
- 7. Recently the Ministry has set the Testing Strategy for a two-week period only. This allows for regular reviews to ensure that the focus for testing implementation matches testing need, particularly as new clusters emerge.

Reasons for extending the current Testing Strategy

- 8. The current COVID-19 situation remains stable with no deterioration in any significant indicator, but rather there is a cautiously improving trend. In particular:
 - the number of current active cases improved from 129 on 1 September to 44 on 29 September. The daily average of current active cases was 119 for the week ending 7 September and 57 for the week ending 29 September;
 - the number of new cases remains low, with 16 for the week ended 22 September, and 11 for the week ending 29 September. The last confirmed new community case was on 25 September; and

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- the Auckland cluster and the Christchurch cluster linked to a group of returnees have both been successfully contained.
- 9. The policy settings which informed the 21 September to 4 October Testing Strategy and the assumptions and factors underlying those settings are largely unchanged. Where there have been changes, those changes have not required any significant revisions to the current strategy. In particular:
 - the four pillars of the Government's elimination strategy (strong border controls; robust case detection and surveillance; effective contact tracing and quarantine; and strong community support of control measures (CAB-20-SUB-0339 refers)) remain unchanged;
 - COVID-19 testing remains an integral contributor to managing any outbreaks and preventing further community transmission:
 - Daily testing numbers have averaged 6,687 for September and 5,132 for the week ended 30 September. This level of testing has been successful in:
 - o quickly identifying and managing cases (and their close contacts) in the Auckland region; and
 - o providing reassurance that the cluster is confined mainly to Auckland (with four related cases in neighbouring Waikato); and
 - ongoing surveillance testing requirements for border workers continue to be implemented.
- 10. The Ministry is satisfied that DHBs are working with their communities to meet the testing needs of their districts, both asymptomatic and symptomatic, and have capacity to respond quickly if the current situation changes.

Conclusion

- 11. In light of the above, Ministry officials have concluded the focus of the current strategy continues to be fit for purpose and can be extended with only minor revisions or updates required.
- We are therefore extending the (current) COVID-19 Testing Strategy 21 September to 4 October 2020 for a further two weeks to 18 October 2020. The Testing Strategy is attached as **Appendix 1**.
- 13. We prepared a communications strategy for advising stakeholders that we are extending the current Testing Strategy. We sent a letter / email to send to the Primary Care sector and DHBs on Friday 2 October. This is attached as **Appendix 2**.
- 14. We published the Testing Strategy and guidance on the Ministry's website on Friday 2 October. We expect a number of DHBs will also publish their own communications.

Next steps

15. We will work collaboratively with the sector and DHBs to continue to implement the Testing Strategy.



16. We anticipate a minimum of 30,000, and potentially up to 50,000 tests per week nationally, including the mandatory border testing.

Sue Gordon

Deputy Chief executive COVID-19 Health System Response

Hon Chris Hipkins

Minister of Health

Date: 14/10/2020



COVID-19 testing strategy – 5 October 2020 to 18 October 2020

Purpose

- This document provides an update to the COVID-19 testing strategy that commenced on 5
 September 2020. This update is part of the broader ongoing testing
 strategy https://www.health.govt.nz/system/files/documents/pages/new_zealands_nati
 onal_testing_strategy_for_covid-19_for_june_to_august_2020-290620_0.pdf
- 2. The update takes into account the status of the Auckland August cluster and the movement of the Auckland region from Alert Level 2.5 to Alert Level 2 on 23 September 2020. It also takes into account the potential movement down alert levels for Auckland (down to Alert Level 1) in the week of 5 October 2020.
- 3. This updated testing strategy will be implemented from the two weeks commencing 5 October 2020.

Context

- 4. The Auckland August cluster of COVID-19 began with a case notified on 11 August 2020. As at 0900 30 September 2020 there have been 179 cases associated with this cluster. Most of the cases are in the Auckland region, however four cases linked to the cluster occurred in Tokoroa, Waikato region.
- 5. Since 11 August 2020 the cluster has spread through households to workplaces and to other settings. Most cases in this cluster are Pacific peoples or Māori. Of note, however, one subcluster is in the MELAA community.
- 6. Almost all cases are epidemiologically linked but there are six groups / individuals where epidemiological links have not been established. These unlinked groups / individuals are linked through whole genome sequencing (WGS) and investigations to epidemiologically link these cases are ongoing.
- 7. There have also been six cases associated with overseas returnees to Christchurch. Some of these cases were detected after their 14 day isolation period and have travelled on a domestic charter flight and have visited locations in Auckland and Taupō.
- 8. The Auckland region was put into Alert Level 3 on 12 August 2020, Alert Level 2.5 on 31 August 2020 and Alert Level 2 on 23 September 2020. The change in Alert Levels means that Aucklanders have increased mobility both within and outside of Auckland. This increased mobility means there is an increased risk of community transmission, particularly if there are as yet unidentified cases that are part of the cluster.

- 9. Further potential reductions in alert levels may occur in Auckland during the week beginning 5 October 2020 and will result in further increases in mobility as will the school holidays which continue until 11 October 2020.
- 10. The approach to managing this outbreak and preventing further community transmission continues to be:
 - a. Containment rigorous case investigation, identification of close contacts and isolation and testing to ensure that the chain of transmission is broken
 - b. Source attribution acknowledging that the source may never be known.
- 11. COVID-19 testing is integral to this approach.
- 12. The current 7-day test average nationally (on 30 September 2020) is 5132tests a day. This level of testing has been successful in:
 - a. Quickly identifying cases in the Auckland region
 - b. Providing reassurance that the cluster is contained mainly to Auckland (with 4 related cases in the Waikato).
 - c. Providing reassurance that the Christchurch returnees cases have not resulted in further spread of disease.
- 13. As at 0900 30 September it has been five days since the last community case was reported.
- 14. The emergence of a new set of cases through the Christchurch returnees reinforces the importance of remaining vigilant and not easing off testing efforts. Messaging around the importance of close contacts quarantining also needs to be reinforced.
- 15. Testing efforts need to be maintained to ensure that, with the increased mobility of Aucklanders and the school holidays, that any new community cases outside of the current cluster are quickly identified and managed both within and outside of Auckland.
- 16. This document updates the testing strategy for the two weeks commencing 5 October 2020 to ensure that we continue to:
 - a. Quickly identify any new cases in the Auckland August cluster (containment and source ascertainment)
 - b. Quickly identify any undetected community transmission in New Zealand
 - c. Implement a level of testing across New Zealand to ensure that any cases as a result of the increased mobility by Aucklanders and the school holidays as alert levels change are quickly identified and managed
 - d. Provide reassurance that the border is secure, including working to embed the updated testing regime at the border.

Testing approach

- 17. Current evidence continues to suggest that the current cluster is confined within the Auckland region with four linked cases in the Waikato. As at 30 September 2020 there have been no new cases reported as part of this cluster for five days.
- 18. The cluster is occurring mainly in the Pacific community a number of ethnic sub-groups within the Pacific community are affected. Several hundred possible contacts have been identified mainly from Auckland churches.
- 19. However, there continue to be cases where epidemiological links have yet to be identified. There also continue to be issues with disclosure and guarantine of close contacts.
- 20. There are also the six cases associated with the Christchurch returnees, some who have visited locations in Auckland and Taupō.
- 21. Taking the above into account, the testing approach for the next two weeks should continue to be focussed on the Auckland region among Pacific peoples and Māori communities. The Auckland Regional Public Health Service should continue establishing relationships with key community groups to ensure that containment of the cluster continues.
- 22. Access to testing across Auckland should also continue and Community Testing Centres should continue to be set up across the region to facilitate this access.
- 23. Community testing also needs to continue in other DHBs across New Zealand. There should be a particular focus in ensuring workers in industries who have contact with travellers from Auckland have increased access to testing. Pacific peoples and Māori communities should continue to be prioritised.
- 24. We anticipate a minimum of 30,000, and potentially up to 50,000 tests per week, including the mandatory border testing. Based on population size and the epicentre of the outbreak, we would expect approximately 40 to 50 percent of tests to take place in the Auckland region.
- 25. Both in Auckland and the rest of New Zealand the priority is testing symptomatic people.

What should the Auckland region focus on?

- 26. The focus in Auckland should be on:
 - a. Continued rapid case identification and contact isolation
 - Identifying undetected community transmission, particularly to provide assurance for Pacific, Māori and MELAA communities
 - c. Continued source ascertainment
 - d. Providing assurance on the public health measures at the border, including implementing the mandatory border order.
- 27. These objectives can be achieved by undertaking the following testing activities over the next 2 weeks:
 - a. The Auckland region to continue targeting testing by geographic locations to ensure access for communities and in specific areas related to cases or settings with the target populations

- b. Continuing testing provision to match testing demand for symptomatic people in the community across metro Auckland
- c. Continuing to trace contacts of cases and test as appropriate, including at Day 12
- d. Ensuring rapid access for close contacts to be tested through CTCs
- e. Continuing to test border workers.
- 28. To ensure that testing is equitably available, the Auckland region will develop the above approaches with Pacific, Māori and MELAA community and health leaders.
- 29. In developing the local plan, lessons learned to date need to be taken into account, including:
 - a. one size does not fit all and different approaches will be needed for the different communities that need to be targeted
 - b. clear messaging for the communities is needed, including what to do while waiting for a result and the implications of a positive test for the person and their family
 - c. clear instructions for the sector on who should be tested.
- 30. It is also important that Group A streptococcal (GAS) throat infections are considered and managed appropriately in any Māori and Pacific children and young people who present to primary care services or CTCs. For this priority population, it is also reasonable to take a throat swab to identify GAS and / or empiric antibiotics.

What should the rest of New Zealand focus on?

- 31. The testing approach for the rest of New Zealand should remain on testing:
 - a. those with symptoms consistent with COVID-19
 - b. border workers, including implementing the mandatory border order.
- 32. It is important that DHBs continue to focus on facilitating access to COVID-19 for Māori and Pacific people.
- 33. DHBs, particularly those which get regular travel from the Auckland region (particularly Northland, Waikato and, in general, the upper North Island), are asked to implement specific initiatives to ensure that the following groups have access to symptomatic testing:
 - a. Hospitality workers, including hotel, restaurant staff
 - b. Public-facing tourism workers
 - c. Public-facing transport workers (e.g. bus, taxi, uber)

DHBs should consider implementing a programme of asymptomatic testing for this group.

- 34. In particular, regions which receive visitors from Auckland should ensuring that testing is available to the above groups, and, in particular, prioritising Māori and Pacific peoples. These regions include Northland and Waikato, and in general the upper part of the North Island.
- 35. This approach is particularly relevant during the school holidays (which end on 11 October 2020) and in the week that children return to school.

All of New Zealand

- 36. The above approach should be clearly communicated to primary care as well as the wider sector.
- 37. The following key messages should stay consistent:
 - a. Wash your hands regularly
 - b. Observe physical distancing
 - c. Cough and sneeze into your elbow or a tissue
 - d. Stay at home if you are unwell
 - e. Ring Healthline or your GP if you are unwell for advice.
- 38. This strategy does not recommend focusing on widespread asymptomatic testing of communities. However, consideration can be given to offering asymptomatic testing to the following groups if they present to primary care:
 - a. Health workers, including Aged Residential Care workers
 - b. Hospitality workers, including hotel, restaurant staff
 - c. Public-facing tourism workers
 - d. Public-facing transport workers (e.g. bus, taxi, uber)
 - e. Close contacts of border workers.

Letter to DHBs

Date: 2.10.2020

From: Robyn Shearer, Acting Director-General of Health

Subject: Maintaining the same focus on COVID-19 testing for the next period

Message

Kia ora koutou,

Thank you to you and all your staff for your continued efforts to ensure New Zealanders have access to COVID-19 testing and for providing assurance that we remain vigilant about detecting any community transmission.

We have undertaken our fortnightly review of the focus of our testing strategy and I'm writing to confirm that, for the period 5-18 October, we'll continue to focus testing on the same groups.

Our aim continues to be to:

- Quickly identify any new cases in the Auckland August cluster
- Quickly identify any undetected community transmission in New Zealand
- Implement a level of testing across New Zealand to ensure that any cases as a result of the increased mobility by Aucklanders are quickly identified and managed
- Provide reassurance that the border is secure and embed routine mandatory testing at the border.

The testing approach for the next two weeks continues to focus on the Auckland region among Pacific peoples and Māori communities. Community testing also needs to continue in other DHBs across New Zealand.

As always, testing symptomatic people is a priority both in Auckland and the rest of New Zealand.

With the school holidays now underway, there should be a particular focus on ensuring workers in industries who have contact with travellers from Auckland have increased access to testing.

We anticipate up to 50,000 tests per week, including the mandatory border testing. Based on population size and the epicentre of the outbreak, we would expect approximately 40 to 50 percent of tests to take place in the Auckland region.

There has been no change in the guidance for community testing since the last update. The current advice is available here.

Thank you for working with us and continuing to play a critical role in supporting the health and well-being of New Zealanders.

Kind regards,

<insert signature once document approved>

Robyn Shearer

Acting Director-General of Health

FINAL VERSION FOR DISTRIBUTION

Letter to primary care organisations

Distribution list for email, once approved

SPOC contacts: Code White & Yellow Contacts, Health Sector Emergency Management (Ambulance), Health Sector Emergency Management (DHB), Health Sector Emergency Management (PHU), PHU managers, PHU managers copy to, PHP-Public Health@MOH, PHU Environmental Health Managers, PHP-Office of the DDG Population Health and Prevention@MOH, PHP-Office of the Director of Public Health@MOH, Health Sector Emergency Management (Primary Care planners only),

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National Close Contact Service (NHCC National Close Contact Service@health.govt.nz)

NHCC DHB CEOs P-Group

COVID all of primary care P-Group

Community-based (self-employed) midwives via the College of Midwives: ceo@nzcom.org.nz All midwives via the Midwifery council: Sue.Calvert@midwiferycouncil.health.nz

Date: 2.10.2020

From: Robyn Shearer, Acting Director-General of Health

Subject: Maintaining the same focus on COVID-19 testing for the next fortnight

Message

Kia ora koutou.

Thank you for your continued hard work to maintain our high levels of testing numbers.

We have reviewed our testing strategy for COVID-19. There has been no change in the guidance for community testing since the last update.

The current advice is available here, however in brief:

- 1. It is critical to continue to <u>test all patients presenting with symptoms</u> consistent with COVID-19, as well as those that meet HIS criteria and have atypical symptoms, irrespective of region.
- 2. We have also provided guidance around the testing of asymptomatic people in the table below.

Who	Action
Does not have symptoms of COVID-19. Does not meet HIS criteria but are: • Health workers, including Aged Residential Care workers • Hospitality workers, including hotel, restaurant staff • Public-facing tourism workers • Public-facing transport workers (e.g. bus, taxi, Uber) • Close contact of border worker groups	Offer testing if they present to your service. No need to selfisolate while awaiting test result.
In the Auckland region: Does not have symptoms of COVID-19. Does not meet HIS criteria but is at greater risk of poor health outcomes if they were to contract COVID-19:	Offer testing if they present to your service.
 Māori Pasifika Seniors Pre-existing conditions (for example: chronic obstructive pulmonary disease, high blood pressure, heart disease, diabetes.) 	No need to self- isolate while awaiting test result.
Asymptomatic border worker groups; including those who work at Managed Isolation and Quarantine Facilities	Test as per relevant <u>Order</u> .
	No need to self- isolate while awaiting test result.
Asymptomatic close contacts of a confirmed or probable case	Test as per advice from public health unit.
Asymptomatic New Zealand-based air crew*	Test

^{*}More information on requirements for international airline crew is available

As always, the assessment and testing for COVID-19 is at no cost to individuals.

Thank you again for the part you play in supporting the health and well-being of New Zealanders. We appreciate your continued partnership in our response.

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DRAFT talking points for Minister

- Testing is a core part of our COVID-19 elimination strategy.
- By identifying cases through testing, we can stamp it out before it has a chance to spread widely.
- The testing strategy highlights areas of focus and provides guidance for DHBs on where to target their testing resources.
- For the period of 5-18 October, we will continue to focus on testing symptomatic people, wherever they are.
- DHBs are also making testing available to people who work in the hospitality and tourism sector nationwide.
- With the school holidays underway and people travelling outside of Auckland and between regions, we are encouraging people to remain vigilant to stop the spread of COVID-19.
- If you feel unwell, stay home. Call Healthline or your GP. If you are offered a test, please take it.
- And please continue to use the NZ COVID Tracer app to keep track of where you've been.