

Briefing

COVID-19 Alert Level public health advice: Auckland community case

Date due to MO: 17 August 2021 **Action required by:** 17 August 2021

Security level: IN CONFIDENCE **Health Report number:** 20211889

To: Hon Chris Hipkins, Minister for COVID-19 Response

Copy to
 Rt Hon Jacinda Ardern, Prime Minister
 Hon Andrew Little, Minister of Health
 Hon Kris Faafoi, Minister of Justice

Contact for telephone discussion

| Name | Position | Telephone |
|-----------------------------|---|-----------|
| Dr Ashley Bloomfield | Te Tumu Whakarae mō te Hauora Director-General of Health | s 9(2)(a) |
| Maree Roberts | Deputy Director-General System Strategy and Policy | s 9(2)(a) |

Minister's office to complete:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

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Security level: IN CONFIDENCE **Date:** 17 August 2021

To: Hon Chris Hipkins, Minister for COVID-19 Response

Purpose of report

1. Following my verbal update provided to Cabinet on Tuesday 17 August 2021, this report provides further advice on the emerging risk of COVID-19 community transmission. In summary, I recommend that you move Auckland and the Coromandel Peninsula to Alert Level 4 for one week and the rest of the country for at least 72 hours from 11.59pm on Tuesday 17 August.

Summary

2. On Tuesday 17 August 2021 the Ministry of Health was informed of a confirmed new COVID-19 community case in Devonport, Auckland (Case A). Until it is confirmed otherwise, officials assume it is the Delta variant.
3. The source of infection is still unclear and is under investigation. Whole genome sequencing results are not yet available. One line of investigation is that the source might be from two of Case A's colleagues that reported illnesses during July. These colleagues are being tested.
4. Case A is considered to have been infectious since Thursday 12 August, became symptomatic on Saturday 14 August, and felt unwell on Sunday 15 August. On Monday 16 August, he developed a cough and other symptoms and was tested at the Devonport Medical Centre.
5. The doctor who tested Case A was in full personal protective equipment (PPE) and Case A entered the medical centre via the rear entrance, avoiding other patients.
6. There are currently ten exposure events, including locations of interest across Auckland and at 13 in the Coromandel Peninsula. The latter includes a crowded hotel bar in where Case A watched the Bledisloe rugby test match. Case A was a frequent user of the COVID-19 Tracer App.
7. Given the unknown source of this case, the number of locations of interest, and the period Case A was infectious, I cannot rule out the possibility of wider community transmission.
8. Based on the available evidence at 5pm today **I recommend that Auckland and the Coromandel Peninsula should move to Alert Level 4 for one week and the rest of the country for at least 72 hours from 11.59pm on Tuesday 17 August.**

Recommendations

We recommend that you:

- a) **Note** my advice as the Director-General of Health on the prerequisites for making an Order under the COVID-19 Public Health Response Act 2020, including: **Noted**
- i) the risks of an outbreak or spread of COVID-19
 - ii) the nature and extent of measures that are appropriate to address those risks.
- b) **Note** my public health advice is to move Auckland and the Coromandel Peninsula to Alert Level 4 for an initial period of seven-days and the rest of the New Zealand for at least 72 hours from 11.59pm on 17 August 2021. **Noted**
- c) **Note** that my advice as the Director-General of Health is that COVID-19 Public Health Response (Alert Level Requirements) Order (No 9) 2021 for signing is in line with the purpose of the COVID-19 Public Health Response Act 2020 to prevent, and limit the risk of, the outbreak or spread of COVID-19 by implementing appropriate public health measures. **Noted**
- d) **Note** that the Ministry of Health will continue to review the situation and our advice based on ongoing case investigations and testing. **Noted**



Dr Ashley Bloomfield
Te Tumu Whakarae mō te Hauora
Director-General of Health

Date: 17 August 2021



Hon Chris Hipkins
Minister for COVID-19 Response

Date: 17/8/2021

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Background

9. On the afternoon of 17 August, Cabinet met to discuss Alert Level settings to address the risk of COVID-19 transmission posed by this new community case in Auckland. I provided a verbal update based on the information available at that time.

Case information

10. On Tuesday 17 August 2021 the Ministry of Health was informed of a confirmed new COVID-19 community case in Devonport, Auckland (Case A). Until it is confirmed, officials assume it is the Delta variant.
11. Case A is 58-year-old New Zealand European man who lives in Devonport with his wife and is not vaccinated. He works in various locations across Auckland. His wife is vaccinated and has so far tested negative but has been symptomatic and is being re-tested. There are currently seven close contacts and seven close-plus contacts that are being tested.
12. Case A returned an acute positive result with a CT value of **s 9(2)(a)** and the results were confirmed on a separate testing platform. The result was initially found in a pooled sample but was then retested individually, again returning a strong positive result.
13. Contact tracing interviews to date suggest that Case A was active in the community while he was infectious, with several exposure sites and events. The last day Case A was infectious in the community was 16 August when he got tested and went to a pharmacy. However, Case A was a frequent user of the COVID-19 Tracer App.
14. At 2pm on Friday 13 August, Case A travelled from Auckland to Coromandel Town while infectious with his wife, returning on Sunday 15 August. They stayed at an Airbnb together.
15. Currently there is one exposure event of concern - Case A's attendance at a crowded hotel bar where he watched the Bledisloe rugby test match. It is assumed that many people who were not from Coromandel were also present at this venue. Case A was infectious at the time, and it is possible any contacts may be infectious from the evening of 16 August.
16. Testing teams are on stand-by to set up testing stations as required including arranging extended hours for the evening of 17 August. This will include pop up testing sites in Devonport, Auckland. Testing levels in Auckland have been steady the previous few weeks.
17. There is reasonable managed isolation and quarantine (MIQ) capacity dependent on where the contacts and/or future cases will need to be isolated or quarantined. As of 17 August, of the 189 quarantine rooms available across the country, 129 are in Jet Park, Auckland.

Public health advice

18. Given the unknown source of Case A's infection and no obvious link to the border, the number of locations of interest, and the transmissibility of the Delta variant, I cannot rule out the possibility of wider community transmission at this stage.
19. To minimise the risk of further undetected transmission, an Alert Level change is required to stop the movement of any potential contacts of Case A and other potential chains of transmission.
20. Based on the available evidence at 5pm today and consistent with our 'early aggressive approach', my advice is that **you should move Auckland and the Coromandel Peninsula to Alert Level 4 for an initial period of seven days and the rest of the country for at least 72 hours from 11.59pm on Tuesday 17 August 2021.**
21. If a source or chains of transmission can be shown to be isolated these Alert Levels could be reduced quickly, informed by the most recent information at the time.
22. I consider a move to Alert Level 4 is proportionate due to the:
 - a. lack of a confirmed source of infection currently and possible as-yet-undetected chains of transmission
 - b. transmissibility risk of the Delta variant
 - c. high number of locations of interest across the Auckland and Coromandel region
 - d. risk that the virus has travelled outside of Auckland and the Coromandel Peninsula and that lines of transmission outside of that area have not yet been ruled out
 - e. consistency with wider public messaging on the response to a Delta variant outbreak.
23. It is important to note that this approach will mean a slowdown of the COVID-19 vaccination as vaccinations will need to be paused initially at Alert Level 4. A safe restart under Alert Level 4 can however be planned and be implemented, while avoiding any potential further community transmission in the short-term.
24. I consider that return travel from quarantine-free travel countries (the Cook Islands and one-way travel from Niue) can continue during this period. Those returning to New Zealand will need to adhere to all relevant Alert Level 4 restrictions.
25. We will issue a new Direction under section 70 of the Health Act 1956 to mitigate the public health risk who have been at any location of interest. This will place legal obligations on people to contact Healthline, get a test, and isolate.
26. I did consider a move to Alert Level 4 for Auckland and the Coromandel Peninsula and Alert Level 3 for the rest of the country. However, noting the above points, I do not consider it an appropriate response given the risk posed by this community case of COVID-19 at this time.
27. I also considered a move to Alert Level 4 for the North Island and a lower Alert Level for the South Island. However, this would not have been logical as people have been travelling freely in and out of Auckland during the period prior to Case A's infection being identified.

Factors to consider when making decisions about COVID-19 Alert Levels

28. The public health factors to be considered when making decisions about COVID-19 Alert Levels were agreed by Cabinet on 4 May 2020 [CAB-20-MIN-0199 refers]. These factors continue to be relevant in the context of the new outbreak. They are my degree of confidence that:
- transmission is restricted to households and known clusters
 - testing and contact tracing capacity is adequate
 - border control and isolation measures are robust
 - there is sufficient health and disability system capacity to manage COVID-19 cases, including adequate PPE for people for whom it is recommended.
29. Cabinet also agreed three other factors:
- evidence of the effects of the measures on the economy and society more broadly
 - evidence of the impacts of the measures for at risk populations
 - our ability to operationalise the restrictions, including satisfactory implementation planning.
30. The National Response Leadership Team will advise Cabinet separately on these factors.

Equity

31. There are two factors to balance in considering equity implications:
- we know from historical examples that Māori and Pacific peoples are likely to be disproportionately affected by a widespread epidemic
 - we also know these communities are also likely to be disproportionately affected by the impact of any controls, for example, they are less likely to be able to work remotely.
32. The moves that have been taken to control the outbreak strongly and quickly are intended to prevent the spread of COVID-19 to all New Zealanders, including these vulnerable populations. As such, the measures are intended to promote equity of health outcomes. We note that imposing restrictions to achieve better health outcomes could involve worse economic outcomes for vulnerable populations in the short term.
33. As the risk of community transmission abates, the relaxation of the temporary controls and restrictions on gathering sizes will reduce the impact of controls and therefore the impact on equity (e.g. in terms of any economic harms involved).

Next steps

34. Investigation of this case will continue, and I will review my advice regularly as new information becomes available and keep you informed.

ENDS.