

Additional Health Committee 3 September 2020 Post-Hearing Questions

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MIQ

1. For people who completed their 14 days in managed isolation and quarantine, what is the total number of people who tested positive at day 3 of MIQ compared with the number who tested positive at day 12?

Based on records in the NCTS Border Health Record and lab test result data for the period of 1 August to 4 September 2020:

- 39 returnees who have been in MIQ facilities have tested positive.
- 30 tested positive as part of Day 3 testing
- 9 tested positive as part of Day 12 testing.

1 August 2020 represents a time from which all MIQs are using the NCTS Border system, as MIQ facilities were being onboarded on the Border system in NCTS throughout July. Please note that these figures exclude the community cases that have been transferred to MIQ facilities.

In almost all cases a negative COVID-19 test and confirmation from a health practitioner that a guest has a low risk of having or transmitting COVID-19 are needed before they can leave the facility.

2. If the Minister is able to estimate that roughly 95% of people passing through managed isolation facilities have taken a Day 3 test, is the Minister able to provide a rough number as to how many people that is in real terms?

For the period of 1 August to 4 September 2020, 12,253 of the 12,753 returnees who have completed their stay at managed isolation and quarantine facilities completed a Day 3 test, which is 96.1% of the total number.

1 August 2020 represents a time from which all MIQs are using the NCTS Border system, as MIQ facilities were being onboarded on the Border system in NCTS throughout July. Please note that this figure excludes the community cases that have been transferred to MIQ facilities.

In almost all cases a negative COVID-19 test and confirmation from a health practitioner that a guest has a low risk of having or transmitting COVID-19 are needed before they can leave the facility.

3. For a worker to enter into a cold zone at a managed isolation facility, should it be mandatory that they have had up to date regular testing, to limit any chance of transmission between staff while they are not wearing PPE?

The COVID-19 Public Health Response (COVID-19 Testing) Order 2020 came into force at 11.59pm 14 August 2020 which required mandatory COVID-19 testing for all Managed Isolation and Quarantine Facility staff.

In addition to this, the COVID-19 Public Health Response (Required Testing) Order 2020 which came into effect at 11.59pm 6 September 2020 requires routine ongoing testing for Managed Isolation and Quarantine Facility workers. Staff at Managed Quarantine Facilities are required to have weekly testing until further notice, and staff at Managed Isolation Facilities are required to have fortnightly testing until further notice.

Testing

4. At what percentage compliance for day 3 testing would it be made compulsory?

In light of compliance tracking around 95% and above, the Ministry has not considered a percentage of compliance where day three testing would be made compulsory.

5. How many adults in managed isolation have not had their day 3 test from when the policy came into effect on June 8?

Between 8 June and 9 September 2020, 31,259 border arrivals were recorded, of this number 27953 (89.4%) received a Day 3 test.

It is worth noting that data available prior to 1 August 2020 is backdated as it involved the compilation of information between the Ministry of Health and the Ministry of Business, Innovation, and Employment. This meant data matching between border arrival data and the NHI system was required to identify the recording of a Day 3 test. Data matching was unable to identify 494 (3.0%) of arrivals for this period and thus these results are recorded as being 'not tested' in the number reported.

Since 1 August 2020 data has been recorded in a centralised system. From 1 August to 9 September 2020, 14,145 of 14,672 arrivals (96.4%) completed a Day 3 test, which is likely to be a more accurate representation of the number of Day 3 tests occurring during the aforementioned time period.

There are a number of other reasons why someone might not be tested, or their test might not be recorded. These include:

- Infants under 6 months
- People with physical or other needs that preclude a nasopharyngeal test

- Maritime workers arriving by air who are transferred directly to ship
- Refusal of day 3 test
- Under 72-hour transits
- And as previously mentioned; NHI numbers not matched to returnees at the time of testing.

If a person refuses a Day 12 nasopharyngeal test and a Medical Officer of Health does not determine that they have physical or other needs that make nasopharyngeal testing inappropriate, they will be required to stay at the Managed Isolation Facility, and be symptom-free, for an additional 10 days following their day 12 test refusal (22 days in total).

6. Did laboratory turnaround times in Auckland at the start of the 2nd spike, meet all the relevant criteria of the Verrall report?

The COVID-19 disease indicator developed based on Dr Verrall's recommendation regarding laboratory processing time for positive results is L001: Time from test sample taken to notification of positive result. The set target for this indicator is 80 percent within 24 hours.

The target measures the time between when a swab is taken to notification of a confirmed case in Episurv. Data are not currently available for the date/time swab is collected.

Therefore, as a proxy, the date/time the laboratory receives a swab is used as the start of the event. Using this measure, in Auckland, between 11 August and 16 August 2020, 79 percent of positive results were notified within 24 hours.

You can read more information on the COVID-19 Disease Indicators here:

https://www.health.govt.nz/system/files/documents/pages/covid-19_disease_indicators_specifications_2020.06.09.pdf

7. Did laboratory processing times in Auckland cause any delays in contact tracing the start of this second spike?

See Question 16 for laboratory turnaround times. Given these results, it is unlikely that laboratory processing times for positive results had a significant effect on contact tracing. To help ensure no delays in laboratory processing times mobile testing units went to the Americold sites in Auckland and to the homes of symptomatic Americold workers.

Elective Surgery

8. What was the elective surgery backlog in Auckland on August 10th and how has the second lockdown affected this?

The Ministry continues to engage with DHBs over their Improvement Action Plans including strategies and actions to reduce their planned care waiting lists following the disruption of COVID-19. The Ministry will be finalising these plans with all DHBs in the coming weeks, at which time we will be in a better position to provide an estimated timeframe.

The latest available data for the Auckland metropolitan DHBs (Auckland, Counties Manukau, Waitemata) shows that there were 14,843 patients waiting for elective treatment, including 3,394 patients waiting over four months for treatment at the end of July 2020. This includes patients who were waiting for treatment during the first lockdown period and patients subsequently added to the treatment waitlist during the initial stages of recovery and prior to the re-emergence of COVID-19 in the community. In these 3 DHBs approximately 3,000 patients have been identified as having their treatment deferred during the first lockdown – 84 of these patients are identified as still waiting for treatment at 31 August. Elective patients continue to be seen in the order of clinical priority in line with the hospital response framework and local circumstances including hospital capacity and the wider effects of COVID-19 on hospitals and the community.

The impact of the second lockdown in August 2020 will not be fully known until waiting list numbers and clinical coding for August 2020 are reported in early October 2020. Information from the weekly COVID-19 tracker template from the DHB advises an estimated further 783 planned care interventions have been cancelled as a result of COVID-19 between 10 August 2020 and 6 September 2020. Any further patient deferrals and cancellations will be seen and treated in line with the patient's clinical priority.

9. What is the estimated time to clear this backlog?

Nationally, the number of estimated planned care cancellations in the week ending 6 September was 33 patients, down from 117 in the week ending 30 August, and 433 in the week ending 23 August with approximately 94% of the cancellations since 10 August from the three Auckland DHBs. This suggests that DHBs have returned to close to usual levels of throughput and continue to address the lockdown backlog and recovery. The Ministry continues to engage with all DHBs over their Improvement Action Plans including strategies and actions to reduce their planned care waiting lists following the disruption of COVID-19. The Ministry will be finalising these plans with all DHBs in the coming weeks, at which time we will be in a better position to provide an estimated recovery timeframe.