# Auckland February Outbreak 2021

Internal Review of the Auckland February
Outbreak 2021 Response



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# Introduction

A key strength of New Zealand's response to COVID-19 has been our commitment to continually review, adjust and take our learnings forward into future activities.

The purpose of this internal review of the Ministry of Health's public health response to the 'February Auckland Outbreak,' is to uncover the challenges experienced and lessons identified, to inform our process of, and commitment to, continuous improvement. The all-of-government response is not in scope. The review outlines specific actions and work streams addressing issues identified.

### Outbreak summary and timeline

The February Auckland Outbreak reported 15 cases, 89 close-plus contacts, 2150 close contacts and 3775 casual-plus contacts. Cases A – O were identified between 13 February and 28 February 2021 across four different households in the Auckland region. Several cases were associated with Papatoetoe High School which was classed as a high-risk exposure event due to the nature of the school environment and location.

### 14 February 2021

Three new cases of COVID-19 were recorded in the community. In response to this, the decision was made for Auckland to move to Alert Level 3 at 11:59pm for three days. Simultaneously, the rest of New Zealand moved to Alert Level 2 for three days.

### 17 February 2021

As previously signalled, Auckland moved to Alert Level 2 at 11:59pm, and the rest of the country to Alert Level 1.

### 22 February 2021

One new case was identified who had been in the community during their infectious period (Case J). At this point the management of contacts was amended, to support targeted containment, effectively escalating their classification to the next 'highest' category.

### **27 February 2021**

Two further cases were identified in the community during their infectious period (Case M and N). Case M had several exposure events, including at the Manukau Institute of Technology and City Fitness Gym. Based on this risk and there being (at the time) no clear epidemiological link, to the previous cases, Cabinet decided to raise Alert Levels again on 28 February.

### 28 February 2021

Auckland moved to Alert Level 3 at 6:00am and the rest of the country to Alert Level 2.

#### 7 March 2021

Auckland moved back down to Alert Level 2 at 6:00am and the rest of New Zealand to Alert Level 1.

#### **Outbreak Closure**

The Auckland February Outbreak was deemed officially closed on 6 April 2021, 28 days after the last case recovered.

### **Incident Management Team Structure**

The Ministry of Health COVID-19 Incident Management Team (IMT) manages and coordinates the overall response to COVID-19 incidents and outbreaks and is the point of contact for Public Health Units (PHUs), Ministers, the Executive Leadership Team, and other stakeholders. IMT is activated upon identification of a community case of COVID-19 and includes Ministry staff from the COVID-19 Directorate, Māori Health, Pacific Health, System Strategy and Policy, Clinical Advisors, Office of the Director of Public Health and others as required.

Organisations outside of the Ministry of Health, who were involved in the response to the Auckland February Outbreak, include:

- Auckland Regional Public Health (ARPHS)
- Northern Region Health Coordination Centre (NRHCC)
- Institute of Environmental Science and Research (ESR)
- Healthline
- Counties Manukau DHB
- Waikato DHB
- Taranaki DHB
- Northland DHB
- Ministry of Education
- New Zealand Police
- All of Government Group Department of Prime Minister and Cabinet (AOG, DPMC)
- National Emergency Management Agency (NEMA)

Many of these organisations have completed a review process of their internal response management. The Ministry of Health is cognisant of these reviews, and that actions and continuous improvement will be ongoing across the system.

### **Review Methodology Process**

This formal review of the Auckland February Outbreak encompasses findings from the following:

- 1. A discussion at a meeting with PHUs on 3 March 2021 chaired by Dr Marion Poore captured the reflections of PHUs' work during the February Outbreak and included insights on how to strengthen their own capacity and capability.
- 2. A debrief held on 9 March 2021 between the National Investigation and Tracing Centre (NITC) and the PHUs which were involved in supporting ARPHS with the management of symptomatic contacts during the outbreak.
- 3. A self-assessment questionnaire was developed by the Ministry's COVID-19 Advisory and Planning group and distributed by the COVID-19 Deputy Chief Executive on 12 March to key parties involved in the response, to gain insight from all those involved in the outbreak response. Findings were collected, analysed and summarised in preparation for the workshop indicated below.
- 4. A debrief on 15 March 2021, chaired by Chris Scahill, Group Manager COVID-19 Health System Response was also held (in-person) with ARPHS and the NRHCC.
- 5. On 30 March 2021 Jane Kelley, Group Manager Planning and Advisory, COVID-19 Health System Response Directorate, facilitated a workshop with all stakeholders involved in the response to discuss in greater detail their experiences and insights into the Auckland February Outbreak. This was also an opportunity to share key findings in relation to the questionnaire.
- 6. During the Auckland February Outbreak 2021, the Ministry undertook 'real time' learning and process improvement with a number of elements of the review such as the 'contact tracing classification system' being rapidly review. These actions are also included in the attached Action Plan.
- 7. The Ministry of Health has also contributed to the Ministerial Review process currently underway by the 'COVID-19 Independent Continuous Review, Improvement and Advice Group.' This group was established in March 2021 to examine every aspect of the government's response to the COVID-19 response including the strategic direction, public communications and planning.

# **Summary Key Findings**

What is evident in the findings of this review is that the organisations involved in response have continued to operate under a process of ongoing improvement and agility throughout the response, which has proved effective in quickly controlling the outbreak. General feedback was, thanks to the system's commitment to continuous review, learning and improvement, that the response process continues to improve with each successive outbreak.

The positive feedback received includes:

• Overall, the IMT processes followed were efficient and clear. There was positive collaboration with external stakeholders, and the response as a whole to the Auckland February Outbreak was deemed successful.

- Regular IMT 'stand-ups' made it far easier to determine issue management and response appropriately.
- In comparison to the August outbreak, it was identified that relationships between organisations have improved and strengthened. It was also noted that there is a maturing relationship with Healthline and the NITC, and the associated systems and ways of working collaboratively have continued to improve.
- All relevant stakeholders were able to access all the required processes, procedures and Standard Operating Procedures (SOPs) in relation to the response, and were familiar with these processes beforehand.
- Daily communication is proving to work very well.
- Call centre scale activation measures were well documented and activated early.
- The whole of government response escalation resurgence plan was referenced and of assistance to the IMT response.
- It was noted there is large amount of goodwill, collaboration and sharing of the workload across the wider PHU network, especially with case management. This has further strengthened New Zealand's public health management capacity.
- Close relationships and regular meetings between IMT core members and the ARPHS were extremely beneficial to a successful response to this outbreak.
- Increased community testing capacity to meet demand in Auckland worked well.
- The process for travel exemptions across regional boundaries of Alert Levels was smoother.

The review identified challenges and improvements which were common threads across all organisations involved in the response, including:

- Vaccination many of the PHUs sought additional information and assistance from the Ministry on the COVID-19 vaccination rollout programme, in particular the conditions which would trigger 'ring' vaccination. At the time of the February outbreak the vaccination program was activating, with finalised plans not yet fully in place (these now exist).
- Capability the health system overall needs to continue to work proactively to upskill additional capability, to support increased case management, source investigation and follow-up on MIQ cases. The review also identified that, in addition to this, staff burnout remains a real risk to the system.
- Capacity there is a need for continuous review of PHU workload and surge capacity, considering the implications of the COVID-19 vaccine rollout alongside other public health activities, such as the MMR campaign. This must be undertaken giving due consideration to the fact that staff are tired and at risk of burnout.
- Communication both internal and external organisations identified that
  communications from the Ministry could be improved, specifically for the Ministry's
  website and the distinction between 'stay at home' versus 'self-isolation.' This was
  identified as a difficult distinction for many primary care services and the general
  population to understand.

- Cross-government collaboration stronger alignment of communications across government agencies, would be beneficial to supporting a successful response.
   Specifically, with welfare support, there needs to be a more rapid coordination and response engagement with the Ministry of Social Development.
- Policy need for greater clarity on processes for alert level changes.
- Engagement consistent and proactive engagement with Ministers and their Offices to ensure alignment of communications and establish expectations for the process ahead of time.
- Readiness frameworks need to review current frameworks in advance of any further outbreaks, giving consideration to lessons learned around testing operations, welfare surge and contact tracing escalation.
- Roles and responsibilities the need to continue to confirm decision-making and sign out processes internally, and separately further refine the roles and responsibilities with NRHCC and ARPHS.
- Privacy ensure information discussed in IMT meetings and documented in SitReps and Case Reports is kept secure and confidential.

# Recommendations

Considering the findings from the Auckland February Outbreak review, we have outlined recommendations as part of a wider action plan, to improve the Ministry's response to community outbreaks. The <u>key themes</u> identified to strengthen planning and execution of future responses are as follows:

- 1. Improving the coordination and provision of **welfare** support to affected communities
- 2. Ensuring the balance between public need for information and individual **privacy**
- 3. Ensuring the public has both **up-to-date data**, as well as, the narrative around the science and public health risk
- 4. Further mitigate risk of **staff burnout** and **workforce pressures** across the health system as a whole
- 5. Timely and consistent **engagement** with Ministers
- 6. Refreshing and enhancing national level **frameworks and guidance** for the health response to an outbreak
- 7. Improving engagement by Government agencies with, and support to, at-risk communities with cultural understanding and consideration
- 8. Continue to clarify roles and responsibilities during an outbreak response and ensure they are **appropriately supported**

Many any of these recommendations were already underway or already have existing processes, however the review findings provide an opportunity to further strengthen these where applicable. In addition to the internal Ministry recommendations highlighted through the review process, external agencies have identified specific agency level recommendations. The Ministry of Health continues to work alongside and support key response partners, including DHBs, PHUs and Healthline to support their continuous improvement.

### **Overarching Thematic Analysis**

It is widely agreed that the systems and procedures for the incident management response to a community outbreak is largely a smooth process. There are, however, <u>three overarching improvements to the IMT response system</u> which are owned by the IMT team and are to be continuously addressed as we respond to further outbreaks.

- 1. Further enabling the Ministry's IMT, ARPHS, Healthline and NRHCC, to establish greater **foresight** in anticipating 'next steps' in the management of an outbreak.
- 2. Continuing to **connect** more closely with key partner agencies, such as the Ministry of Education and Ministry for Primary Industries.
- 3. Enhancing the approach to the **classification** of contacts and communication to contacts, to ensure a robust, efficient and effective contact tracing function.

Whilst the primary goal of this review is to examine the challenges of those involved in the most recent COVID-19 response team, and highlight the pressures experienced across the system as a whole, the key outcome will be the implementation of the recommendations in order to achieve continuous improvement. An action plan will ensure responsibilities and accountabilities are assigned to each recommendation (attached at appendix 1).

# **Next Steps**

# **Our Process for Continuous Improvement**

The Ministry of Health is committed to improving our practice as we learn more about the nature of COVID-19 and from previous responses. The uniqueness of this global pandemic has led New Zealand to rapidly improve and implement changes to both our health and disability system and wider societal framework. The Government has had to be ingenious and develop processes and solutions concurrently with responding to this global pandemic. The Ministry's practice to review and reflect on each outbreak has developed a culture of continuous improvement. Actions will be tracked and updated as part of our business as usual processes.

### Conclusion

New Zealand is widely regarded as a world leader in our response to the pandemic, in which the Government's quick action helped to avoid mass infections that have been observed across the globe. At its core, our response processes and practices have led much of our national success in containing community outbreaks. It should be acknowledged, that the COVID-19 response structure is largely a success within the 'Stamp It Out' pillar of our wider national elimination strategy.

However, success is not possible without reflecting on how we can do better. As part of our process of continuous improvement, this internal review into the Auckland February Outbreak has highlighted areas which can be improved.

Finally, we would like to thank everyone involved in the COVID-19 response to the Auckland February Outbreak, and for their continued efforts to fight COVID-19 and keep New Zealand safe. Support Suppor The Ministry of Health recognises that this has been a huge challenge for our public service, and our country. On behalf of the Ministry, we wish to thank all New Zealanders for their support and commitment in the ongoing fight against COVID-19.

### **RECOMMENDATION 1: Improve the coordination and provision of welfare support to affected communities**

Action	Owner	Progress	Status
Ensure PHUs are receiving relevant welfare support	DPMC Response Group	Welfare support to individuals affected by positive COVID-19, the front-line workers who	Ongoing
	_ (Health input/DPMC led)	are involved in case management and the connections across government are the	
Continue to upskill DHBs to respond to welfare concerns and ensure		responsibility of the all-of-government function	
frameworks deliver public health actions			
Further develop the welfare component of COVID-19 response and	_	District Health Boards (DHBs) have been advised of the funding and support services	
strengthen links with MSD		available via communication sent from the Ministry of Health in April 2021	
Strengthen escalation pathway for contact management e.g. home visits	GM COVID-19 Contact	Contract tracing processes to support COVID-19 contacts has been completed	Complete
	Tracing	(HR2021056 refers). All PHUs have been advised of this protocol.	
Ensure DHBs are planning to respond to welfare needs of contacts that will	GM Border and Managed	DHBs are funded to plan for and provide wrapround services for contacts asked to self-	Underway
support individuals to adhere to frameworks and deliver public health	Isolation/DPMC Response	isolate. DPMC to assist with clear protocols and timely support.	
advice e.g. self-isolation	Group		

### **RECOMMENDATION 2: Ensure the balance between public need for information and individual privacy is met**

Action	Owner	Progress	Status
Ensure all information pertaining to an outbreak is sent through the IMT	GM COVID-19 Response	Continuing to redirect all information through IMT process. This is improving with each	Ongoing
pathway to ensure consistent advice is provided externally		response	
Further refine approach when considering public release of the private	Manager Privacy and Risk/	Ongoing work to develop a set of principles by which information (pertaining to cases	Ongoing
information of cases	Chief Legal Advisor	in an outbreak) is released	
Ensure the balance between respecting private information and	GM Communications and	Refresh the privacy protocols in line with new considerations e.g. the vaccination status	Underway
communicating up-to-date and accurate information is met	Engagement/ Manager	of cases	
	Privacy and Risk		

### RECOMMENDATION 3: Ensure the public has both up-to-date data as well as the narrative around public health risk

Action	Owner	Progress	Status
Ensure the Ministry's website is updated concurrently with the information	GM Communications and	The Ministry's website has been updated and will continue to be updated as required	Complete
shared with PHUs to reduce public confusion on the management of	Engagement		
contacts			
Stronger alignment of communications across government agencies	GM Communications and	Utilise the established DPMC COVID-19 Group communications function to enable	Complete
	Engagement	greater all-of-government connection	
		The Ministry's communications team has a strong working relationship with DPMC. Key	
		health messages are signed out by Health and delivered to DPMC.	
Reinforce the message that the SitReps are the single source of truth for	DCE COVID-19 Directorate	A new SitRep template is undergoing final review process. This will standardise	Ongoing
information relating to an outbreak		information provided through this method, alongside a reduction in those on the	
		distribution list	
Ensure the Public Information Management (PIM) team are present with	GM COVID-19 Response	PIM are regular attendees at IMT meetings during response	Complete
the IMT Response team during an outbreak or function 'stand up.'			

### RECOMMENDATION 4: Address risk of staff burnout and workforce pressures across the health system as a whole

Action	Owner	Progress	Status
Formalise mechanisms to continue to develop knowledge and experience	Chief Clinical Advisor,	Looking to establish a more formal process where PHU staff from regions outside of	Future
of all national PHU staff in case management and source investigation	COVID-19 Response	Auckland are rotated through ARPHS to gain outbreak management experience. To	
		date, staff have been rotated in on an ad-hoc basis	
Continue to monitor PHU workload, burnout and available surge capacity,	GM COVID-19 Response	Response team are continuing to offer support and assistance to PHUs as they manage	Ongoing
taking into consideration workforce implications from vaccine rollout and		high workloads. We have previously embedded clinicians within PHUs on occasion to	
volume of contacts		boost their surge capacity. The COVID-19 Directorate is collaborating with the Ministry's	
		Population Health and Prevention Directorate and Office of Director of Public Health	
		work to ensure and aligned work programme to assist PHUs with wider workforce and	
		resourcing issues are addressed	
		The Ministry has also been working with the Public Service Commission to utilise their	
		workforce expertise and associated tools	
Considering the above action; strengthen COVID-19 national outbreak	GM COVID-19 Contact	The NITC has worked with PHUs to develop a national outbreak response teamwork	Underway
surge response team to support future national responses	Tracing	programme. PHUs have been sharing their resources nationally on an as-willing and as-	
		able basis. The Ministry is also working with DHBs, PHUs and trade unions to formalise	
		current arrangements. The target date for activation is May 2021	
Review PHU case investigation and contact tracing capacity plans including	GM COVID-19 Contact	The NITC is working with the Population Health and Prevention Directorate to revise the	Underway
surge workforce, taking into consideration vaccine rollout	Tracing	service specification for funding in 2021/2022 which will fund PHUs to continue to	
		increase their capacity. Further work is underway on contact tracing KPI's and capacity	
		building HR20210762.	
Review internal 'surge plans'	GM COVID-19 Response/	Response are reviewing Standard Operating Procedures (SOPs) to update in line with	Underway
	DPMC Response Group	experience since December last year. This will include specific scenarios; schools	
	Liaison	(complete), apartment blocks (complete), and other scenarios such as concerts or large	
		workplaces (not complete)	
		We will work with DPMC to review our surge plans across the all-of-government COVID-	
	.0-	19 response	

# **RECOMMENDATION** 5: Ensure timely and consistent engagement with Ministers

Action	Owner	Progress	Status
Ensure that advice to Ministers continues to be public health and science	DCE COVID-19 Directorate	The commissioning process for advice to Ministers has recently been refreshed to	Ongoing
led, and subject matter experts have reasonable opportunity to consider		enhance clarity and consistency of requests and help ensure reasonable timelines.	
and provide input		However, the nature of COVID-19, particularly during response, and level of public and	
		political interest means that there will always be urgent requirements and challenging	
		deadlines	
Ensure advice to Ministers is provided following consultation with all	DCE COVID-19 Directorate	Ministry internal signoff process ensures that there is a clear expectation and audit trail	Ongoing
relevant experts, including those in the field of science, operations and		for review and consultation with relevant internal (and where appropriate external)	
public health		experts. This process is being kept under regular review to ensure the best possible	
		advice can be provided	
Refine process around the need for urgent whole genome sequencing and	GM Science & Insights	Process and communication channels agreed through briefing Process for Genomic	Complete
expectations for results		Sequencing of SARS-CoV-2 [HR20210199]	

# RECOMMENDATION 6: Refresh and enhance national level frameworks and guidance for the response across the system

Action	Owner	Progress	Status
Review national SOPs with consideration of management of cases and	GM COVID-19 Contact	NITC are working with PHUs to refine national SOPs for case and contact management.	Underway
contacts	Tracing	This is set to be complete by the end of June 2021	
Improve data quality issues in the NCTS by developing a user manual as	GM COVID-19 Contact	Development of user manual and training materials is underway, as part of the NCTS	Underway
guidance	Tracing	redesign project. This is due to be completed by end of June 2021	
Improve testing strategies to optimise early detection of an outbreak	GM COVID-19 Testing and	Improving testing strategies is ongoing. There are fortnightly reviews of DHB testing	Ongoing
	Supply	plans.	
		The Surveillance Strategy notes the potential use of other testing modalities, such as	
		wastewater testing. Advice will continue to be refined around the value of these different	
		testing methodologies.	
		The formal review of the Ministry's Surveillance Strategy is scheduled for June 2021	
Continue to apply whole genome sequencing and related tools, to	GM Science & Insights	ESR and MOH work closely to support cluster management and genomic sequence	Complete
outbreak management		information is regularly provided as soon as possible	
Revise the principles for the provision of PPE from the central supply to	GM COVID-19 Testing and	There are well established protocols for setting IPC guidance and PPE distribution. The	Underway
ensure clear communication with sectors	Supply	Ministry principles of supply for PPE are currently being reviewed. The refresh of these	
		will be published on the Ministry website and any changes to be communicated to	
		sectors by May 2021	
Reinforce messaging to ensure relevant sectors understand the use and	GM COVID-19 Testing and	Worked with internal sector representative to engage more closely with sectors to	Complete
distribution of contingency stock	Supply	communicate what the stock is used for and how to access list of providers	
Establish a dedicated active central documentation archive across the	DCE COVID-19 Directorate	We will work with knowledge management to further centralise the information held by	Underway
Directorate		the Directorate	
Develop a checklist protocol to further enhance alert level changes papers	GM Planning and Advisory	The Ministry has worked with the DPMC COVID-19 Response Unit to develop a checklist	Complete
		to strengthen alert level changes papers	

# RECOMMENDATION 7: Improve engagement by Government agencies with, and support to, at-risk communities with cultural understanding and consideration

Action	Owner	Progress	Status
Continually strengthen Māori, Pacific, and other ethnic groups, outbreak	GM COVID-19 Response	Cultural advisors are included in the response. There is an ongoing body of equity work	Ongoing
management capacity on a national scale	/Equity Advisor	undertaken by the Directorate and feedback from this review will inform that wider work	
		programme. The focus in this review was on how we can strengthen our response with	
		regard to other ethnic groups	
Appropriately engaging higher-risk communities	GM Communications and	Revise the protocol with DPMC COVID-19 Group and District Health Board (DHB)	Underway
	Engagement	colleagues to identify and understand communication needs of high-risk communities	
Ensure an equity component is included across all aspects of the response	GM COVID-19 Response	The response decision framework is to be enhanced to include a stronger equity	Underway
decision making framework	/Equity Advisor	component in consultation with the Directorate's equity advisor	
Ensure key public health messages for higher-risk communities and alert	GM Communications and	The translation of key public health messages is undertaken by DPMC COVID-19 group	Complete
level material is translated into multiple languages in a timely manner	Engagement	and published to the covid.19.govt.nz website. The Ministry's Communications team	
		continues to work with this team to ensure timely and comprehensive translations.	

### RECOMMENDATION 8: Continue to clarify roles and responsibilities during an outbreak response and ensure they are appropriately supported

Action	Owner	Progress	Status
Enhance and refine role clarity and workload sustainability for the leadership provided by the Director of Public Health Office during response	Director of Public Health	The Office has reviewed respective roles and responsibilities for an outbreak which are soon to be finalised. There is a strong partnership between the COVID-19 Directorate and the Office of the Director of Public Health	Underway
Further strengthen epidemiological expertise within the Ministry of Health	GM Science & Insights	The Ministry of Health, Science and Insights team has three epidemiologists who provide epidemiological advice across the COVID-19 directorate, including when required, in outbreak management	Complete
Increase engagement with DHBs on information relating to the COVID-19 vaccination rollout and in particular the capacity of the system to scale at pace in the event of 'ring vaccination'	National Director Operations, COVID-19 Immunisation and Vaccination Team	The Ministry is working closely with DHBs to ensure that they are supported and can demonstrate their ability to pivot operations should there be an outbreak. BCP plans are being developed and have been presented at the vaccine steering group	Ongoing
Review and strengthen scenario planning for the Attorney General and Minister for COVID-19 Response to ensure processes are in place to ensure the Medical Officers of Health's authority is clearly invoked at the start of response	Chief Legal Advisor	Crown Law have provided advice and developed a template for section 70 orders	Complete
Engage closely with relevant agencies in the development and implementation of regional boundaries, and their associated exemptions during alert level changes	GM COVID-19 Border and Managed Isolation	Working closely with partner agencies to develop plans for any future implementation of the exemption process for regional boundaries	Ongoing
Build on and embed a shared process of understanding for Alert Level changes.	DDG, System Strategy and Policy (SS&P)/GM COVID- 19 Response	Policy processes for Alert Level changes are continuously updated and refined following each resurgence. All processes are now templated and documented.	Ongoing

### **OVERARCHING THEME 1: Establish greater foresight in anticipating the next steps in an outbreak situation**

Action	Owner	Progress	Status
During the first 48 hours in response, there is a need to convene specialists	GM COVID-19 Response	Since the Auckland February Outbreak, the COVID-19 Response team has reviewed the	Ongoing
to complete a situational review and forward-thinking response strategy		SOPs from the previous year to update them in line with improved practice. They	
based on public health principles		continue to build relationships with PHUs in order to support pre-emptive thinking, to	
		enable timely action, and link into the all-of-government response	

### **OVERARCHING THEME 2: Connect closely with key partner agencies earlier in response**

Action	Owner	Progress	Status
Strengthen engagement between the Ministry, cross-agency and local	DCE COVID-19 Directorate	Daily command chart includes all relevant agencies. Rapid reviews and more formal	Complete
level operations		reviews, occur across agencies to ensure emerging issues are addressed	
Strengthen links and engagement with Ministry of Education (MoE) and	DCE COVID-19 Directorate	The Ministry has reviewed the Memorandum of Understanding (MoU) with MoE and is	Complete/
Ministry of Primary Industries (MPI)		in discussions with MPI to update protocols for their involvement in any response	Underway
Ensure stakeholders are involved in the response from the beginning	GM COVID-19 Response	At an IMT level, all affected organisations are brought in at the earliest opportunity to	Complete
		continue to the outbreak response	

### OVERARCHING THEME 3: Establish an approach to the classification of contacts to ensure a robust and efficient contact tracing function

Action	Owner	Progress	Status
Ensure consistent guidance on the definition and management of contacts	GM COVID-19 Contact	Guidance on contact categories and their management has been developed and is used	Complete/
is disseminated across the sector to enable a consistent national approach.	Tracing	by PHUs and the NITC. The Ministry is currently updating guidance in line with the	Underway
		lessons observed in recent outbreaks. A rapid review occurred in this outbreak of the	
		use of the 'changed contact classifications' and the implications of this approach.	
		Learnings from this rapid review were provided to the Director-General of Health and	
	, 0	will be incorporated in the updated guidance	
Optimise NCTS, including increasing the ability to meet the needs of source	GM COVID-19 Contact	Work is underway, as part of the NCTS redesign project to be completed by the end of	Underway
and cluster identification	Tracing	June 2021 (HR20210603 refers)	

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