

FEBRUARY CLUSTER DEBRIEF

Purpose

1. This briefing sets out issues and actions to guide a debrief on the February Auckland cluster. In this debrief, we seek agreement on the following actions and work streams to address issues identified. Key statistics around the cluster and testing are provided as context.
2. On Saturday the 13th of February a student at Papatoetoe High School (Case A) tested positive for COVID19. The student had no history of travel or connection to anyone who had recently arrived from overseas. In the 14 days from Saturday 13.2.2021 to the 27.02.2021 a total of 15 cases across 4 households have been confirmed with an epidemiological link to Case A.
3. A comparison before and after 14 February shows a big increase in testing as a result of this cluster:

Total tests (NZ) since 14 Feb	164,786
Total tests (NZ) since 27 Feb	50,239
Total tests Auckland (Middlemore, LabTests, LabPlus, Waitemata) since 14 Feb	105,986
Total tests Auckland (Middlemore, LabTests, LabPlus, Waitemata) since 27 Feb	30,760
Tests in community since 14 Feb (Auckland usually resident population, per 1,000)	42

4. Contact type and test results as of 0900 12 March 2021:

Contact Type	Initial Testing Result	Day 12 Testing Result
All Contacts		
Close + Contacts	89/89 (89 negative)	86/89 (86 negative, 1 outstanding in JETPARK), 2 no further action required)
Close Contacts	180/184 (no outstanding, 11 positive, 169 negative, 2 exempt, 2 no further action required)	161/171 (1 positive, 160 negative, 4 outstanding (household contacts in JETPARK), 6 no further action required)
Casual + Contacts (treated as close contacts *Kmart)	1930/1967 (1930 negative, 22 exempt, 15 no further action required)	1938/1945 (1938 negative, 7 no further action required)
Casual + Contacts	3708/3776 (3 positive, 3705 negative, 3 exempts, 1 refused, 64 no further action required)	N/A

The total number of all contacts is as follows:

Close Contacts:	174
Close + Contacts:	86
Casual + Contacts (Kmart):	1,855
Casual + below ie: Supermarkets etc)	3,753 (not limited to the significant locations detailed
Total Contacts:	5,899

Issues and next steps

5. Issues identified during the response:

a. Close contacts and operational procedures

i. Genome sequencing

- **Issue:** timing of result for first identified community case associated with a potential new cluster or border incursion within a day of test result notification and sharing of ESR analysis
- **Action:** agree to timings and processes detailed in HR 2021 0199 attached.

ii. Definition and treatment of different types of contacts

- **Issue:** confusion around new definitions used and isolating requirements with additional close plus category [on top of: close, casual, casual plus] when they were communicated.
- **Actions:**
 - Ministry of Health [MoH] has commenced an internal review with ARPHs, Healthline and other key responders.
 - COVID-19 independent continuous review, improvement and advice group will also pick this up as a rapid work stream.
 - COVID-19 Group communications campaign being reviewed by John Walsh
 - Internal investigation of Facebook post completed

iii. Contact tracing service process

- **Issue:** Case J had 9 phone calls and four texts from the 15th – 21st February from public health to get tested. Identified a need for clarity on the protocol timeframes between NITC, finder services, Healthline and ARPHs and when a follow up door knock is required.
- **Action:** agree to timings and processes detailed in attached A3.

iv. Contact tracing processes in school settings

- **Issue:** Timely contact tracing and consistent communications to diverse communities.

- **Actions:** Health, DIA and Education updating the March 2020 protocol on Tuesday to include -
 - Support from schools supported by the Ministry of Education to help Health to monitor students compliance with public health instructions
 - Translation of key public health messages for ethnic communities that can then be disseminated to families via the Ministry of Education and school networks.

v. Readiness of PHUs beyond Auckland

- **Issue:** ARPHs is the only PHU who has had significant experience in dealing with outbreaks that involve different communities, a variety of scenarios (new variants, apartment blocks and schools etc.) Potential for the wheel to be reinvented with regards to the response in other regions.
- **Actions:**
 - MoH to provide an HR this week on deployment of IMT response into regions outside of Auckland.
 - MoH deployment of staff in ARPHs to get outbreak experience.
 - COVID-19 independent continuous review, improvement and advice group will also be requested to look into progress on scenario planning as part of lessons from the rapid review into contact tracing during the August outbreak.

b. Legal powers

i. Protocol around s70

- **Issue:** clarity on the legal instruction of a Medical Officer of Health to a group to follow public health instruction on testing and self-isolation at the beginning of an outbreak
- **Action:** MoH and Crown Law work on a plan (involving different scenarios) to be presented to AG and Minister for COVID-19 Response this week to allow the next time we have an outbreak to be managed so that:
 - The Medical Officer of Health's authority is clearly invoked at the start to contacts, close contacts etc.
 - That can be conveyed to the people so instructed by someone else, but what that looks like can be planned now.

MoH and Crown Law use the structure of the above to audit the Papatoetoe cluster event so that we understand with complete clarity whether the Med Officer of Health's authority was effected so that it could have, without more, have been enforced by a constable.

c. Alert Levels

i. Checklist for what is required for Cabinet to take a decision

- **Issue:** lack of a clear checklist of advice on factors that lead to public health and Cabinet [based on public health advice] make the decision to go up an alert level.
- **Actions:**

- COVID-19 response business unit and MoH to work with offices on checklist protocol for alert level papers.
- Memo to DG from Dr McElnay/Dr Town to be shared with relevant offices to support first Boardroom meeting after a community case is identified.

d. Regional boundary

i. Economic documentation

- **Issue:** Over 30,000 QR codes were downloaded which raises questions whether the definitions and processes are working
- **Action:** Review of economic travel documentation provided for crossing the boundary including whether QRs being downloaded accurately reflect the types of businesses and services that should be accessing them (MBIE underway)

ii. Transiting through areas at a higher alert level

- **Issue:** disproportionate effect of Auckland transit provisions on Northland on the ability of residents to undertake travel (e.g. for funerals in Auckland when we allow exemptions for economic purposes)
- **Action:** DPMC to review transit provisions in the order to allow broader travel through an area

iii. Standing up and location of boundaries and checkpoints

- **Issues:** public confusion around the location of where police check points are being stood up and where boundaries are. Timing of defence being able to attend checkpoints.
- **Actions:** The COVID-19 Group includes police checkpoints and COVID-19 testing locations on the interactive map (hosted by NEMA available on COVID-19 website).
 - Boundary setting process was reviewed following initial lockdown.
 - New process used on 27 February successfully, including communications protocols
 - There is an ongoing work plan to create 'draft' regional boundaries for Wellington, Christchurch and Waikato (DPMC underway)

iv. Entering higher Alert Level regions to return home

- **Issue:** Queue at southern boundary for people to return to Auckland resulted in some people waiting a long time to enter the region.
- **Actions:** We could consider building flexibility in to the order to allow Police to apply pragmatic approach for a period of time. We would need legal advice on how this could be done in a lawful way. (DPMC lead)
 - Health is supportive of this approach as risk is low.
 - This could be incorporated into scenario planning in the National Resurgence Response Plan

e. Communications

i. Preparation of alert level material in multiple languages

- **Issue:** delay in communications around key alert level information in different languages
 - The DIA translation mechanism does not have sufficient capability and capacity to meet requirements when new information is required to be translated at pace (e.g. breadth of languages, and speed of translation required)
- **Actions:** There is an opportunity for Ministry of Education to work with DIA. Education have a system and process for languages and process could synchronise better with DIA (DPMC)
 - COVID-19 Group use some resurgence funding to increase resourcing in DIA mechanism (including through contractors etc. if required)
 - Predrafting of communications (including translations) for Alert Level changes could minimise translation delays.

6. Looking ahead:

- a. Note, Minister for COVID-19 Response is taking a paper on the Elimination Strategy to SWC on 24 March. This paper will confirm the process for address key strategy and governance questions to the end of the year, including on vaccines and border settings

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