

**MANATŪ HAUORA  
MINISTRY OF HEALTH**

**KOWHEORI-19 | COVID-19  
RESURGENCE PLAN**

Version 3.0

DATE 19/04/2021

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*This MoH Resurgence Plan under active review/update throughout Covid-19 Response and outbreak as part of continuous improvement and evolution informed by science and public health*

## Related Policies, Procedures and Publications

This document should be read in conjunction with the following documents:

- [Aotearoa/New Zealand's COVID-19 Elimination Strategy](#)
- [COVID-19 Health and Disability System Response Plan](#)
- [COVID-19 Health and Disability Sector Resurgence Planning Tool](#)
- [Ministry of Health IMT Standard Operating Procedures](#)
- [COVID-19 All of Government National Resurgence Plan](#)
- [Updated COVID-19 Māori Response Action Plan](#)
- [Pacific Health COVID-19 Resurgence Plan](#)
- [Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Recovery Plan](#)
- [New Zealand's COVID-19 Surveillance Plan](#)
- [COVID-19 Testing Strategy](#)
- [COVID-19 cluster investigation and control guidelines](#)
- [COVID-19 National Hospital Response Framework](#)
- [COVID-19 Community Response Framework](#)
- [Getting Through Together: ethical values for a pandemic](#)
- [Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025](#)
- [New Zealand Disability Strategy 2016-2026](#)

## MINISTRY OF HEALTH KOWHEORI-19 | COVID-19

### RESURGENCE PLAN3

### Version control

| Version | Date                | Comment  |
|---------|---------------------|--|
| 1.0     | October 2020        | FINAL  |
| 1.1     | December 2020       | Additional information added on virus modelling, appreciation process and general update in preparation for version 2.0  |
| 1.2     | December 2020       | Updates included from Planning and Programme Management  |
| 1.3     | December 2020       | Further updates included from Planning and Programme Management  |
| 1.4     | December 2020       | Version for distribution for feedback  |
| 2.0     | 15 December 2020    | Final draft version 2.0, finalised by Planning and Programme Management  |
| 2.1     | February/March 2021 | Prevalence/Variants<br>Immunity vulnerability in Māori/Pacific Islanders<br>Variant scenario workshops outcomes<br>Experience + review from AKL/Northland<br>Overview of vaccination tiers + process |

For further information email: [COVID.IMT.Planning@health.govt.nz](mailto:COVID.IMT.Planning@health.govt.nz)

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## Preface to Version 3.0

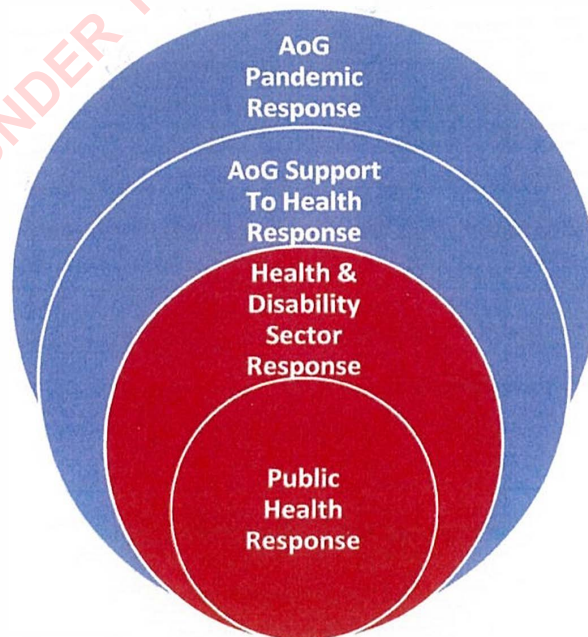
Version 3.0 of the Ministry of Health COVID-19 Resurgence Plan has been updated based on virus variants transmission modelling against the three agreed Government Scenarios, NZ vaccination roll-out, published data indicating lower vulnerable age demographic for Māori and Pacific Islanders and aligned to the COVID-19 Elimination Strategy aims and rationale. In addition, a detailed evaluation of scope and interdependencies has been completed to ensure depth and breadth of coverage in this plan. These updates, aim to further clarify the evidential basis to the triggers associated with response actions both for the Ministry of Health (the Ministry) and across the All of Government (AoG) unit in the Department of the Prime Minister and Cabinet (DPMC).

While in general the health response to any resurgence follows the same general pathway<sup>1</sup>, the broader (AoG) response is determined by the scientific, operational, social and economic variables that surround any given resurgence. For example, there are considerations specific to any holiday period - population shift and the resultant mismatch of health resources; decreased public interest in testing; clinical staff taking leave etc – but our core health response is *generally* the same. Initial timeliness in response, public health messaging, public health measures and decisions around alert levels etc, may be altered because of these, and all occur in line with the Elimination Strategy.

This Resurgence Plan is also prepared in cognisance of the need to maintain social licence, achieve equitable outcomes, and build resilience across the system. There are inevitable trade-offs including economic activity, personal freedoms, psychosocial impacts of isolation and community resilience.

### Ministry / AoG relationship

At the core of the health and disability sector response is the public health response. As a first step, AoG enables this response through various direct actions, and in addition to this, addresses the plethora of second and third order effects of the response. Achieving the Elimination Strategy necessitates an AoG effort.



<sup>1</sup> A case investigation alongside contact tracing, case finding and genomic sequencing is conducted to determine the likely parameters to any given resurgence and AoG are notified.

## Purpose

The purpose of the Manatū Hauora COVID-19 Resurgence Plan is to outline and guide Ministry actions and engagement with both AoG and the New Zealand health and disability sector in relation to the New Zealand Government's Elimination Strategy (utilising appropriate strategies and measures 'keep it out' 'prepare for it', 'stamp it out' and 'manage the threat'); working towards our response to cases or clusters of COVID-19 in the community.

## Scope

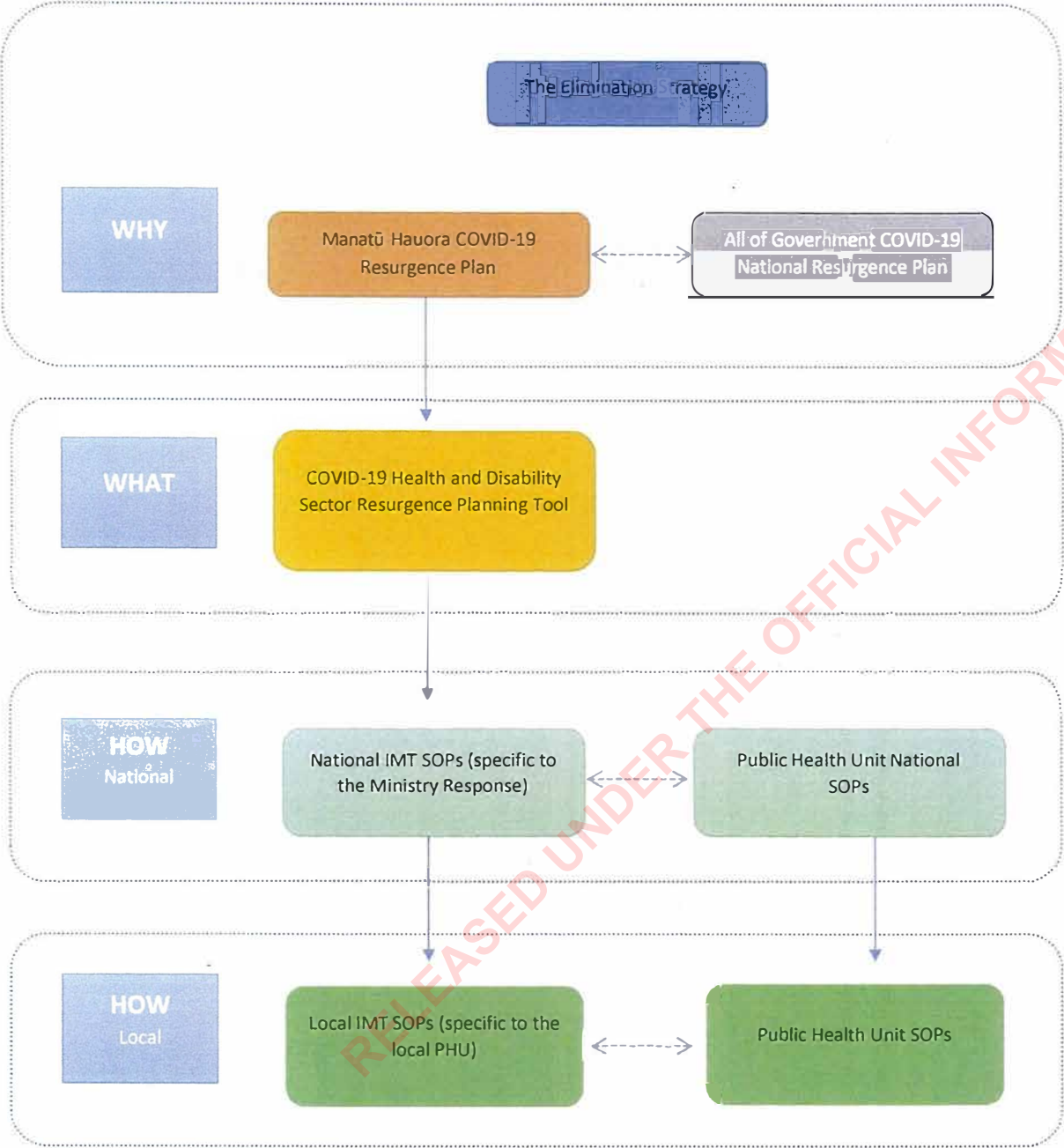
The Ministry of Health is the primary agency in the response and public health advice remains central to the wider government response.

This plan is a live document and is scenario agnostic, however the resurgence plan aligns to the four contingent scenarios outlined in the Cabinet paper of 10 August 2020 Cabinet decision [CAB-20-MIN-0387].

The plan is written in cognisance of the All-of-Government COVID-19 National Resurgence Plan, is supported by the Ministry's internal Incident Management Team's Standard Operating Procedures (SOPs) and supports the COVID-19 Health and Disability Sector Resurgence Planning Tool.

### a) Relationship to Other Plans

The Ministry has a suite of documents that collectively comprise our current approach to resurgence preparedness and response, as per the diagram on the next page, and the table on the subsequent page:



- Supporting Documents**
- [Updated COVID-19 Māori Response Action Plan](#)
  - [Supporting Pacific Health COVID-19 Resurgence Plan](#)
  - [COVID-19 Health and Disability System Response Plan](#)
  - [COVID-19 Cluster Investigation and Control Guidelines](#)
  - [Kia Kaha, Kia Maia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Recovery Plan](#)
  - [COVID-19 National Hospital Response Framework](#)
  - [COVID-19 Community Response Framework](#)
  - [New Zealand's COVID-19 Surveillance Plan](#)
  - [COVID-19 Testing Strategy](#)
  - [Getting Through Together: ethical values for a pandemic](#)
  - [Ola Manuia: Pacific Health and Wellbeing Action Plan 2020- 2025](#)
  - [New Zealand Disability Strategy 2016-2026](#)
  - [COVID-19 Vaccine Strategy](#)
  - [Whakamaua Māori Health Action Plan 2020-25](#)
  - [Mahi Aroha – Carers’ Strategy Action Plan 2019-2023](#)

|  |   |
|--|---|
| <p>The <b>Elimination Strategy</b> is the overarching framework for Aotearoa New Zealand and for the health and disability sector.</p>   | <ul style="list-style-type: none"> <li>• See <a href="#">the Ministry website</a> for details</li> </ul>  |
| <p>The <b>COVID-19 Health and Disability System Response Plan</b> (April 2020). Prior to the Elimination Strategy, this was the apex planning document for the health sector, and while partially now superseded, much of it is still relevant.</p>  | <ul style="list-style-type: none"> <li>• See <a href="#">the Ministry website</a> for details</li> </ul>  |
| <p>The <b>Updated COVID-19 Māori Health Response Plan</b> builds on the progress made by the <a href="#">Initial COVID-19 Māori Response Action Plan</a> and provides an updated framework to protect, prevent, and mitigate the impacts of COVID-19 within whānau, hapū, iwi and Māori communities.</p> | <ul style="list-style-type: none"> <li>• See <a href="#">the Ministry website</a> for details</li> </ul>  |
| <p>The <b>COVID-19 Health and Disability Sector Resurgence Planning Tool</b> sets out high level actions for the Ministry and DHBs in relation to preventing, planning for and responding to significant new clusters or further waves of COVID-19 infection.</p>  | <ul style="list-style-type: none"> <li>• This tool has been distributed to the Sector, but is not published on the Ministry website.</li> </ul> |
| <p>The <b>COVID-19 Cluster Investigation and Control Guidelines</b> (May 2020).</p>  | <ul style="list-style-type: none"> <li>• See <a href="#">the Ministry website</a> for details</li> </ul>  |
| <p>The <b>Incident Management Team SOPs</b> outline key processes that are involved with standing-up and operating the Ministry's CIMS structure.</p>  | <ul style="list-style-type: none"> <li>• These are internal documents and are not published on the Ministry's website.</li> </ul>               |
| <p>The <b>Pacific Health COVID-19 Resurgence Plan</b> incorporates lessons learned from the first and second waves of COVID-19 and outlines a resurgence response plan for Pacific communities</p>   | <ul style="list-style-type: none"> <li>• This is an internal document and is not published on the Ministry's website.</li> </ul>                |
| <p><b>COVID-19 Vaccine Strategy</b><br/>The COVID-19 Vaccine Strategy sets out the Government's mission to ensure that New Zealand has access to safe and effective vaccines as early as possible.</p>   | <ul style="list-style-type: none"> <li>• See the <a href="#">Ministry website</a> for details</li> </ul>  |

b) Advice and Guidance

**COVID-19 Health Advice.** In order to ensure the provision of the latest updates, information and advice on COVID-19 the Ministry maintains a dedicated [COVID-19 website](#).

## Key Assumptions

- The Ministry of Health will inform the AoG response status and AoG actions to minimise public health risk and to minimise second order (non-health related) COVID-19 effects.
- The Ministry of Health's COVID-19 Health System Response Directorate will manage any resurgence, outbreak or other event through its Incident Management Team and will support a coordinated national response for the health and disability sector.
- The NRLT will decide recommended course of action, for consideration by Ministers Board meeting. ('activate system', 'monitor and hold'; or 'no response')
- The Ministry of Health's other Directorates will undertake necessary actions in support of the management of COVID-19 while concurrently managing and adjusting the delivery of their business as usual functions.
- New Zealand's border settings will be reviewed continuously (eg possible quarantine free travel zones with one or more other countries) but are expected to remain largely closed during vaccine rollout.
- The COVID-19 vaccination strategy will run in parallel with this plan until vaccination is complete.



## Context

### a) National Strategy

New Zealand's COVID-19 strategy is **elimination** of COVID-19 in New Zealand, while minimising the effect on society and the economy, until the vaccination programme is complete or the virus is able to be managed in other ways. COVID-19 will have been deemed to have been eliminated if there has been no community transmission for over 28 consecutive days, that is, two incubation cycles. The New Zealand Government's Elimination Strategy uses four pillars to deliver a range of control measures. The strategy is currently under review and is expected to continue to evolve with emerging epidemiology and evidence around the disease and its management, and the progress in delivering safe and effective treatments and/or vaccines.

### b) Overview

The COVID-19 pandemic is an ongoing, global outbreak of the SARS-CoV-2 virus. The disease was first identified in December 2019 in Wuhan, China. The World Health Organisation (WHO) determined the outbreak a Public Health Emergency of International Concern on 30 January 2020 and a pandemic on 11 March 2020. As of 21 Feb 2021, WHO has received reports of more than 110 million confirmed cases and 2.45 million deaths.

The Government's Elimination Strategy has meant that New Zealand has been largely spared some of the direct consequences suffered by other nations. Notwithstanding, COVID-19 remains an ongoing threat and a COVID-19 resurgence is likely to occur.

On 10 August 2020, Cabinet agreed to a policy to implement a rapid response to any new COVID-19 cases in the community. The policy sets out strategic level considerations, decision-making authorities and identifies four scenarios to provide a uniform baseline for national planning.

|   |   |
|---|---|
| <b>Scenario 1 - Local<br/>Outbreak, Locally<br/>Contained</b>         | A case absconds from a MIQ facility and visits a supermarket for food, subsequently infecting a supermarket worker, multiple customers, with possible environmental contamination of the supermarket. Over two weeks this triggers multiple, localised clusters.  |
| <b>Scenario 2 – Local<br/>Outbreak, Regionally<br/>Contained</b>      | An imported case visits an aged residential care facility and goes on to infect a nurse, a carer and eight residents. Over two weeks this triggers a single, small, localised cluster of ten cases.   |
| <b>Scenario 3 – Local<br/>Outbreak, National<br/>Spread</b>           | A case goes to a cafe and socialises with a number of people subsequently infecting several attendees. Over three weeks this triggers two to three small clusters (including one in residential disability facility) with up to 45 cases in total across two PHU jurisdictions.   |
| <b>Scenario 4 – National<br/>Outbreak, Community<br/>Transmission</b> | Two cases emerge at a similar time, with both attending large events with visitors from across the country (such as a sporting event, a concert or a tangi). Each case infects a large number of people, who subsequently return home across New Zealand. Over four weeks, this triggers outbreaks across the country, with several locations reporting confirmed community transmission. |

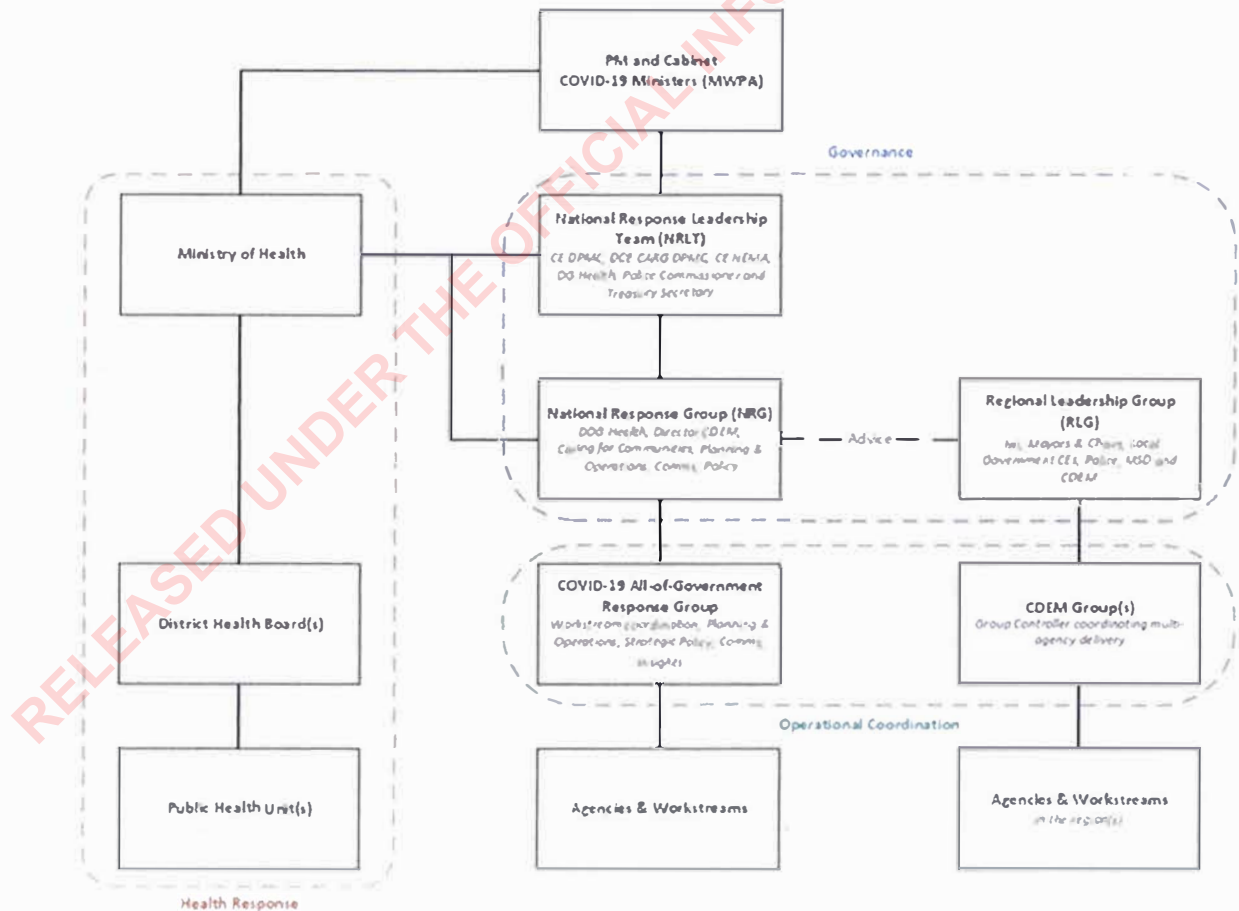
Further scenarios have been workshopped to evaluate required process when dealing with:

- A case arriving in New Zealand from a high prevalence/new variant country.
- A case being identified within New Zealand from a QFT zone

In the event of one or more new COVID-19 case(s), an outbreak or other relevant event outside of a managed isolation or quarantine facility, acting with urgency to limit further community transmission is critical. The faster the response, the less opportunity there is for infected people to unknowingly spread the virus. Any delay in the response will make outbreak control more difficult. The Ministry of Health will work closely with the COVID-19 All-of-Government Response Group to combine the capabilities of government agencies at national and local levels to coordinate the response – and it will work with the New Zealand health and disability sector in providing the public health response to the disease. Wider sector planning and response measures will be informed by the Health and Disability Sector Resurgence Planning Tool. For further detail on response functions, refer to Annex A.

### c) Governance

**National Level:** National-Regional Resurgence structures based on the roles and functions described in the Cabinet paper [CAB-20-MIN-0387].



**Ministry Level:** There will be no change to the Ministry of Health's Internal Governance Structure. There may be a requirement for the COVID-19 Health System Response Directorate to ensure some additional governance in line with its purpose and function.

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#### d) Te Tiriti o Waitangi

The Treaty principles that underpin the Ministry's resurgence planning and response have been adapted from the recommendations made in the Hauora Report for Wai 2575, the Health Services and Outcomes Kaupapa Inquiry.

|                            |  |
|----------------------------|--|
| <b>Tino Rangatiratanga</b> | The guarantee of tino rangatiratanga, which provides for Māori self-determination and mana motuhake in the design, delivery and monitoring of the COVID-19 response to Māori.  |
| <b>Partnership</b>         | The principle of partnership, which requires the Crown and Māori to work in partnership in the governance, design, delivery and monitoring of the COVID-19 response to Māori. Māori must be co-designers, with the Crown, of the COVID-19 response to Māori.   |
| <b>Active protection</b>   | The principle of active protection, which requires the Crown to act, to the fullest extent practicable, to achieve equitable health outcomes for Māori. This includes ensuring that it, its agents and its Treaty partner are well informed on the extent, and nature of, both Māori health outcomes and efforts to achieve Māori health equity in the COVID-19 response to Māori. |
| <b>Options</b>             | The principle of options, which requires the Crown to provide for and properly resource kaupapa Māori responses to COVID-19. Furthermore, the Crown is obliged to ensure that all health and disability services are provided in a culturally appropriate way that recognises and supports the expression of hauora Māori models of care in the COVID-19 response.                 |
| <b>Equity</b>              | The principle of equity, which requires the Crown to commit to achieving equitable health outcomes for Māori in the COVID-19 response.   |

#### e) Equity

An equitable approach recognises that in 'In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes' (Ministry of Health definition of equity, March 2019).

The COVID-19 response must consider Māori, Pacific, Disability, Aged and Psychological needs, among others, as critical, and also potentially beneficial to expedited case investigation.

# Manatū Hauora COVID-19 Resurgence Plan

## 1.1. Current situation

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On 28 February 2020, the first case of COVID-19 was confirmed in New Zealand. The first wave of infection peaked in April, with 89 new cases recorded per day and 929 active cases. Following significant effort across all levels of society, from individuals and households to cities, New Zealand successfully eliminated COVID-19. This lasted for 102 days.

On 11 August, a case of community transmission was confirmed in Auckland for which the Ministry re-activated an Incident Management Team to coordinate the health system response. 179 community cases were identified during this outbreak, the majority in Auckland.

New Zealand continues to manage cases at the Border and can expect to deal with the occasional resurgence within the community. With each community outbreak, the breadth and type of actions required to maintain the Elimination Strategy will be dependent on the timeliness of notification; the characteristics of the affected individual(s) / population group and the timeliness of the All of Government response. The high-level objectives are:

1. Minimise the number of people infected with and potentially exposed to COVID-19
2. Minimise the negative health outcomes for those infected with COVID-19
3. Minimise the economic and social impacts of any control measures
4. Ensure Te Tiriti o Waitangi principles, including equity, are central to the response.
5. Vaccinate in line with vaccination strategy

The health and disability sector contributes directly to objectives 1, 2 and 4. Following the earlier use of the National Health Coordination Centre and then the COVID-19 Hub, the Ministry of Health stood up the COVID-19 Health System Response Directorate on 1 September 2020 to manage the health and disability sector response to the pandemic, including any further community outbreaks. While this Directorate is core to the Ministry's ongoing response, all Ministry Directorates have a role to play in the response (see Key Responsibilities below).

Our public health response must continually adapt to new factors and context. Dec 2020 saw the emergence of new – and more transmissible – variants of SARS-CoV-2. The global roll out of COVID-19 vaccinations continues, including in NZ. In addition, as our response requires individuals to act in the best interests of others, behavioural insights continue shape our short- and longer-term actions.

## 1.2. Mission

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For the Ministry to deliver the health and disability system response as part of the AoG effort to stamp out a COVID-19 resurgence in the community and manage effects in order to achieve the Government's Elimination Strategy.

## 1.3. Execution of the Manatū Hauora COVID-19 Resurgence Plan

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This plan is an enabler to the 10 August 2020 Cabinet decision [CAB-20-MIN-0387] and the AoG national resurgence response plan.

The Ministry alongside health and disability service providers continues to give effect to the Elimination Strategy to minimise cases of COVID-19 entering New Zealand while being ready to

quickly eliminate any chains of transmission in the community. This involves a coordinated and sustained approach to 'keep it out', 'find it' and 'stamp it out'. The four pillars of the Strategy are:

- Border controls: the key for stopping the introduction and spread of new cases from overseas
- Robust case detection and surveillance: identify new cases quickly and take appropriate action
- Effective contact tracing and quarantine: an essential part of controlling transmission of the virus
- Strong community support of control measures.

The central preventative measure for eliminating COVID-19 is the first pillar: border controls - *Keep it out*. The enhanced public health measures undertaken at the border, including entry restrictions, managed isolation and quarantine, testing (around days three and twelve), testing of border workers, and overall management of the border, are critical to successful elimination and achieving the objective of preventing further waves.

*Keep it out* is supported by a *Find it* and *Stamp it out* approach, using a combination of

- ongoing disease surveillance;
- testing and tracing all potential cases, using enhanced contact tracing;
- using contact tracing apps;
- appropriate use of personal protective equipment;
- rapidly isolating cases and their close contacts;
- strong community support of control measures, including behaviour change emphasising staying at home with respiratory symptoms;
- appropriate physical distancing and hygiene measures including managing the 'bubble of protection' for family, whānau, aiga, carers and vulnerable populations including disabled people and people who experience psychosocial needs;
- having a sustainable, resilient and agile workforce; and
- other public health measures as appropriate.

Activities under the elimination Strategy and the Health and Disability Sector Resurgence Planning Tool will continue to be implemented in the event of a resurgence of COVID-19 leading to the activation of this Plan, and inform the planning for, and responses to, significant clusters or further waves of infections in the community.

Depending on the circumstances, single cases, a small number of linked cases (for example a cluster associated with a traveller arriving from overseas), a cluster of unknown origin (for example the August Auckland community cluster) or other relevant event will continue to be managed under the four pillars of the Elimination Strategy in the first instance. Elimination activities will also need to work with context of variants and known behaviours and continue at scale when community spread dictates the need for a more extensive response.

The Manatū Hauora COVID-19 Resurgence Plan has four phases, these are: signal validation, establish the response, sustain the response and deactivation of the response. The plan phases have IMT based SOP's to enable clear and safe implementation.

**End state**

The Ministry (in partnership with AoG) has set the strategic conditions to ensure that it is capable of sustainably managing and containing COVID-19 while continuing to support the health and disability system to protect and care for all New Zealanders.

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### 1.3.1. Preliminary Action – Signal Validation

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There are two steps of qualification required before activation of a response: validating a signal and conducting a rapid initial public health assessment to understand the situation and inform the preparation of immediate response advice to AoG.

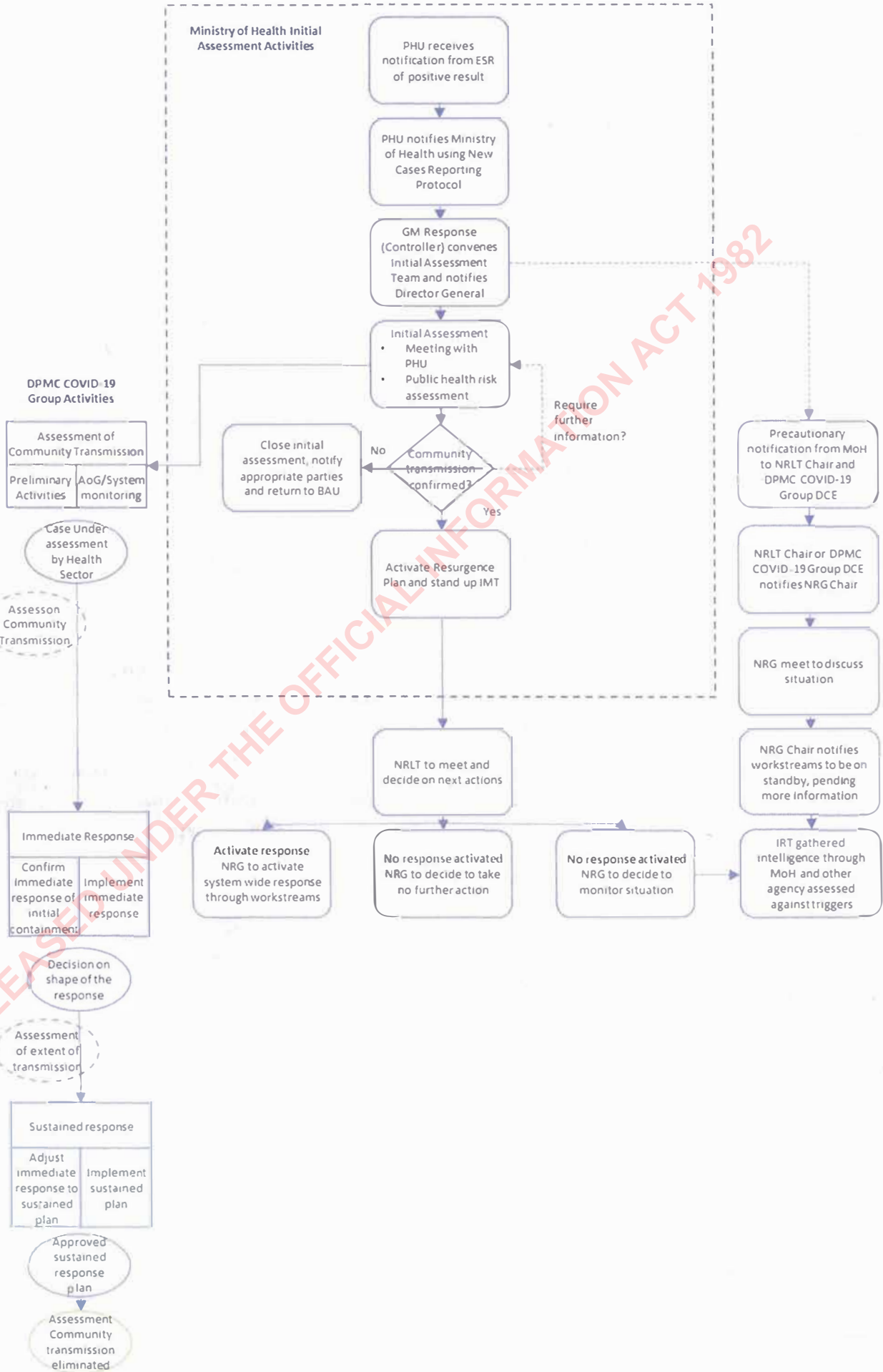
The initial suspicion of COVID-19 in the community will likely be a notification by the testing laboratory to a local Medical Officer of Health or public health unit (PHU). Directly after this, the Ministry of Health COVID-19 Health System Response Directorate will be informed through the online EpiSurv platform. In the event that the confirmed case of community transmission occurs after a 28-day period of no cases and/or appears to have no link to a known case or cluster, a phone call to the Ministry of Health will be made; this is commensurate with the urgency with which the new case (an indicator of possible resurgence) is assigned.

A rapid initial assessment is commenced, to identify its source, associated exposure events and contacts, and assess whether the infection represents community transmission. This may also include genomic and serological analysis. Upon assessing that community transmission has occurred the Director-General of Health will inform the Minister of Health and DPMC, and the response system will activate (please also note the need to engage the Ministry's New Cases Reporting Protocol for the reporting of new confirmed community cases of COVID-19). The resurgence response will not formally commence until the Director-General of Health has determined that community transmission has occurred. If community transmission is possible but cannot be confirmed, further investigation and risk assessment may be required, as well as precautionary local response measures as appropriate.

In line with the All of Government National Resurgence Plan - early communication with the AoG Response Group will allow timely preparations to be undertaken in parallel with the assessment process.

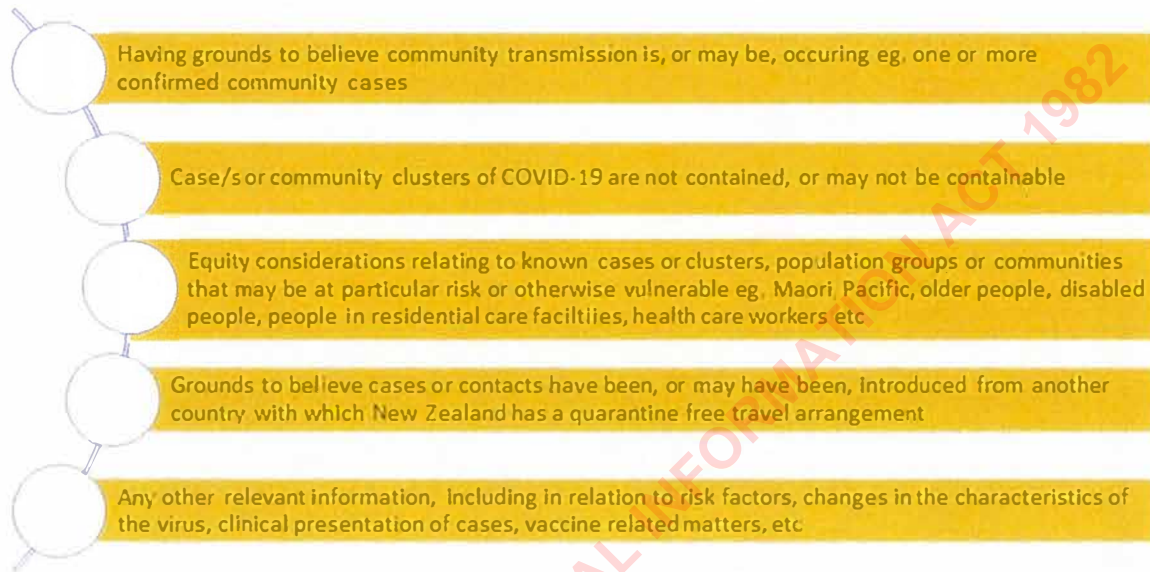
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### 1.3.2. Establish the Response (0 – 48hrs)

While there are no pre-determined thresholds or metrics in terms of case numbers or the number or size of community clusters to automatically trigger activation of response actions, some possible triggers have been identified below (see the Health and Disability Sector Resurgence Planning Tool Annex B and the COVID-19 Response checklist (DPMC NRP annex 3) for further escalation triggers.



#### Authority to make the decision

The decision to activate is made by either the Director-General of Health or the Deputy Chief Executive COVID-19 Health System Response due to the acknowledgement that activation of the response process will pull on resources from across the Ministry and potentially across the sector.

Once the decision has been made, the process outlined in the document is initiated, starting with the Director-General of Health or the Deputy Chief Executive COVID-19 Health System Response notifying the Controller that a trigger has been met and the response is to be stood up.

Using the identified network of response controllers across DHBs and PHUs, the Ministry's Controller or SRO will communicate changes in escalation or de-escalation.

#### Key Responsibilities

Upon formal activation – responsibilities are as follows:

##### Office of the Director-General

- All of Government and Health and Disability Sector related communications.<sup>2</sup>
  - Briefing to be provided to Minister for COVID-19 Response in accordance with AoG COVID-19 National Resurgence Plan
- Support to the D-G, COVID-19 Directorate and the IMT for liaison with Minister's office
- Activate the resurgence communication plan.

<sup>2</sup> Minister of Health, Prime Minister, Chief Executive DPMC. Internal Health & Disability Sector as appropriate.

#### **Directorate: COVID-19 Health System Response**

- Activate the IMT (CIMS structure) in line with the procedures laid down in the IMT SOPs.
  - Provide oversight to Rapid Case Investigation and Reporting<sup>3</sup>
  - Provide two Sitreps per day for first 48hrs, then regular cadence one per day.
- Oversee the scoping of resurgence requirements – and the integration of the reflective needs within the Ministry, across All of Government and across the Health and Disability Sector.
  - Be prepared to stand up the Exemptions Team and the Surge Contact Tracing requirements.
  - Communicate with the Health and Disability Sector, including advising Homecare Medical (Healthline) of any updates
- Oversee the escalation of testing coverage, active case finding, contact tracing and isolation / quarantine of cases and contacts.
- In line with the characteristics of the resurgence:
  - Review priorities pertaining to technical advice provision.
  - Review procurement, management, prioritisation and distribution of critical health equipment and supplies.
  - Consider and where appropriate implement response actions from the Health and Disability Sector Resurgence Planning Tool.
- Proactively engage in All of Government forums.
  - Brief Workstreams as appropriate to situation.

#### **All Ministry of Health Directorates**

- Provide staff to the IMT in line with the procedures laid down in the IMT SOPs.
- Make an initial assessment of impacts on BaU against the risk presented.
- Consider initiating Business Continuity Plans and specific COVID-19 response action plans.

#### **Directorate - System Strategy and Policy**

- Review the legislative operating framework in line with public health advice and risk presented.

#### **Health & Disability Sector (actions if applicable)**

- Activate COVID-19 resurgence / pandemic action plans (Refer also to Ministry of Health COVID-19 Health and Disability Sector Resurgence Planning Tool).

**Note:** A future review schedule will be developed and conducted on Health and Disability Sector COVID-19 related plans throughout 2021 for consistency with the Sector Resurgence Planning Tool.

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<sup>3</sup> Health Information from testing, any available contact tracing information, genomic and serological information.

### 1.3.3. Phases of the Response (48hrs +)

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The continuing needs of the response will be determined by the characteristics of any given resurgence. These could be wide and varied, significant in some areas and negligible in others. The impact on the health and disability sector as well as New Zealand's population and therefore other Government agencies, cannot be accurately predicted in advance. In this light, response planning must be robust, scalable and agile. The ability to respond to changes in circumstances at a rapid rate will be essential. The ability to manage any response will require an AoG and a cross health and disability sector response.

#### Key Responsibilities

##### Executive Leadership Team

- Manage resurgence response impacts on the wider Ministry and consider these in accordance with Ministry-wide Business Continuity Plans (BCPs).
- Coordinate between directorates in relation to both resurgence and BaU activities.

##### Office of the Director-General

- Director-General, with support from COVID-19 Health System Response and System Strategy and Policy Directorates, advises relevant Ministers and DPMC/AoG in relation to the immediate and sustained response requirements.
- Director-General, with support from COVID-19 Health System Response Directorate, oversees broader Ministry of Health and health and disability sector actions in line with the life cycle of the outbreak or event.
- Manage resurgence communications including promulgation of evidence-based COVID-19 related health advice; and of updates to the national surveillance and testing strategy.
- Support for Director-General, COVID-19 Directorate and IMT for Minister's office liaison
  - Case data is to be reported to the NRLT and NRG chair daily
  - Advice to be provided on public health settings
  - Evidence to be provided in support of decision making.

##### Directorate - COVID-19 Health System Response

- Manage and adjust the IMT response in line with the life cycle of the outbreak or event.
  - Provide Case Investigation and Reporting
  - Provide daily Sitreps and End of Day Updates
- Coordinate scalable equitable health and disability sector response requirements.
- Work with All of Government to minimise public health risks and mitigate (non-health related) second order effects in line with the life cycle of the outbreak or event.
- Identify, communicate and manage risk associated with the life cycle of the outbreak or event.
- Initiate broader Ministry of Health and health and disability sector actions in line with the life cycle of the outbreak or event.
- Conduct regular reviews of the Ministry Surveillance and Testing Strategies in line with the life cycle of the outbreak or event.
- Continue to provide technical advice, intelligence, communications and reporting in line with the life cycle of the outbreak or event.
- Continue to procure, prioritise and manage the distribution of critical health supplies and equipment (including a COVID-19 vaccine if it becomes available, and in alignment with the Vaccine Strategy).

- Continue to oversee health support to Border Operations, and adjust as required.
- Continue engagement in All of Government forums.
- Initiate Quality / Evaluation Activities.<sup>4</sup>

#### All Ministry of Health Directorates

- Implement directorate specific plans, for example, the Updated COVID-19 Māori Response Action Plan.
- Manage BaU impacts and necessary adjustments in line with BCPs and the life cycle of the outbreak or event.
- Provide advice on equity, and maintain a focus on ethical considerations, in support of the response.
- Within scope: be prepared to support all necessary COVID-19 related actions.

#### Directorate - System Strategy and Policy

- Continue to review and adjust the legislative operating framework in line with the life cycle of the outbreak or event.

#### Directorate - Population Health and Prevention

- Provide oversight to the delivery of the public health response.
- Ensure connectivity and participation with IMT.

#### Directorate - Health Workforce

- Be prepared to manage Health Workforce requirements in support of the COVID-19 response – i.e. ensuring we are able to effectively staff a resurgence in terms of health workforce availability, capability, support, risk management, mobilisation of the surge workforce and coordination of deployments.
- Ensure connectivity and participation with the IMT.

#### Directorate – Data and Digital

- Continue to develop, manage and adjust health technologies and infrastructure in line with the life cycle of the outbreak or event.

#### Directorate - Māori Health

- Provide expert advice and support across all levels of the response to anticipate needs, identify gaps and make concrete suggestions about the extra care required for Māori communities, including the Updated COVID-19 Māori Response Action Plan.
- Ensure connectivity and participation with IMT.

#### Directorate – Health System Improvement and Innovation

- Coordinate and provide oversight of sector engagement including relationships with the primary and community care sector and providers.
- Ensure Homecare Medical, and Healthline in particular, is connected to any response activities.

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<sup>4</sup> To support continuous system improvement, see IMT SOP 801 Debriefs, Lessons Management and Continuous Improvement.

- Ensure connectivity and participation with IMT.

#### **Directorate – Mental Health and Addictions**

- Provide psychosocial and other advice, support and necessary actions throughout the life cycle of the outbreak or event, including Kia Kaha, Kia Māia, Kia Ora Aotearoa: COVID-19 Psychosocial and Mental Wellbeing Recovery Plan.
- Ensure connectivity and participation with IMT.

#### **Team - Pacific Health**

- Provide expert advice and support across all levels of the response to anticipate needs, identify gaps and make concrete suggestions about the extra care required for Pacific communities, including the Pacific resurgence plan.
- Ensure connectivity and participation with IMT.

#### **Health and Disability Sector (as applicable)**

- Implement COVID-19 resurgence action plans (refer Ministry of Health COVID-19 Health and Disability Sector Resurgence Planning Tool).
- Identify and communicate risks associated with the life cycle of the outbreak or event to the Ministry of Health IMT.
- Deliver and adjust BaU service delivery requirements in line with the life cycle of the outbreak or event.
- Ensure connectivity and participation with IMT.

### 1.3.4. Deactivating the Response

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The deactivation of the response will be premised on the full containment of community spread and articulated deactivation by the Director-General of Health. Any resurgence may have a long tail and therefore confidence that further transmission is or is able to be contained, may be enough to warrant the deactivation of the Ministry of Health IMT. Upon stand-down any residual actions normally required of this team will be picked up by the COVID-19 Health System Response Directorate.

#### Key Responsibilities

##### **Office of the Director-General**

- Director-General, with support from COVID-19 Directorate, advises Ministers in relation to the containment of the resurgence and stand down of the IMT.
- Continue All of Government and Health and Disability Sector related communications.
- Enact the resurgence (elimination) communication plan.
- Support for D-G, COVID-19 Directorate and IMT for Minister's office liaison

##### **Directorate: COVID-19 Health System Response**

- De-activate the IMT in line with the procedures laid down in IMT SOPs.
- Provide for any residual IMT related actions until such time as COVID-19 is fully eliminated from the community.
- Undertake a comprehensive debrief to ensure overall system improvement (see IMT SOP 801 Lessons Management and Debriefs).

##### **All Ministry of Health Directorates & Health and Disability Sector (as applicable)**

- Re-establish BaU in accordance with Business Continuity Plans.
- Provide a summary of learnings to the COVID-19 Health System Response Directorate.

# Accountability, Risk Management and Legislation

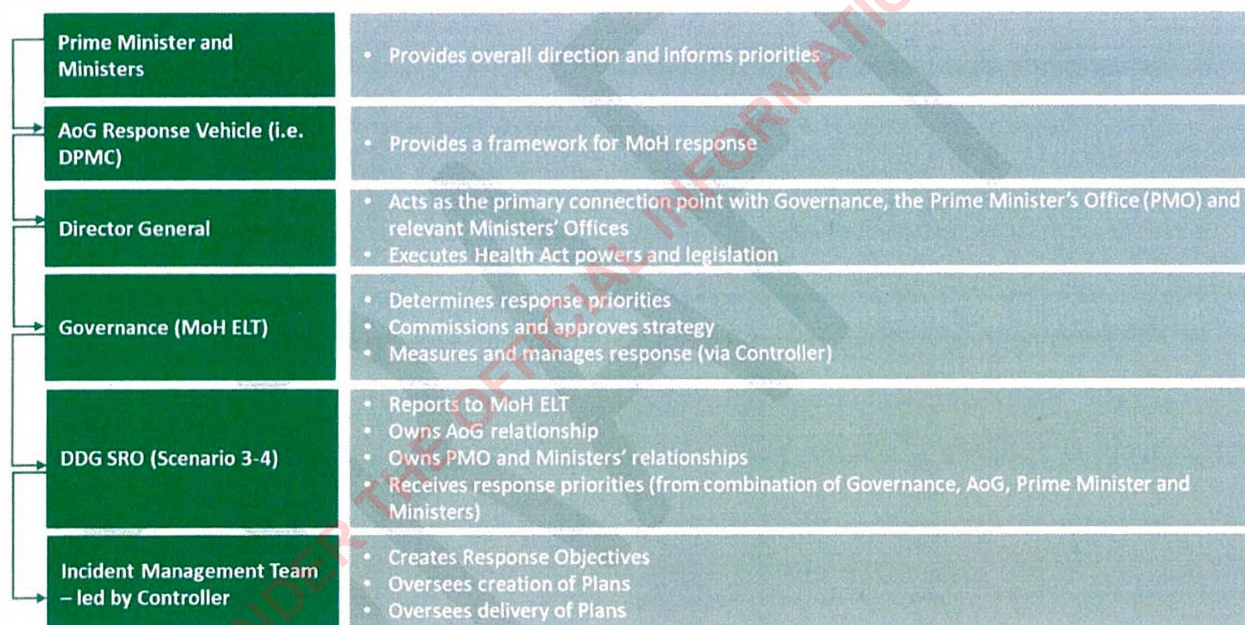
## 2.1 Accountability, Governance and Decision- Making

Ministers are responsible for overall direction and key decision making in the response.

The mission of the AoG COVID-19 Response Group is to implement and oversee the New Zealand’s COVID-19 strategy. The AoG Response Group takes a system view approach that enables cohesion between interdependent processes and plans across the COVID-19 response.

ELT provide strategic governance for the Ministry response. This includes commissioning and approving the response strategy.

The Ministry’s Controller, with advice from and support of the COVID-19 Health System Response Directorate and the IMT, translates the ELT direction into response objectives. In turn, the objectives are achieved through plans by the appropriate Function/s Team.



## 2.2 Risk Management

For risk management during a response, refer to the IMT SOP 200 – Documentation and Reporting Decisions, Risks and Issues.

## 2.3 Legislation

The impact of statutory powers on daily response activities, include

- decision-making
- implementation of measures
- formal communications
- information sharing
- enforcement and compliance



The following section provides guidance on the use of Health Act 1956 and COVID-19 Public Health Response Act 2020 powers in relation to the COVID-19 Response.

### 2.3.1 COVID-19 Public Health Response Act 2020 and Health Act 1956

#### **COVID-19 Public Health Response Act 2020**

For the foreseeable future, any national-level measures, regional or district-level measures, or measures applying to a specified class of people (such as persons arriving at the border) which are considered desirable to manage public health risks arising from COVID-19 will be made under section 11 of the COVID-19 Public Health Response Act 2020 (COVID-19 Act), rather than the Health Act 1956.

The COVID-19 Act must be renewed by Parliament every 90 days and will be repealed no later than May 2022. Section 11 orders can only be issued if there is:

- a declared emergency / transition period in force under the CDEM Act, or
- an epidemic notice in force (as there currently is), or
- a Prime Ministerial notice has been published in the *Gazette*.

Powers to make orders under the COVID-19 Act do not rest with Medical Officers of Health. However, Medical Officers of Health are enforcement officers as defined in section 5 of that Act. For further detail, see the powers of enforcement officers in Subpart 3 of the COVID-19 Act, including section 21, which provides that an enforcement officer who has reasonable grounds to believe that a person is contravening or likely to contravene a section 11 order may direct that person to stop any activity that is contravening or likely to contravene the order, or direct that person to take any action to prevent or limit the extent of the person's non-compliance.

In practice, enforcement is operationally led by police, who are also enforcement officers under the COVID-19 Act. Medical Officers of Health may be asked to support police by providing clinical public health advice, or by exercising some of the powers in Subpart 3.

An additional individual-level order under the Health Act 1956 is not needed from a Medical Officer of Health for enforcement officers to be able to enforce section 11 orders made under the COVID-19 Act. Police can enforce breaches directly under the section 11 orders.

#### **Health Act 1956 powers remain available**

In parallel with the COVID-19 Act Public Health Response Act 2020, existing powers under the Health Act 1956 remain available to Medical Officers of Health to address situations where individuals pose risks to public health that are not being managed by existing section 11 orders.

The special powers in Part 3 as well as the powers in Part 3A of the Health Act 1956 are currently able to be used by Medical Officers of Health to manage COVID-19, for example in relation to specific individuals where an existing section 11 order under the COVID-19 Act does not apply, such as pertaining to possible domestic cases or clusters.

More information on orders can be found [here](#).

## ANNEX A: Details for Key Functions

The purpose of this annex is to outline the key operational components of the response.

### 3.1 Surveillance and Testing

National COVID-19 surveillance systems operate to provide information about the characteristics of the disease in New Zealand and the effectiveness of the response.

Linked to the Surveillance plan is the Testing Strategy, of which there are several iterations. The purpose of Testing is to identify high risk groups, systematic guidance on frequency of testing, best mix of testing methodologies to ensure early detection. There are three focuses – border, community, and contact tracing and cluster management.

Additionally, Ministry testing guidance will be issued fortnightly and DHB testing plans received weekly. Testing is provided:

- a) in line with issued testing orders – in particular at the Border and within Managed Isolation;
- b) as needed through the country's established health services (900+ PHO services) and dedicated Community Based Assessment Centres (CBACs); and
- c) via targeted pop-up CBACs in response to community resurgence.

Real-time lab testing data is received and stored in ESR's ÉCLAIR system and early notification of positive results are reported to the Ministry of Health and the local Medical Officer of Health.

DHBs are responsible for the provision of testing services within their areas. This is inclusive of identifying additional capacity resource. Quality in service provision is sought through pursuing end-to-end electronic ordering / results (right person / right result / timely notification / timely response). Testing capacity and supplies are monitored with care and continuous liaison with laboratory colleagues is essential.

The COVID-19 Surveillance plan and Testing strategy can be found [here](#).

### 3.2 Border Operations

From a health perspective all persons entering Aotearoa New Zealand - alongside all personnel working in these high-risk zones - will undergo a period of quarantine and/or testing in line with the applicable border (testing) orders. DHBs are responsible for facilitating this service delivery.

All Border Orders under the COVID-19 Public Health Response Act 2020 can be found [here](#).

### 3.3 Managed Isolation and Quarantine

The COVID-19 Public Health Response (Isolation and Quarantine) Order 2020, is a new Order that governs the legal requirements for people while they are in a managed isolation and quarantine facility (MIQF).

It sets out that all persons in MIQF must be there for at least 14 days and meet the low-risk indicators (e.g. have a negative COVID-19 test) before they can leave.

Managed Isolation and Quarantine Framework is available on the Ministry of Health intranet [here](#).

### 3.4 Case Investigation & Contact Tracing

Public Health Units (PHUs) lead contact tracing in their local areas. Information gathered on contacts, close contacts and casual contacts are visible nationally through the supporting National Contact Tracing System (NCTS). Any resurgence will be monitored through the National Investigation Tracing Centre (NITC).

PHUs will be supported through delegation to other PHUs or the NITC as and when necessary. In addition, DHBs or other PHUs may provide additional personnel as applicable to any given resurgence.

Triggers have been identified that will require increase in personnel capacity to support the response.

Quality in service provision is sought via a national set of standardised SOPs, an agreed set of performance metrics and through outbreak reviews (to ensure continuous improvement), and include the following:

- Public Health Protocols
- Case Definition
- NITC National Contact Tracing National Operating Framework
- Rapid Case Investigation Protocol
- Case Investigation Protocol
- International Case Protocol

Blue tooth technologies are being utilised, alongside ongoing updates to and promotion of the NZ COVID Tracer App.

| Key concepts                          | Definitions   |
|---------------------------------------|---|
| Case investigation                    | Identification of the source of the virus, using close and casual contacts and genomic links.   |
| Contact tracing                       | Once a case has been identified, the Ministry of Health and district health boards track down people who may have been exposed to the virus.  |
| Case management                       | The measures put in place around identified positive cases (households and potential contacts).   |
| PCR                                   | Polymerase chain reaction test is the gold standard for detecting SARS-CoV-1 viral RNA.   |
| Serological testing                   | A test that finds antibodies indicating that a person has or has had COVID (peak at 28 days and may drop off quickly). It is not known whether everyone who has COVID-19 will develop antibodies. |
| Whole genome sequencing               | Analyses the genome sequence enabling comparison between cases to identify links.   |
| National Contact Tracing System       | The IT platform used to support contact tracing efforts. It is accessible to PHUs, NITC and Healthline. Enables the identification of regional and national trends.                               |
| National Investigation Tracing Centre | The NITC – a national level service - provides additional surge capacity to PHUs.   |
| NZ COVID tracer app                   | A smartphone app that supports contact tracing through QR codes and manual entries.   |

### 3.5 Supply Chain Logistics

The nature of pandemics will challenge the supply of certain health supplies and equipment. In order to ensure best prioritisation of these supplies in line with presenting need, these have been designated critical equipment and supplies and will be managed centrally under the guidance and direction of the Ministry of Health.

The operating framework is the PPE Principles for Supply; information on this is available on the dedicated Ministry of Health website [here](#).

### 3.6 Immunisation

The COVID-19 Vaccine Strategy has secured a vaccine – safe, effective and in sufficient quantities – for vaccine rollout. The Ministry of Health has prepared a COVID-19 immunisation.

Strong vaccination uptake levels are critical to achieve sufficient population immunity, which will help to protect all New Zealanders from COVID-19.

Achieving the Vaccine Strategy aim will contribute to these outcomes:

- Sufficient supply of a safe and effective vaccine to achieve population immunity to COVID-19.
- Protection for Māori, Pacific peoples and population groups at particular risk from COVID-19.
- Full cultural, social and economic recovery from the impacts of COVID-19.
- Recognition of New Zealand as a valued contributor to global wellbeing and the COVID-19 response.
- New Zealand, Pacific and global preparedness for response to future disease outbreaks.

For more information on vaccine planning, see the Ministry of Health website [here](#).

### 3.7 Science and Insights

#### *Chief epidemiologist*

The chief epidemiologist role in the surveillance (science) and intelligence group provides direction and perspective and gives advice on optimising existing processes and frameworks based on experience, analysis and situational awareness. The role needs to communicate across AoG and the Ministry and with external stakeholders building strong relationships of trust and helping role holders and decision makers to ask the right questions. This is essential because in a dynamically evolving situations, flexible adjustment and continuous learning are needed.

#### *COVID-19 Pātaka Knowledge Hub*

The [COVID-19 Pātaka Knowledge Hub](#) was set up by the Science and Technical Advisory team to provide our people Ministry with access to evidence-based scientific advice, information, and knowledge on COVID-19 to support policy, operations, and sector communications.

Pātaka strives to capture the most recent COVID-19 information the Ministry holds and provides a centralised portal that is accessible and relevant for people across the Ministry.

### 3.8 Communications

Communications will be an essential component to maintaining social license throughout the pandemic. Ministry and AoG communications<sup>5</sup> must be integrated.

The COVID-19 Communications Operating Framework will need to focus effort on:

- Supporting stakeholder engagement and alignment.
- Developing strategies to own and manage the narrative about New Zealand's COVID-19 response.
- Operational communications: testing, borders, COVID Tracer App, vaccines, infection prevention controls.
- Direct to public communication, including AoG campaign channels.
- Minister's office: building trust and support by providing advice and liaising with the Minister's press secretaries.
- Internal communication, utilising Ministry channels and opportunities to raise the profile of the Directorate leaders and their work.

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<sup>5</sup> Ref H, Annex 15 – Communication and Engagement Plan. A communication and engagement SOP is online and a playbook is available on request to COVID-19planning@dpmc.govt.nz

## ANNEX B: Identified Action Triggers

| Trigger                                      | Reaction                               |
|--|--|
| Identification of community transmission     | Stand up of Incident Management Team   |
| Variance in Regional Alert Levels – 3 and 2. | Stand up of Boundary Exemption Team    |
| More than 350 cases / day                    | Stand up of Contact Tracing Surge Team |

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## ANNEX C: Acronym List

| Acronyms/Other terms – Need to Know                          | Public Health specific acronyms                                     |
|--|---|
| <b>SLT</b> – Senior Leadership Team                          | <b>AMR</b> - Antimicrobial resistance                               |
| <b>ELT</b> – Executive Leadership Team                       | <b>EBS</b> - Event-based surveillance                               |
| <b>AoG</b> – All of Government                               | <b>EOC</b> - Emergency operations centre                            |
| <b>DPMC</b> – Department of Prime Minister and Cabinet       | <b>ERD</b> - Epidemic Analysis for Response Decision-making         |
| <b>ODG</b> – Office of the Director General                  | <b>GOARN</b> - Global Outbreak Alert and Response Network           |
| <b>SitRep</b> – Situation Reports                            | <b>IBS</b> - Indicator-based surveillance                           |
| <b>DCE</b> – Deputy Chief Executive                          | <b>IHR</b> - International Health Regulations (2005)                |
| <b>MBIE</b> – Ministry of Business, Innovation, & Employment | <b>IMST</b> - Incident Management Support Team                      |
| <b>MFAT</b> – Ministry of Foreign Affairs & Trade            | <b>IPC</b> - Infection prevention and control                       |
| <b>MPI</b> – Ministry for Primary Industries                 | <b>NPI</b> - Non-pharmaceutical intervention                        |
| <b>IMT</b> – Incident Management Team                        | <b>PCR</b> - Polymerase chain reaction                              |
| <b>BAU</b> – Business as Usual                               | <b>PHEIC</b> - Public health emergency of international concern     |
| <b>PHU</b> – Public Health Unit                              | <b>PPE</b> - Personal protective equipment                          |
| <b>NITC</b> – National Investigation and Tracing             | <b>PoE</b> - Point of entry   |
| <b>STA</b> – Science and Technical Advisory                  | <b>RRT</b> - Rapid response team                                    |
| <b>PHP</b> – Population Health and Prevention                | <b>SARS</b> - Severe acute respiratory syndrome                     |
| <b>ESR</b> – Environmental Science and Research              | <b>SARS-CoV-2</b> - Severe acute respiratory syndrome coronavirus 2 |
| <b>HSII</b> – Health System Innovation and Improvement       | <b>TAG</b> - Technical advisory group                               |
| <b>OEA</b> – Oversight Equity Advisory                       | <b>UHC</b> - Universal health coverage                              |
|  | <b>WHO</b> - World Health Organization                              |

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