

ANNEXURE B

42-August 2021 Auckland Cluster Outbreak Strategy Brief

Version 3

Outbreak Summary

The C-0042 Auckland outbreak began on 17 August 2021 with an unvaccinated Devonport-based carpenter in his 50s with an unknown link to the border. He tested positive for the delta strain of COVID-19 after becoming symptomatic. Whole genome sequencing has shown a link between this outbreak and a returning New South Wales traveler.

As at 2nd September the Auckland region is averaging 50-70 community cases per day. There are seven clusters identified within this outbreak, ranging in size from 4 – 346 cases. 58% of cases are of Samoan ethnicity.

The Auckland region went into level 4 lockdown 2400h 17th August and this will be reviewed 13th September.

Strategic Aims:

The overall aim is to follow Aotearoa New Zealand's COVID-19 Elimination Strategy. Specific ARPHS aims are:

1. Act in accordance with Te Tiriti o Waitangi including Māori health equity
2. Ensure an equitable response
3. Establish the outbreak response and plan ahead as to potential trajectory
4. Progress source investigations
5. Stop on-going transmission. In alert level 4, transmission is more likely to occur between essential workers in a workplace environment, therefore focus is on prevention of transmission among essential workers and finding the source of unlinked cases
6. Support affected communities. Currently approximately 70% of cases are Pacifica people and 7% are Māori
7. Ensure a safe and sustainable response with effective use of regional and national workforce supply, using ARPHS focused control elimination strategy
8. Ensure clear communications and documentation.

Short Term Priorities

Locus of control

- ARPHS to lead on outbreak response strategy with support from Ministry, NRHCC and other PHUs. An overall outbreak management team has been established.
- Management of specific clusters and high risk workplaces is in place as required.
- Delegations of subclusters to other PHUs is in progress.

- Coordination of the response is evident through links between all IMT response functions- for example, operations and planning
- Pae Ora leadership involved at all strategic groups (IMT, Outbreak Response)
- Pacific leadership involved at all strategic groups (IMT, Outbreak Response)

Case Identification, Source Investigation and Interrupting transmission (aims 1, 2, 3, 4, 5 above)

- Identify, confirm and isolate confirmed cases
- Investigate likely source of transmission and alternative hypotheses. Essential workers and unlinked cases are being identified for in-depth source interviews to establish transmission sources.
- Ensure cases are isolating at a MIQF except where exemptions are approved
- Ongoing testing is required including widespread surveillance testing.

Contact Management (aims 1, 2, 5, 6)

- Delegate the majority of contact management to other PHUs and the NITC, in order to focus on case identification/investigation as above
- ARPHS will maintain contacts based on risk assessment for very high risk settings such as immediate household and whānau groups, highly vulnerable populations such as ARC, Correctional facilities, Healthcare settings and known superspreader events- see Workload Allocation
- close contacts are isolating at a MIQF in a limited set of circumstances
- As long as workforce capacity allows, prioritise retaining Māori and Pacific cases for management by Pae Ora and Pacific teams
- Maintain a high awareness for identifying essential worker contacts who may be a significant source of ongoing community transmission in the context of a level 4 lockdown.
- Maintain communication with affected agencies through SPOC arrangements- see Communication
- Contact categorization into close, casual plus and casual and management is as per SOPS e.g. "Rainbow Chart".

Adapting to Workforce Constraints (aims 1, 2, 3, 7)

- Monitor outbreak resource requirements while maintaining ARPHS usual workforce and current surge workforce
- Maintain regular workforce modeling to support capacity and demand planning
- Continue to maintain regional and national stakeholder engagement to enable delegation and free up capacity
- To establish outbreak control, regional priority must be placed on workforce surge that will mitigate current public health risks. These workforces include testing, case and household contacts management and source investigation. These are critical to achieve the elimination strategy.

- Current regional workforce capacity is over-stretched to support a large amount of testing, vaccinating and the running of hospitals simultaneously- this is impacting on ARPHS surge workforce

Workload Allocation between ARPHS, Other PHUs, and NITC for a Sustainable Response (aims 1, 2, and 7)

- Other PHUs and NITC are required to support a sustainable surge response.
- ARPHS will retain management of vulnerable settings and priority populations (due to maintaining an equitable response).
- Other PHUs will manage some cases and PHUs/NITC to manage non-vulnerable settings including schools and supermarkets. Subclusters will be created in NCTS to delineate work that can be delegated to other PHUs.
- NITC will manage most exposure events after event identification through ARPHS' case interview.

ARPHS Safe & Sustainable Response

- ARPHS is adapting the scale of usual contact management actions to support a sustainable response. At present these include:
 - Upscaling delegation to other PHUs and NITC
 - Consideration of reducing the detail in tailored communications
- Staff wellbeing measures such as departure times will be monitored.
- Ongoing requests for increased resources to the region and MoH for public health experts, trained contact tracers, and further PHU delegation for the management of subclusters.
- Work bubbles are implemented and masks being used across ARPHS.
- Daily capacity and demand meetings are underway to monitor and support appropriate staffing.

Communications (aim 8)

- ARPHS will chair a daily outbreak meeting (with a SPoC from PHUs, NITC, and MoH) to mitigate possible risks that may arise from delegating contact management across different organisations, and also ensure feedback about work that has been transferred is obtained. This helps maintain a single locus of control.
- Communications needs to align with strategic priorities, including considering what strategic priorities need public or external agency visibility
- Communications must complement national communications to ensure consistency and trustworthiness of the sector is maintained
- Options for streamlining case investigation will be actioned if feasible- e.g. prompting contacts to complete information prior to phone call. This can be done through comms and by posting required information to website with settings of interest.
- Resources developed and used for businesses, schools, supermarkets to support them managing their exposure events.

Pae Ora (aims 1,2,6)

- Pae Ora team is across all levels of the response, with PHMS clinical leadership
- Utilisation of NCTS reporting tools for information on ethnicity breakdown of cases and contacts
- Ensure that ToW is considered (esp. potential unintended harms) at every stage of implementation of the outbreak strategy and response to ensure the needs of Maori are considered and addressed

Pacific (aims 1, 2, 6)

- Pacific team is across all levels of the response
- Establishment of a Pacific leadership team
- Utilisation of NCTS reporting tools for information on ethnicity breakdown of cases and contacts
- Ensure data findings are used to tailor initiatives that increase the wellbeing and participation of Pacific peoples in outbreak management and solutions

Priorities will be reviewed every 24 hours guided by a daily meeting regarding the outbreak strategy with public health leads within ARPHS.

Potential Changes in Priorities

Workforce Constraints

- This will depend on the emerging outbreak size and assessment of the degree of control
- Need to ensure staff can maintain a prolonged outbreak response given case numbers and delta variant being extremely transmissible
- As case numbers increase (regionally and nationally) and more hospitalisations occur, ARPHS' own workforce may be affected (as currently relying on regional surge and external PHU supports) - need to consider this could be at risk

Contact Management

- Reconsider 'paused' lower priority contact management actions.

Regional and National Strategy

Ministry of Health considerations before moving alert levels

1. high testing numbers provide reassurance there is no undetected community transmission in Auckland,

2. no unexpected wastewater results,
3. all known cases have been contacted and are in isolation or quarantine, as deemed necessary by a health professional, and
4. any new emerging cases have been in isolation throughout their infectious period.

Considerations and Impacts for future strategies:

- Vaccination status
- Border changes
- Global situation
- Isolation model
- Outbreak scenarios (volumes, demographics)
- Virus factors (eg variants)