

Briefing

Omicron: Case investigation interaction with the Care in the Community pathway

Date due to MO:	14 March 2022	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	20220443
To:	Hon Andrew Little, Minister of Health Hon Dr Ayesha Verrall, Associate Minister of Health		
Copy to:	Hon Chris Hipkins, Minister for COVID-19 Response		

Contact for telephone discussion

Name	Position	Telephone
Bridget White	Deputy Chief Executive, COVID-19 Health System Response	S9(2)(a)
Chrystal O'Connor	Group Manager, COVID-19 Contact Tracing	S9(2)(a)

Minister's office to complete:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

Omicron: Case Investigation interaction with the Care in the Community pathway

Security level: IN CONFIDENCE **Date:** 14 March 2022

To: Hon Andrew Little, Minister of Health
Hon Dr Ayesha Verrall, Associate Minister of Health

Copy to: Hon Chris Hipkins, Minister for COVID-19 Response

Purpose of report

1. This report provides you with information regarding the National Case Investigation Service and its interactions with Care in the Community (CitC), as the Omicron variant becomes widespread in the community and case volumes continue to increase.
2. It provides an overview of how future changes to case investigation will be driven from a CitC needs perspective, as we move through the peak of the outbreak and beyond.
3. This report discloses all relevant information and implications.

Summary

4. As case volumes continue to increase, the National Case Investigation Service capacity and capability will be retained but will continue to be reoriented to have a more integrated pathway to CitC.
5. Any future changes to the service will be driven from a CitC clinical needs perspective, and the prioritisation of cases based on clinical need and equity outcomes will continue to be refined to ensure system sustainability and capacity is meeting the greatest needs.
6. This reflects a shift to prioritising the needs of the individual, rather than the public health needs of the community.

Recommendations

We recommend you:

- a) **Note** That the national case investigation service is prioritising phone-based case interviews for those who have not been informed via the automated text, and those who have not completed the case self-serve tool who are Māori, Pasifika, or above the age of 45 years old. This means that not all cases who do not complete the electronic case interview are being followed up by phone. Yes/No
- b) **Note** The national case investigation service capacity and capability will continue to be maintained, but will be reoriented to have a more integrated pathway to Care in the Community, with a prioritisation of cases being determined based on both on equity considerations and clinical risk factors. Yes/No
- c) **Note** The Ministry's NITC and CitC teams will ensure that the case investigation service and CitC continue to be further merged, to create a more integrated pathway to CitC as we move through the peak of the outbreak and beyond. Yes/No



Dr Ashley Bloomfield
Director-General of Health
 Date: 13/3/22



Hon Dr Ayesha Verrall
Associate Minister of Health
 Date: 14/3/22

Hon Andrew Little
Minister of Health
 Date:

Omicron: Case investigation interaction with the Care in the Community pathway

Background and Context

National telehealth case investigation service

7. To ensure the public health system had the capacity to continue to manage increasing case volumes associated with the Delta outbreak, the National Investigation and Tracing Centre (NITC) commissioned the establishment of a national telehealth case investigation service.
8. The service was contracted through an existing telehealth provider and went live on 17 November 2021. The service was initially established alongside Auckland Regional Public Health Service and was operating independently by the end of November 2021.
9. At 20 December 2021, a workforce of approximately 610 FTE appropriately trained case investigators had been onboarded. By this point, the service had the capacity to manage 1,000 case investigations per day. The rapid onboarding of the resources was achieved through the retained workforce of approximately 500 people.

Current case investigation service delivery

10. Whilst the telehealth service was first utilised to support cases in the Auckland metro region throughout the Delta outbreak, the service has expanded and is now managing cases across the country.
11. As at 10 March 2022, the service has managed to sustain capacity to support the emergence of Omicron in the community, and has completed a total of 42,904 phone-based case investigations since 14 January 2022. The average time from a case record being created in the NCTS to a successful phone interview was 39 hours for this period. This is continually improving – the average time to a successful phone interview for cases reported over the last 7 days has been 20 hours for 17,515 cases interviewed via phone.
12. In light of widespread community transmission of Omicron, since case numbers have exceeded 1,000 per day, the service has completed between 2,000 and 3,000 case calls per day.
13. As we have moved throughout Phases 2 and 3 of the Omicron strategy, we have pivoted towards a 'light-touch, self-service' model of case investigation in line with the Ministry's *Public Health Operational changes to respond to Omicron* plan. This has enabled more cases to be recorded and managed as case numbers continue to increase.
14. As case numbers have exceeded 1,000 per day, the service has prioritised follow up of cases. The first priority is cases who have not been informed via the automated text. The second priority is cases who have not completed the self-serve tool within 12 hours who are Māori, Pasifika, or above the age of 45 years old. Phone-based case investigations are also being prioritised for individuals who are not digitally enabled, as

well as an inbound “assisted channel” for people who need support to complete the form.

Future steps for continued management

15. As case volumes continue to increase, and we move through the peak of the outbreak and beyond, case investigation service capacity and capability will continue to be maintained for the purposes of managing future outbreaks. However, any future changes to the service will be driven from a CitC clinical needs perspective.
16. The service will be reoriented to have a more integrated pathway to CitC, with a prioritisation of cases being determined based on both on equity considerations and clinical risk factors. We expect these to include primary care enrolment status, disability, transitional housing status and deprivation where data is available to accurately identify and prioritise cases on this basis.

Case investigation interaction with the Care in the Community pathway

17. The case investigation self-serve tool or phone-based interview collects initial information about a case, their household contacts and any high-risk exposure events where they may have been infectious. It also records relevant clinical information including COVID symptoms which can indicate clinical acuity of an individual who has tested positive.
18. When a case record is created in the National Contact Tracing Solution (NCTS), a matching case record is automatically created in the COVID-19 Clinical Care Module (the IT platform used by CitC providers). Once a case is created, risk stratification is undertaken, and higher risk cases are triaged for active management. If a person is enrolled with a primary care provider, information from their health records will be used to estimate clinical risk, alongside information collected during the case interview.
19. Case volumes currently exceed the service’s capacity and some cases who do not complete the digital self-serve tool will not be followed up by the national case investigation service. As most diagnoses are now through self-reporting of positive Rapid Antigen Tests, most people will know that they have COVID-19, and information on isolation and testing for their household members is widely available.
20. The main impact of a case investigation not being completed is that clinical information about a case that may indicate a higher clinical risk will not be part of the assessment as part of the CitC pathway.
21. This is partly mitigated by the assessment that the COVID community hubs make based on other information from a person’s health records where available.

Risk Score for Call Prioritisation (formerly known as Population-based risk stratification)

22. The Risk Score for Call Prioritisation Tool (risk score), developed by the Ministry’s CitC and Data and Digital teams, supports identification of people who should be prioritised for contact when there is no other health information available.
23. The risk score is a simplified model using age, ethnicity and vaccination status data to inform risk of hospitalisation due to COVID-19, and it is used by COVID community care hubs to prioritise outreach.
24. It is used when a case does not complete the initial health assessment, following receipt of a text message informing them that they have tested positive.

COVID Community Care Hubs

25. As we move through the peak of the Omicron outbreak, case investigation will continue to increasingly move away from public health activity involving Public Health Units, to a pathway activity with care facilitated by community care hubs.
26. The community care hubs' role is to coordinate care for all positive cases within their locally defined area and determine the most appropriate care pathway for that person.
27. For clinical pathways, this includes assessing the clinical risk based on the case investigation form, risk score, and any other available information provided at a local level. This informs whether a person stays on a self-management pathway, or is referred for a more detailed clinical assessment, which may result in the active management pathway.
28. CitC provide a guidance framework to the community care hubs, and convene operational meetings with the hubs, and Senior Responsible Officer meetings with District Health Boards, on a weekly basis. It is through these channels that we can provide updated advice, and gain an understanding of the individual variables that should be incorporated into the prioritisation of cases.

Public messaging

29. The continued use of a light-touch model of case investigation via digital self-serve tools will be supported with well-articulated public messaging to ensure:
 - a. The update of digital tools is encouraged, and increased;
 - b. The public are aware of the value and importance of completing the COVID-19 Contact Tracing Form; and
 - c. Cases are aware of where to go to access information and support to care for themselves and their whanau while completing their self-isolation period.
30. "Mail drops" have also been undertaken to ensure that people have received up to date information on what they need to do if they test positive for COVID-19.

Next steps

31. The Ministry's NITC and CitC teams will ensure that the case investigation service and CitC continue to be further merged, to create a more integrated pathway to CitC as we move through the peak of the outbreak and beyond.
32. The prioritisation of case call backs based on clinical need and equity outcomes will continue to be refined to ensure system sustainability and ensuring capacity is meeting the greatest needs.
33. Officials can provide you with further information at your request.

Memorandum

COVID-19 Care in the Community Framework – Omicron Update

Date due to MO:	N/A	Action required by:	N/A
Security level:	IN CONFIDENCE	Health Report number:	<20220538>
To:	Hon Andrew Little, Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Martin Chadwick	General Manager, DHB Performance and Support	S9(2)(a)

Action for Private Secretaries

N/A

Date dispatched to MO:

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COVID-19 Care in the Community Framework – Omicron Update

Purpose

1. This memo is for your awareness of the most recent version of the COVID-19 Care in the Community Framework – Omicron Update.
2. This is an update to Version 2 of the Framework that was released on 21 December 2021, and focuses on implementation of the Omicron strategy within the Care Coordination Hubs and throughout the community.

Background

3. The COVID-19 Care in the Community Framework is a document for the Health and Welfare Sectors that describes the pathway and mechanisms for how care in the community is delivered.
4. This version of the Framework (referred to as the “Omicron Update”) is not a complete revision on Version 2, rather it reflects updates around the Omicron strategy and implementation. We note throughout the document that where there are not updates in the Framework, Version 2 language remains the expectation. A subsequent version is being planned that updates all the sections of the Framework.
5. In addition to sign off by the Ministry of Health, the Omicron Update has been signed off by Viv Rickard, Deputy Chief Executive at the Ministry of Social Development. This has been an opportunity to demonstrate collaboration between the two agencies to the health and welfare sectors.
6. Highlights of the updated framework include:
 - Updated process flow diagrams for care management.
 - Updated information for alternative accommodation.
 - A list of Care Coordination Hubs and contact information.
 - A list of phone numbers for people who cannot access digital services and need to use assisted channels to manage their care and isolation.
 - Inclusion of five diverse personas and their care pathways.

Next steps

7. The framework was shared with the sector on 22 March 2022. Officials will provide further information about this topic at your request.

Memorandum

Aged Residential Care Omicron Funding Request

Date due to MO: N/A	Action required by: N/A
Security level: IN CONFIDENCE	Health Report number: HR 20220638
To: Hon Andrew Little, Minister of Health	

Contact for telephone discussion

Name	Position	Telephone
Clare Perry	Deputy Director General, Health System Improvement and Innovation	S9(2)(a)
Mark Powell	Group Manager, Community Health System Improvement and Innovation	S9(2)(a)

Action for Private Secretaries

For the Minister to sign and send

Date dispatched to MO:

Aged Residential Care Omicron Funding Request

1. This memo provides you with a draft letter to Simon Wallace, Chief Executive of the New Zealand Aged Care Association. It follows your undertaking to update him on possible funding to support aged residential care for additional costs they are incurring due to the latest COVID-19 (Omicron) outbreak.

Background

2. In your letter to Simon Wallace on 8 March 2022 you informed him that the Ministry of Health was looking at what funding might be available to support aged residential care beyond the \$22 million that District Health Boards provided in the 2021/22 price uplift. You undertook to update him in due course.
3. As explained in the draft response letter attached, the Ministry of Health has been unable to source uncommitted COVID-19 funding that could be used for this purpose.

Next steps

4. The attached letter has been prepared for your consideration and signature.



Clare Perry

Deputy Director-General

Health System Improvement and Innovation

Date: 7 April 2022

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Hon Andrew Little

Minister of Health
Minister Responsible for the GCSB
Minister Responsible for the NZSIS
Minister for Treaty of Waitangi Negotiations
Minister Responsible for Pike River Re-entry

Lead Coordination Minister for the Government's Response to the Royal Commission's Report into the Terrorist Attack on the Christchurch Mosques

13 APR 2022

Simon Wallace
Simon@nzaca.org.nz

Tēnā koe Simon

Aged residential care sector's request for additional COVID-19 funding

On 8 March 2022, I wrote to you regarding, among other things, a one-off payment to support aged residential care providers.

In that letter I informed you that the Ministry of Health was looking at what funding might be available to support your sector, beyond the \$22 million that District Health Boards (DHBs) provided in the 2021/22 price uplift. I undertook to update you in due course.

The Ministry of Health has undertaken a review to determine whether there is any uncommitted funding available from the COVID-19 funding provided by the Government for the community care sector in December 2021. Unfortunately, that funding has been fully committed and is not available for this purpose.

I can appreciate that it will be disappointing for the sector to hear that there is no additional funding available. However, as always, providers can discuss any funding issues directly with their DHBs. Simon, I appreciate your advocacy on behalf of the aged care sector. While I am unable to assist you in this case, please continue meeting with Ministry of Health officials to raise matters concerning how to best provide care to residents in aged care facilities.

Nāku noa, nā



Hon Andrew Little
Minister of Health

Aide-Mémoire

Meeting with the Media Freedom Committee

Date due to MO: 29/04/22	Action required by: N/A
Security level: IN CONFIDENCE	Health Report number: 202207777
To: Hon Andrew Little, Minister of Health	

Contact for telephone discussion

Name	Position	Telephone
Sarah Turner	DDG, Office of the Director-General	S9(2)(a)
Annie Coughlan	Manager Communications and Engagement	S9(2)(a)

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Aide-Mémoire

Title Meeting with the Media Freedom Committee

Date due: 29/04/22

To: Hon Andrew Little, Minister of Health

Security level: IN CONFIDENCE **Health Report number:** 202207777

Details of meeting: To be confirmed.

Purpose of meeting/proposal: This aide-mémoire is to provide information to support your upcoming meeting with the Media Freedom Committee. It includes

- Short bios of the committee members
- Further detail on what the Ministry and the Committee discussed at our meeting on 7 April.

Comment: **Media Freedom Committee**

- The Media Freedom Committee met with the Director-General and key senior managers on 7 April 2022.
- The Committee outlined concerns that the Ministry and DHBs were at times withholding information; and that a perceived lack of timeliness and openness by some DHBs might continue into the culture of HNZ.
- The Ministry outlined the efforts made by government and the health sector during this pandemic to communicate and the efforts made in general to have a healthy working relationship with the media.
- The Ministry undertook to continue to engage with the Committee over matters of mutual interest and to develop a process in conjunction with the Transition Unit and interim Health New Zealand, to be shared with media, to ensure no wrong door for media to access information during the transition process
- This aide-mémoire discloses all relevant information.



Sarah Turner
 Deputy Director-General,
Office of the Director-General

The Media Freedom Committee

The purpose of the committee

- The Media Freedom Committee (MFC) represents the senior editorial leadership of the country's major news and current affairs organisations. It is committed to protecting the rights of journalists to cover matters of public interest and hold those in power to account. It acts on matters raised by members and working journalists. Last year the Committee included discussions with the Solicitor-General and Chief Ombudsman.
- Areas of particular interest include redressing reduced access to public officials and information amid an explosion of 'gatekeepers' in the form of publicly funded communications staff.
- The Committee's initiative to highlight ongoing problems reporters have getting information from public agencies is through the NOIAs (No Information Awards) which includes the Terrier Award for the most tenacious journalist; the All Black Award, for the most redacted OIA response; and the If You Didn't Laugh Award, for the funniest reason for a response being rejected; and the Little Ray of Sunshine Award for the individual who gone above and beyond in their commitment to transparency. The winners will be announced on May 3, World Press Freedom Day.
- There are nine members of the Committee: S9(2)(a) [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED].
- The Director-General of Health, the Deputy Director-General of the Office of the Director-General and the Group Manager Communications and Engagement met with S9(2)(a) [REDACTED]
[REDACTED]
[REDACTED] also joined the meeting.

Committee members

S9(2)(a)

Pages 3 and 4 withheld in full under section 9(2)(a) of the Act.

S9(2)(a)

Summary of the discussion with the Ministry

The discussion with the Ministry and the Committee on 7 April 2022 was open and undertaken in confidence.

The Committee was appreciative the Minister had requested the Ministry meet with them and acknowledged this both in the meeting and subsequently via emails from Miriyana Alexander and Chris Reed.

The Committee outlined their main concerns

- the perceived inability to get the information requested from the Health Sector
- the belief that there were a significant number of communication staff in DHBs who were not inclined to assist media and concern this culture would continue into the new health entities
- the inability to talk directly to experts in the Ministry of DHB corporate offices
- they didn't feel informed of the changes in the sector, were unsure of the milestones for change and concerned that media would continue to receive a good service during this time
- They were disappointed not to have been considered a stakeholder in the construction of the communications function of the new entities.

The Ministry made the following points

- COVID has meant it has been an extraordinary time, during which the government and its agencies have tried very hard to communicate as openly and responsively as possible with the media and the public.
- The Prime Minister has fronted hundreds of media conferences, supported by a wide range of Ministers and agency staff, to keep the public informed.
- This has meant sharing of information that has been at times not fully understood or policy that is still being developed.

- Some information won't be divulged, such as details which may lead to the identification of individuals. At times, it has been difficult to provide enough information to give a clear picture of the emerging situation whilst protecting the privacy of individuals.
- The need to maintain the reputation of both the health sector and the media to retain a strong democracy.
- The Director-General's rejection of claims by Dominion Post Editor Anna Fifield that: "an army of public sector communications staff worked to actively obfuscate media's attempt to access information". The DG was clear that it was his experience that the Ministry's communication staff went to considerable effort to respond in a timely manner with the information media had requested and to provide additional information as context if considered helpful.
- Responding to media is one part of the role of the DHB and Ministry communication staff. Ensuring populations are accessing the services they need to remain healthy is a fundamental element of the job, as is ensuring at-risk populations have the necessary tools to change their behaviour to improve health outcomes. Helping the public to understand government policy to comply and stay well has been significant in the pandemic response.
- Acknowledgement that the health sector has made significant attempts to provide as much information as possible during this pandemic (our meeting was on the day of the DG's 299th media stand-up).
- It has been difficult for the Ministry to provide some of the information media has asked for. This is because often it has been incomplete or predictive (such as what might happen based on modelling data) and it is therefore not the usual way a government agency would inform the public.
- We also discussed the volume of media and OIA requests. The Ministry responds to 553 queries per month on average, with as many as 85-100 media queries daily during peak, and in 2021 responded to 545 OIA requests from media (not including media queries or Ministerial), 12% of the total OIAs (3762 requests). Stuff lodged 90 OIA requests, 20 % of the total media OIAs. The Ministry tries not to put any media requests through the formal OIA process, wherever possible answering them immediately.
- Clarification that what can often seem like a simple request from the outside is complicated. Providing data during the pandemic has required quick work from the sector to track vaccinations, cases, test results, laboratory performance or deaths. All have their challenge, and all have been done quickly though often commentators think it should have been quicker.
- Providing figures while processes are being put in place often causes some delays, not least because the same people working at pace to put the systems in place are the same ones needed to answer queries about it. That has sometimes meant it's taken longer to provide answers than he would have liked. In this pandemic the sector often hasn't yet had the information or enough time to be confident in its legitimacy.
- The Director-General noted overseas data showing the public mostly get their news from social media feeds (as high as 67%) which are manipulated by algorithms, worrying agendas, limited

breadth, and confirmation bias. He noted we are fortunate that most New Zealanders source news from the media and the need to maintain this.

- The Ministry acknowledged that while the mechanics of media information delivery is evolving and must balance what the reader wants and commercial realities, it is essential media to continue to be a key channel for the information necessary for society to function well, including a vehicle for rationale debate and public conversation.
- The acknowledged pressure volume faced by our small media team and the difficulty getting the level of seniority required in the current market.
- The need to ensure a seamless media service during the transition to the new entities was discussed and the Ministry undertook to develop a media policy with the Transition Unit and new entities so there would be no wrong door for media requests. This is currently in development and will be shared with media so a good process can be adhered to.

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Care in the Community Weekly Dashboard

04 May 2022

Performance for week ending 01 May 2022

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Care in the Community Dashboard | Explainers and caveats

Observation period

The data in this output covers the period from 25 April until 01 May 2022.

The weekly results will be released in this format on a Wednesday.

Further reporting and analysis is available on this data on request.

Additional information on data sources and availability of additional measures.

- Metrics continue to be developed and data sources consolidated on the Qlik app, reducing the number of data sources.
- New disability database will be created compiling the disability data from multiple data sources. This will allow a consolidated data source and better analysis.
- Data quality is constantly improved and refreshed in Snowflake. This means that small changes on numbers can occur week by week for metrics extracted from the Qlik app.

SECTION 1 - CASE OVERVIEW

A) Total active cases in the community

Active cases: positive cases that have not recovered in the last 10 days.

Data source: Sitrep

B) Total active cases in the community by location

Case location, community care is the primary location with smaller volumes in hospital or undefined at time of data snapshot. The composition of case isolation is under review and therefore these numbers and types are subject to change.

Data source: DHB's / Sitrep / Qlik

C) Hospitalisations

Hospitalised positive cases

Data Source: Sitrep

SECTION 2 - CASE PATHWAY

1. CONTACT and INITIAL ASSESSMENT

This stage includes case contact results by channel, as well as the completion of assessment results which includes and initial assessment of clinical and welfare support.

1.1) Case percentage by progress status by day

Percent of cases by date of their initial notification/case confirmation. Outcomes accumulate by day.

- These figures are based on cases reported in the National Contact Tracing System (NCTS). The report date is the date the case record was created.
- These figures may be subject to change due to ongoing case investigation or additional information being received.

Data source: National Investigation and Tracing Centre (NITC)

1.2) Completion rate of self-assessment form by channel and ethnicity

- Completion rate figures by channel and by ethnicity.
- Overall figure includes Māori and Pacific.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
- More detailed form completion metrics are under development (DHB, equity and demographics)

Data source: NITC

2. CLINICAL ASSESSMENT

2.1 and 2.2) Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification

- Start event: Notification of confirmed case date/time in Episurv (by NHI number).

- End event: Initial clinical assessment date/time in COVID-19 Clinical Care Module (CCCM) is by NHI number and if this contact is recorded within 24 hours of the start event.
- Cases that have not had their CCCM initial clinical health assessments completed are not included in this metric.
- Disability data (Socrates) – database used is for people that are receiving MoH funded disability support (as opposed to DHB funded disability support). The Socrates database tend to be people under 65 years of age. The DHB funded disability support are older people 65 years and over.

Data source: CCCM/QLIK, Socrates

3. ASSESS NEEDS

3.1 and 3.2) Cases with Ministry of Social Development (MSD) Welfare referrals via Ministry of Health (MoH)

- Number of welfare requests created via GPs and Providers via CCCM.
- New welfare process is currently impacting the data availability. Work is ongoing to develop metric.

Data source: NCTS

3.3 and 3.4) Number of funded alternative accommodation requests by primary reason by date

- Number of alternative accommodations requested via self assessment form by reason.

Data source: NCTS

4. CARE AND SUPPORT

4.1 and 4.2) Hospitalisations and ICU numbers by date

- Count of active, hospitalised cases and ICU. Cases are reported by DHBs to the MoH.

Data source: Sitrep

4.3) Active and self management care distribution

- Percentage of cases assigned in CCCM as active vs Self management.

Data source: Qlik

4.4) Percentage of active management cases by ethnicity

- Number of cases assigned in CCCM as active in CCCM.

Data source: Qlik

4.5) Pulse Oximeters delivery and availability

- Pulse oximeters ordered for delivery along with national stock holding.

Data source: Supply Chain - COVID-19 Health System Response

METRICS UNDER DEVELOPMENT/AWAITING DATA*

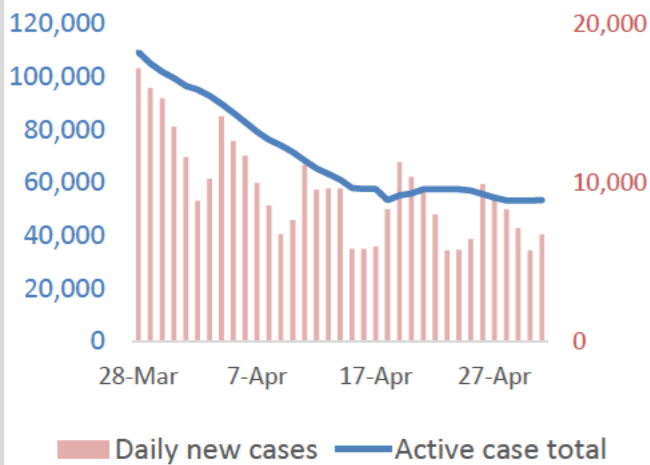
- Non-contactable – by location, risk and ethnicity
- Therapeutics volumes – by ethnicity, location and acuity.

CASE OVERVIEW

TOTAL ACTIVE CASES IN THE COMMUNITY
 (01/05/22)

53,398 ↓ -7% week-on-week

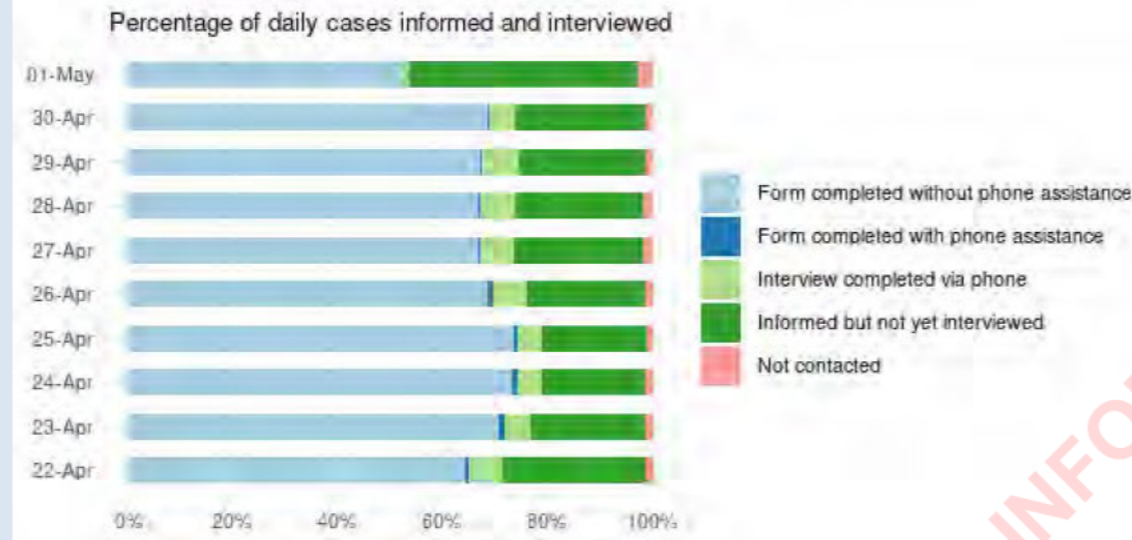
Dates where the SitRep is not published new cases are not displayed on the chart below.



CASE PATHWAY

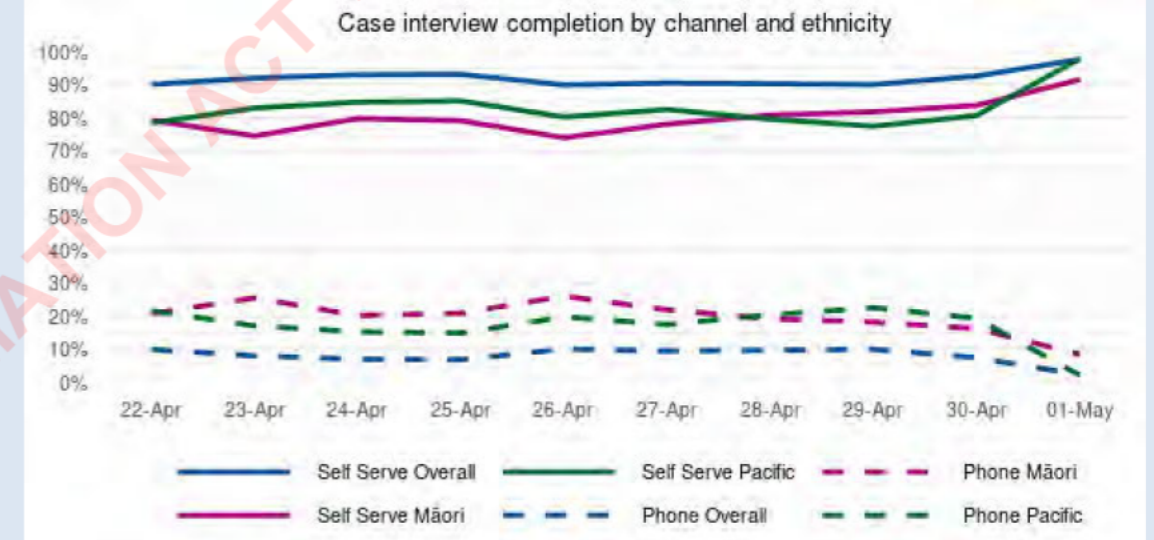
1. CONTACT and INITIAL ASSESSMENT

1.1 Percent of new active case by SMS/Phone contact status by day



- The percentage of cases contacted slightly decreased to 98.47%, compared to 98.73% the week prior.
- The lower rate on 01 May is due to a time delay from case generation to form completion for many people.
- The figure above encompasses the 72,789 cases created in the NCTS during the 10 days to yesterday (1 May 2022).

1.2 Completion rate of initial assessment form by channel and ethnicity



- The 8-day trend shows a slight increase of self serve completion across all groups.
- The figure above encompasses the 53,323 cases created in the NCTS during the 10 days to 1 May 2022 that have either completed the online contact tracing form or have been interviewed by a case investigator (including cases who completed the online form with assistance via phone).

TOTAL CONTACT by ETHNICITY (01/05/22)

- The table below shows the percentage of cases for the last three weeks, that have either received the automated case inform text, or have been contacted by a case investigator via phone.

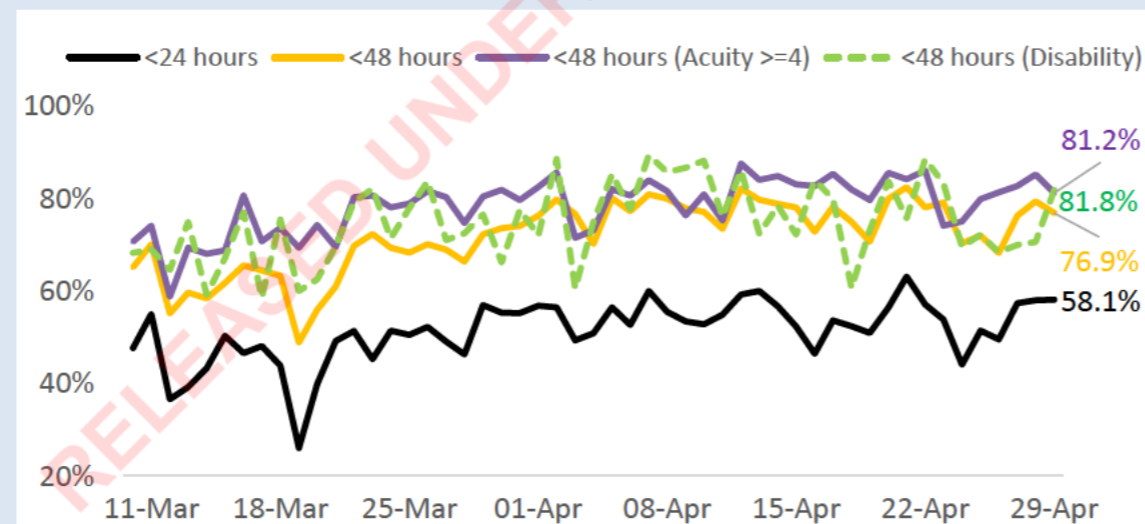
	17-Apr	24-Apr	01-May
Overall	98.69%	98.73%	98.47%
Māori	97.68%	97.69%	96.92%
Pacific	98.4%	98.18%	98.15%

HOSPITALISATIONS (01/05/22)

413 | ICU -> 12 = 2.9%
 Non ICU -> 401 = 97%

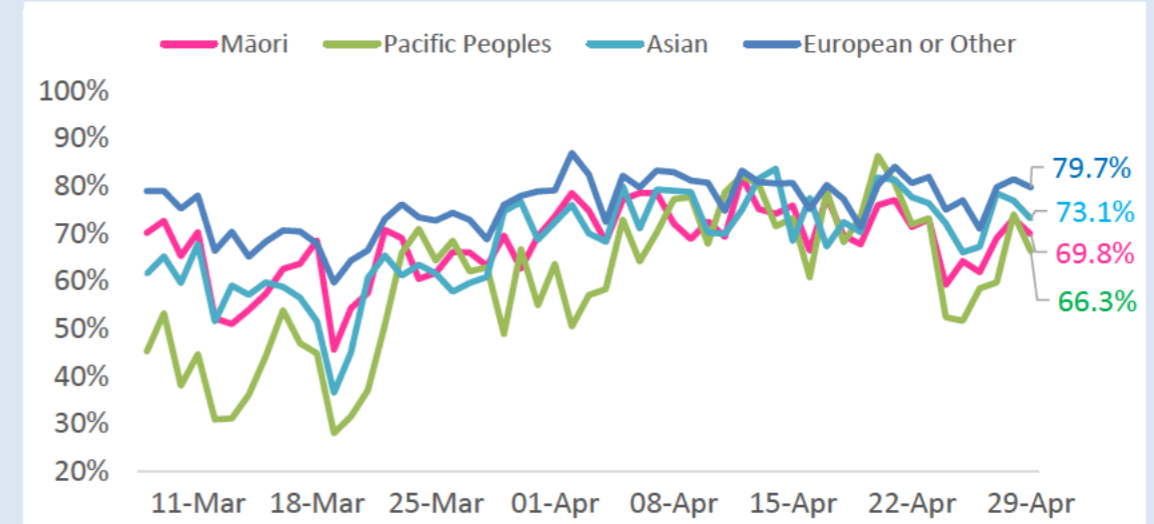
2. CLINICAL ASSESSMENT

2.1 Percent of initial clinical assessments completed in CCM within 24 and 48 hours (overall and acuity >=4) of positive case notification



- Between 24 April 2022 and 30 April 2022, 20,276 clinical assessments have been completed.
- Number of assessments from cases with a high acuity score (equal 4 or over) represent 13.2% of total assessments completed, and cases with disability represent approximately 0.9%.

2.2 Percent of initial clinical assessment completed within 48 hours of positive case by ethnicity

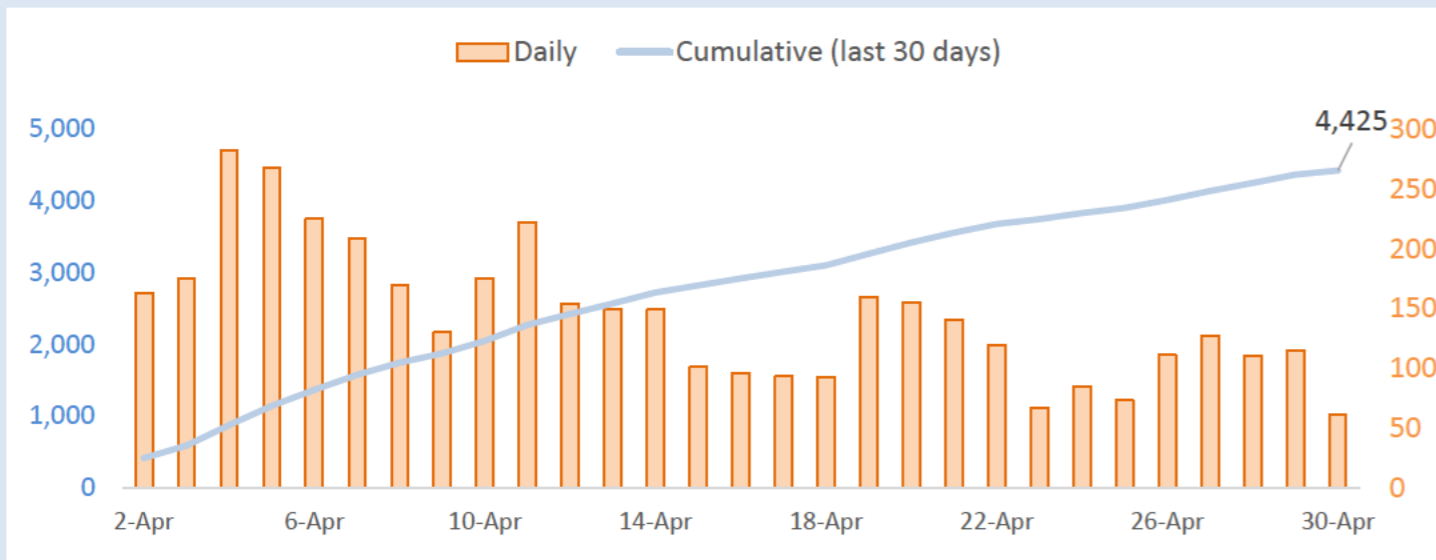


- The discrepancy between ethnicities for initial clinical assessment may be due to the different ways that people are accessing the health system when they are diagnosed.

CASE PATHWAY

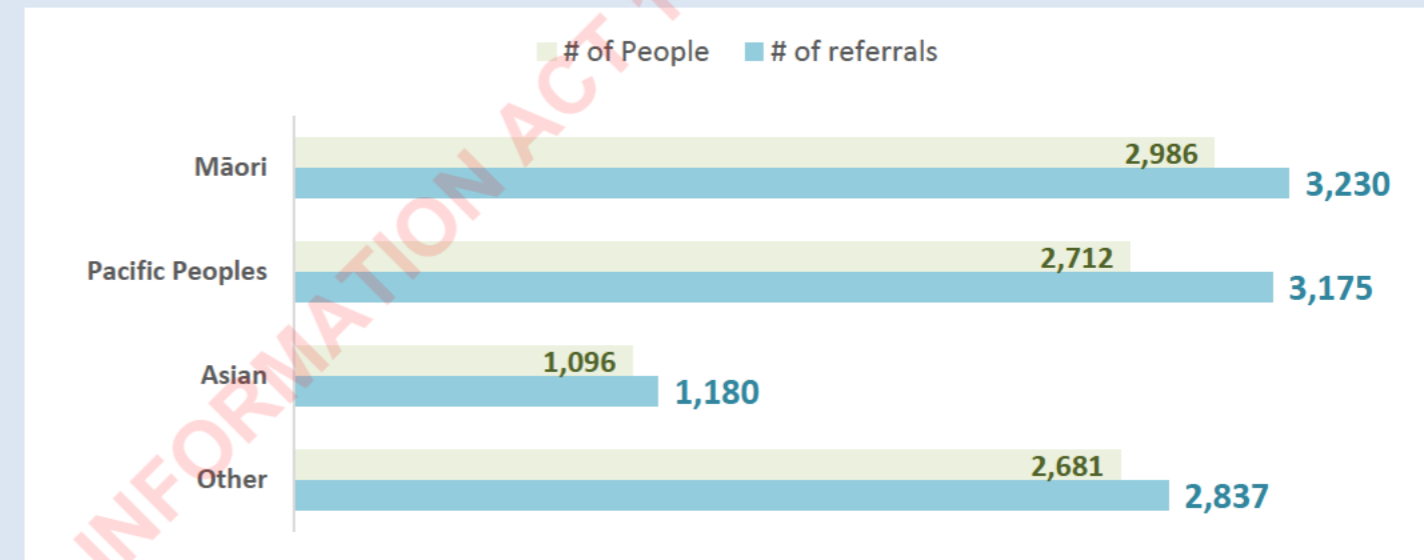
3. ASSESS NEEDS

3.1 Number of welfare referrals sent to Ministry of Social Development (MSD) via CCCM



- Number of welfare referrals sent to MSD via CCCM by referral creation date.
- Volumes of welfare referrals have decreased to 682 compared to 826 the week prior.

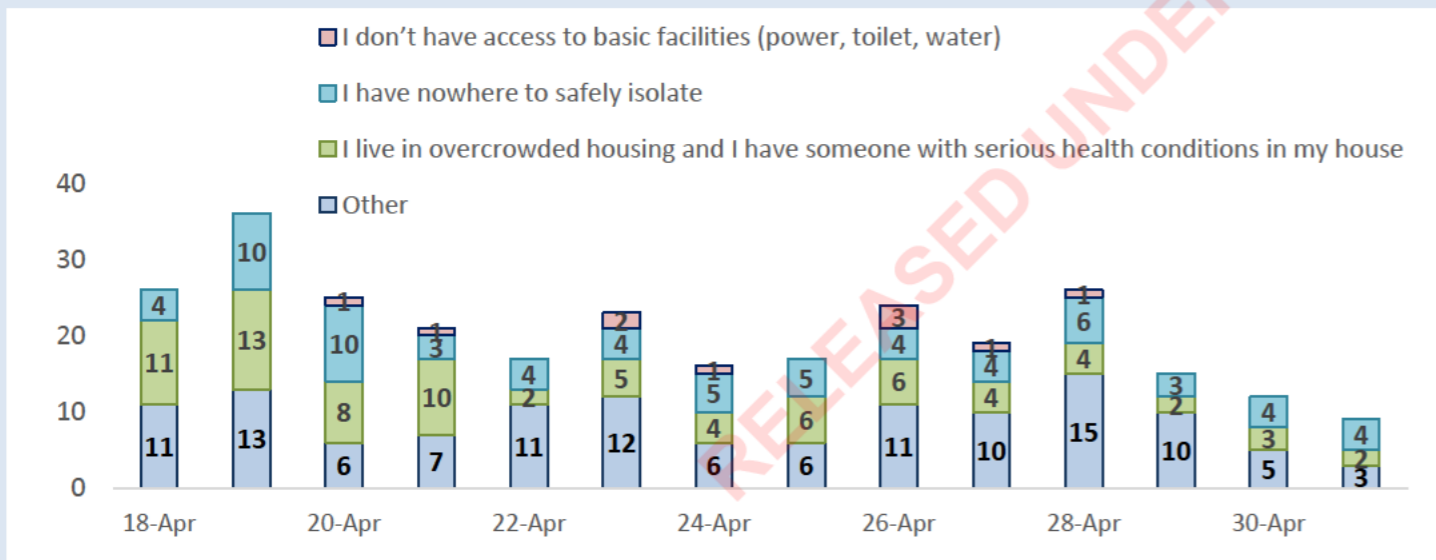
3.2 Number of welfare referrals sent to Ministry of Social Development (MSD) via CCCM by ethnicity



- Number of welfare referrals sent to MSD via CCCM by ethnicity since 14 March 2022 (when referral to MSD shifted systems from NCTS to CCCM).

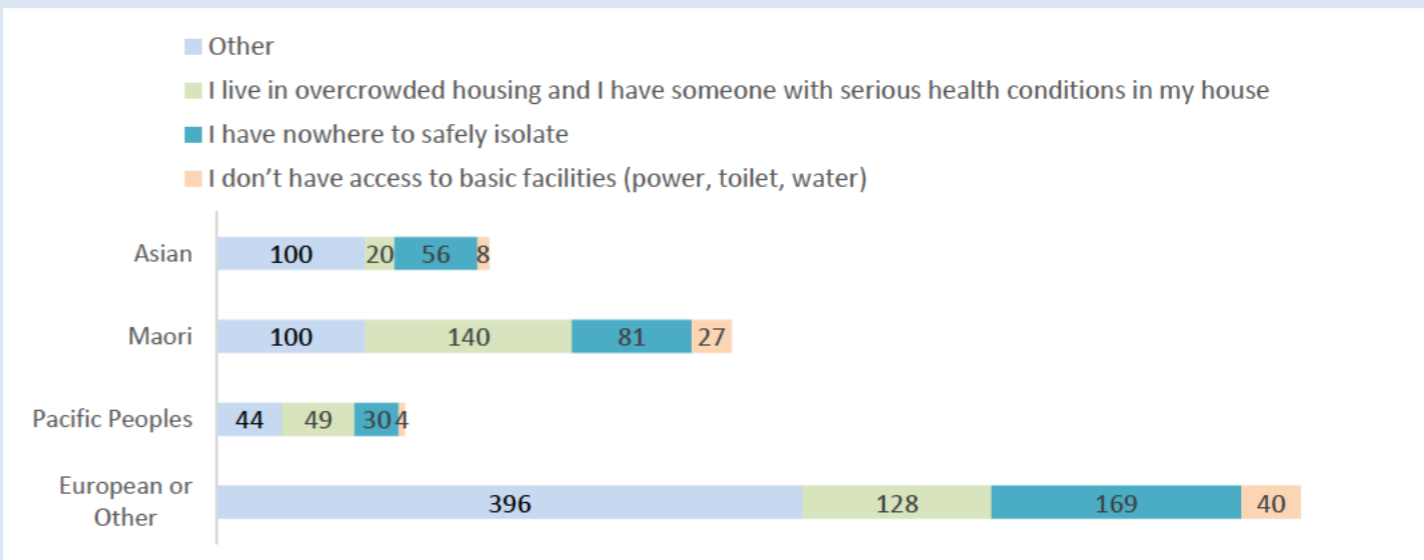
3 ASSESS NEEDS

3.3 Number of funded alternative accommodation requests by primary reason by date



- Total of 1,392 alternative accommodation requests were created since the release of this function in NCTS on 15 March 2022.
- High proportion of 'other' cases - the alternative accommodation questions on the form are currently under review.

3.4 Funded alternative accommodation requests by ethnicity (to 01 May)

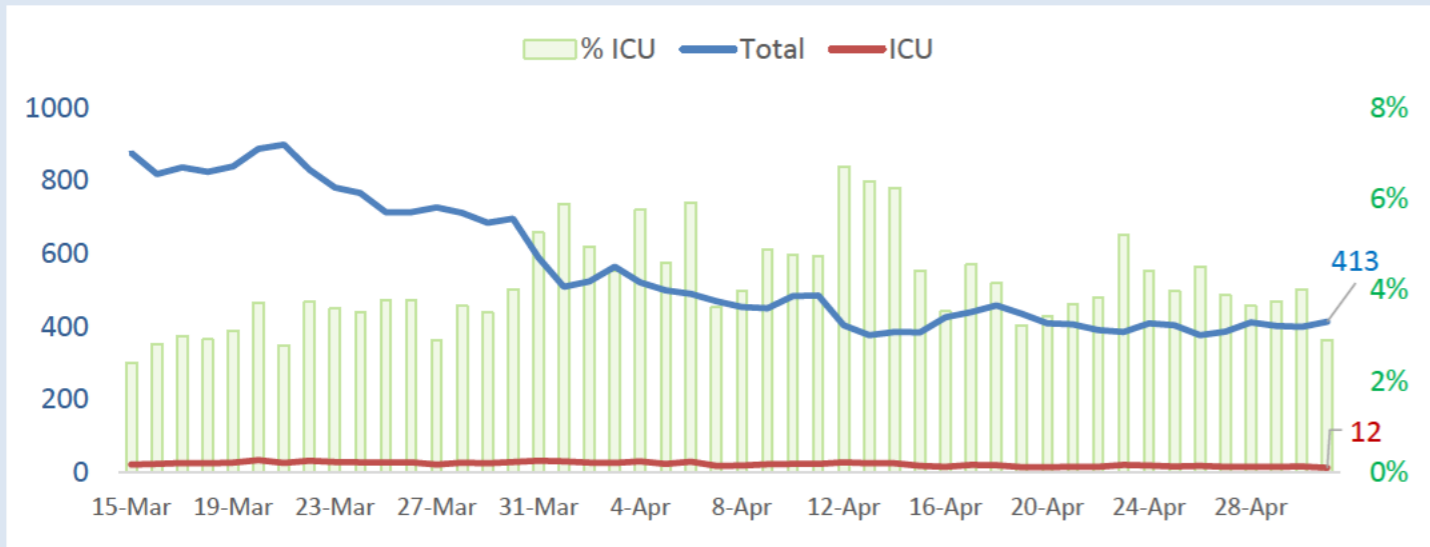


- Requests from 40% of Māori and 39% of Pacific Peoples are associated with living in congested housing along with one or more members with a serious health condition.

CASE PATHWAY

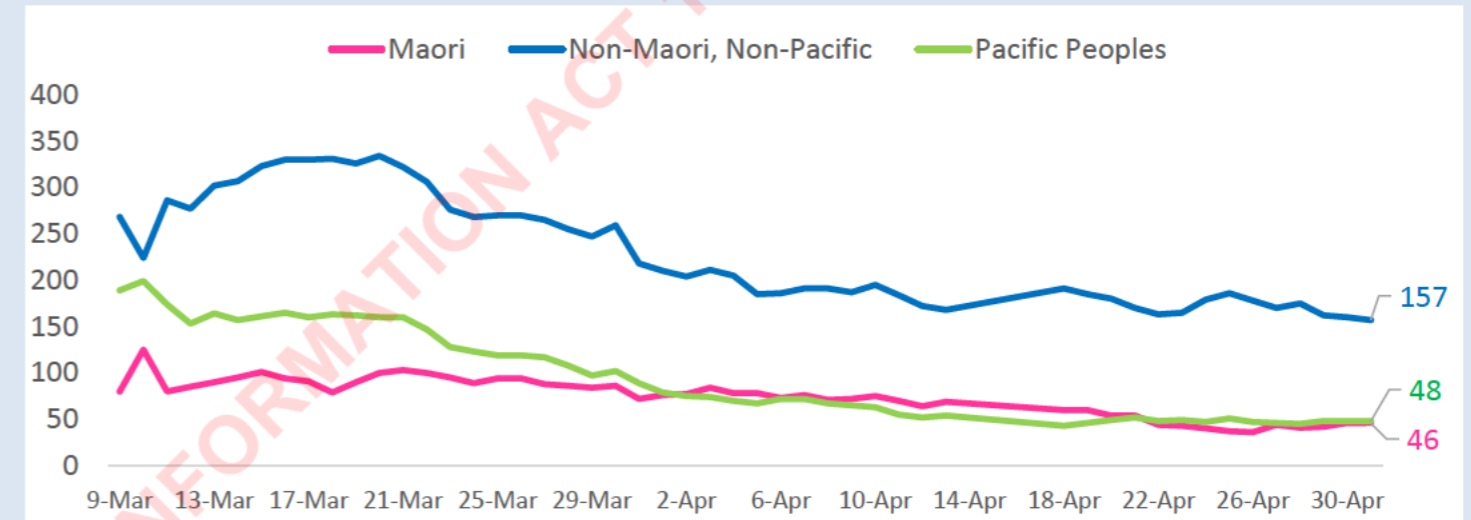
4. CARE AND SUPPORT

4.1 Hospitalisations and ICU active cases by date



- Total number of hospitalisations has slightly decreased during the week compared with the end of the week on 01 May 2022.
- Note: Dates where the SitRep is not published new cases are not displayed on the chart below.

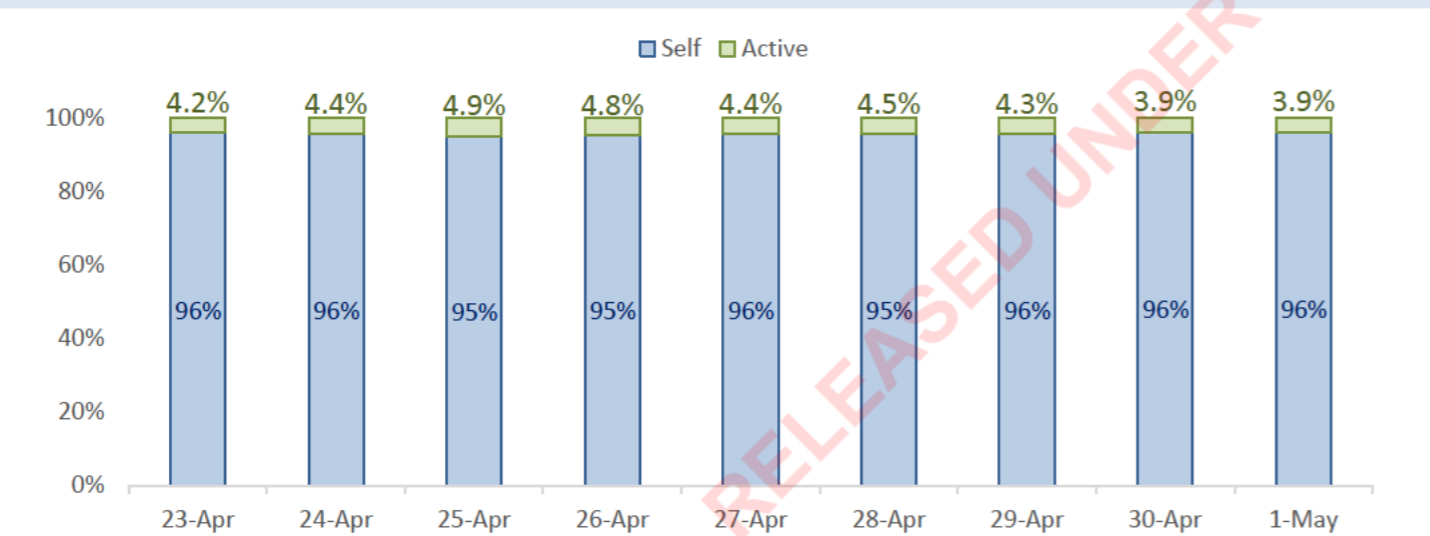
4.2 Hospitalisations by ethnicity – (Northern region only)



- Pacific volumes have decreased over the last week and represents 19% of the hospitalisations in the Northern Region.

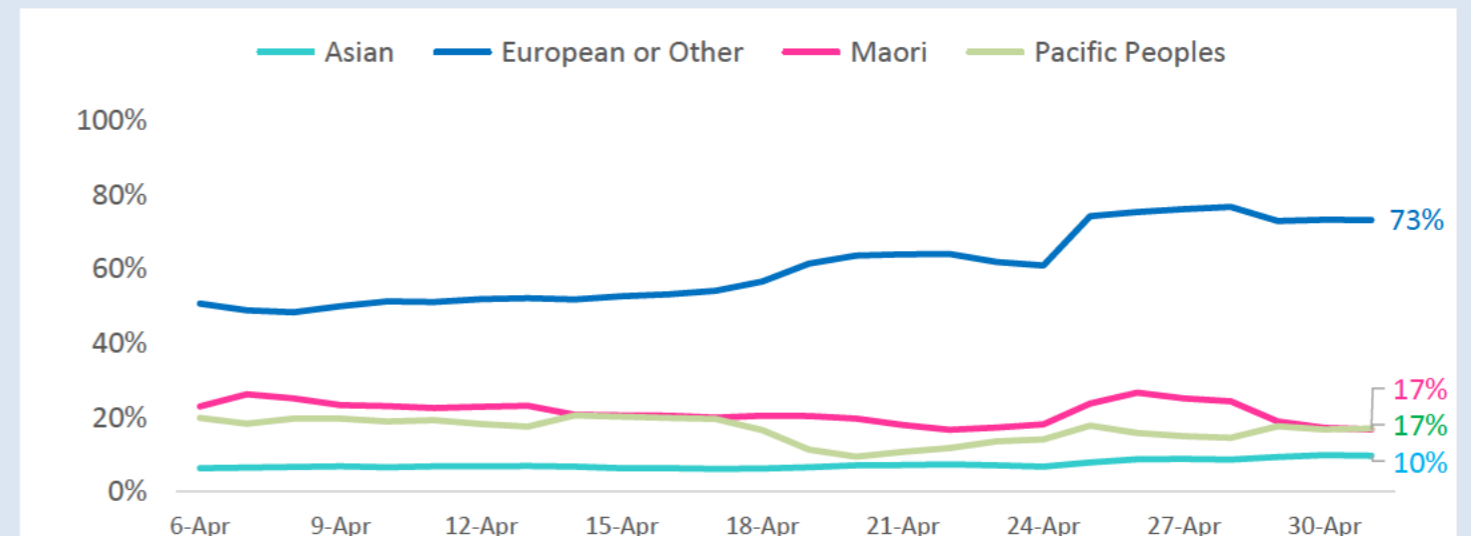
4. CARE AND SUPPORT

4.3 Active and self management care distribution (manage care type)



- Proportion of active management cases remains consistently between 3.9% and 4.5% of the total cases in isolation.
- Quality of the data for managed care type relies on the clinical assessment to be completed and case flagged as "active management" by GPs or a clinical specialist.

4.4 Percentage of active cases in active management by ethnicity

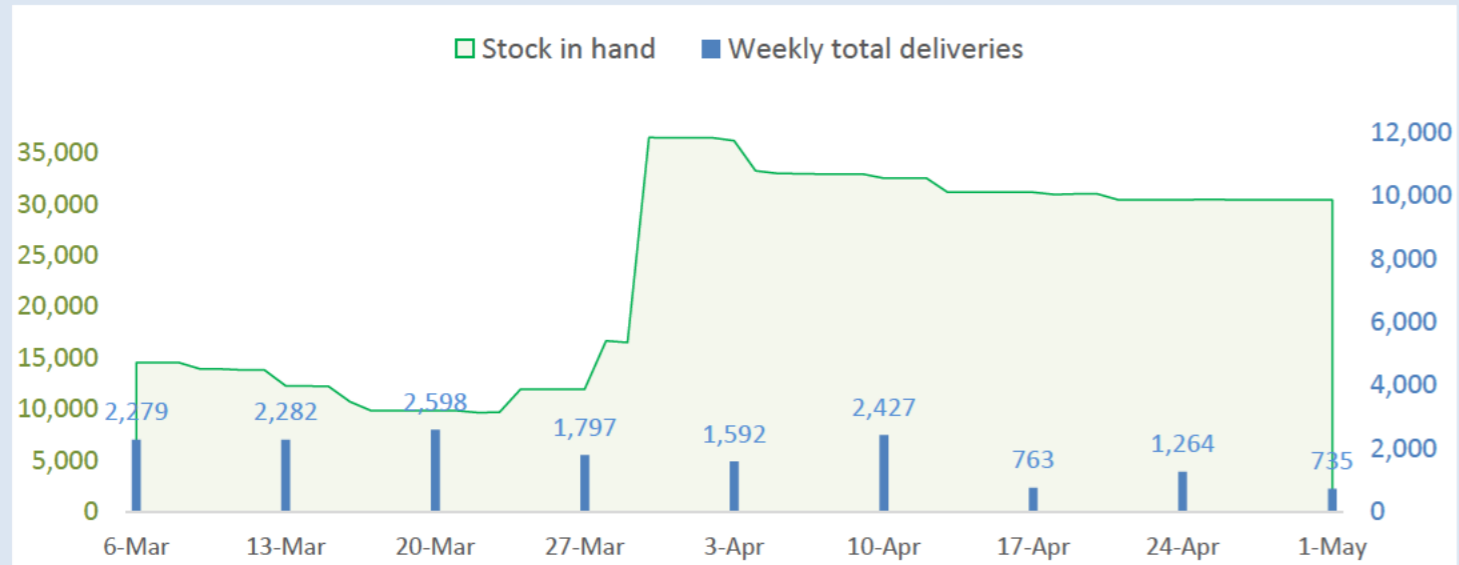


- Percentage of Pacific and Māori represent approximately 34% of the population under active management whereas a total combined population proportion for Pacific and Māori is approximately 24.6% for New Zealand as a whole.

CASE PATHWAY

4. CARE AND SUPPORT

4.5 Pulse Oximeters delivery and availability



- Pulse oximeters – stock on hand is in excess of 30,423. Note scale of supply and demand, and stock available.

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Care in the Community Weekly Dashboard

11 May 2022

Performance for week ending 08 May 2022

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Care in the Community Dashboard | Explainers and caveats

Observation period

The data in this output covers the period from 02 May until 08 May 2022.

The weekly results will be released in this format on a Wednesday.

Further reporting and analysis is available on this data on request.

Additional information on data sources and availability of additional measures.

- Metrics continue to be developed and data sources consolidated on the Qlik app, reducing the number of data sources.
- New disability database will be created compiling the disability data from multiple data sources. This will allow a consolidated data source and better analysis.
- Data quality is constantly improved and refreshed in Snowflake. This means that small changes on numbers can occur week by week for metrics extracted from the Qlik app.

SECTION 1 - CASE OVERVIEW

A) Total active cases in the community

Active cases: positive cases that have not recovered in the last 10 days.

Data source: Ministry of Health (MoH) COVID Daily Situational Report(s)

B) Total active cases in the community by location

Case location, community care is the primary location with smaller volumes in hospital or undefined at time of data snapshot. The composition of case isolation is under review and therefore these numbers and types are subject to change.

Data source: DHB's / MoH COVID Daily Situational Report(s) / Qlik

C) Hospitalisations

Hospitalised positive cases.

Data Source: MoH COVID Daily Situational Report(s)

SECTION 2 - CASE PATHWAY

1. CONTACT and INITIAL ASSESSMENT

This stage includes case contact results by channel, as well as the completion of assessment results which includes and initial assessment of clinical and welfare support.

1.1) Case percentage by progress status by day

Percent of cases by date of their initial notification/case confirmation. Outcomes accumulate by day.

- These figures are based on cases reported in the National Contact Tracing System (NCTS). The report date is the date the case record was created.
- These figures may be subject to change due to ongoing case investigation or additional information being received.

Data source: National Investigation and Tracing Centre (NITC)

1.2) Completion rate of self-assessment form by channel and ethnicity

- Completion rate figures by channel and by ethnicity
- Overall figure includes Māori and Pacific.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
- More detailed form completion metrics are under development (DHB, equity and demographics)

Data source: NITC

2. CLINICAL ASSESSMENT

2.1 and 2.2) Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification

- Start event: Notification of confirmed case date/time in Episurv (by NHI number).
- End event: Initial clinical assessment date/time in COVID-19 Clinical Care Module (CCCM) is by NHI number and if this contact is recorded within 24 hours of the start event.
- Cases that have not had their CCCM initial clinical health assessments completed are not included in this metric.
- Disability data (Socrates) – database used is for people that are receiving MoH funded disability support (as opposed to DHB funded disability support). The Socrates database tend to be people under 65 years of age. The DHB funded disability support are older people 65 years and over.

Data source: CCCM/QLIK, Socrates

3. ASSESS NEEDS

3.1 and 3.2) Cases with Ministry of Social Development (MSD) Welfare referrals via Ministry of Health (MoH)

- Number of welfare requests created via GPs and Providers via CCCM.
- New welfare process is currently impacting the data availability. Work is ongoing to develop metric.

Data source: NCTS

3.3 and 3.4) Number of funded alternative accommodation requests by primary reason by date

- Number of alternative accommodations requested via self assessment form by reason.

Data source: NCTS

4. CARE AND SUPPORT

4.1 and 4.2) Hospitalisations and ICU numbers by date

Count of active, hospitalised cases and ICU. Cases are reported by DHBs to the MoH.

Data source: MoH COVID Daily Situational Report(s)

4.3 and 4.4) Therapeutics dispensed to date and by ethnicity

- Number of courses dispensed by day since 04 April 2022, including a split by the two different medications (Paxlovid and Molnupiravir).
- Number of courses dispensed by ethnicity since 04 April 2022 including a split by the two different medications (Paxlovid and Molnupiravir).

Data source: Qlik

4.5) Active and self management care distribution

- Percentage of cases assigned in CCCM as active vs self management.

Data source: Qlik

4.6) Percentage of active management cases by ethnicity

- Number of cases assigned in CCCM as active in CCCM.

Data source: Qlik

4.7) Percentage of active cases compared to active cases in active management by ethnicity

- Percentage of active cases by ethnicity compared to the percentage of active cases in active management by ethnicity.

Data source: Qlik

4.8) Pulse Oximeters delivery and availability

- Pulse oximeters ordered for delivery along with national stock holding.

Data source: Supply Chain - COVID-19 Health System Response

METRICS UNDER DEVELOPMENT/AWAITING DATA*

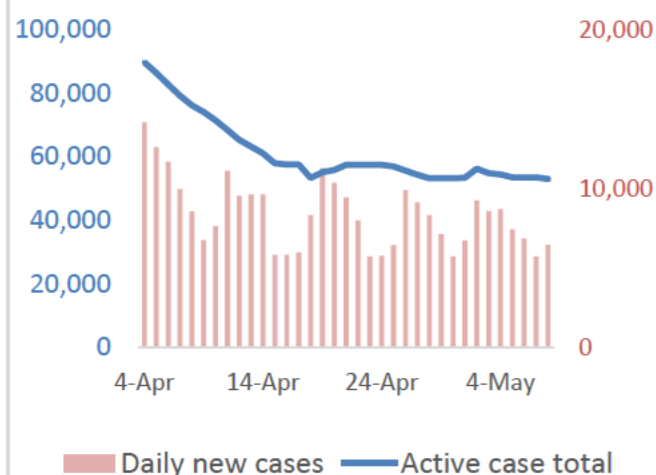
- Non-contactable – by location, risk and ethnicity
- Hospitalisation and welfare proportion of active cases – by ethnicity and date.

CASE OVERVIEW

TOTAL ACTIVE CASES IN THE COMMUNITY
 (08/05/22)

53,000 ↓ -1% week-on-week

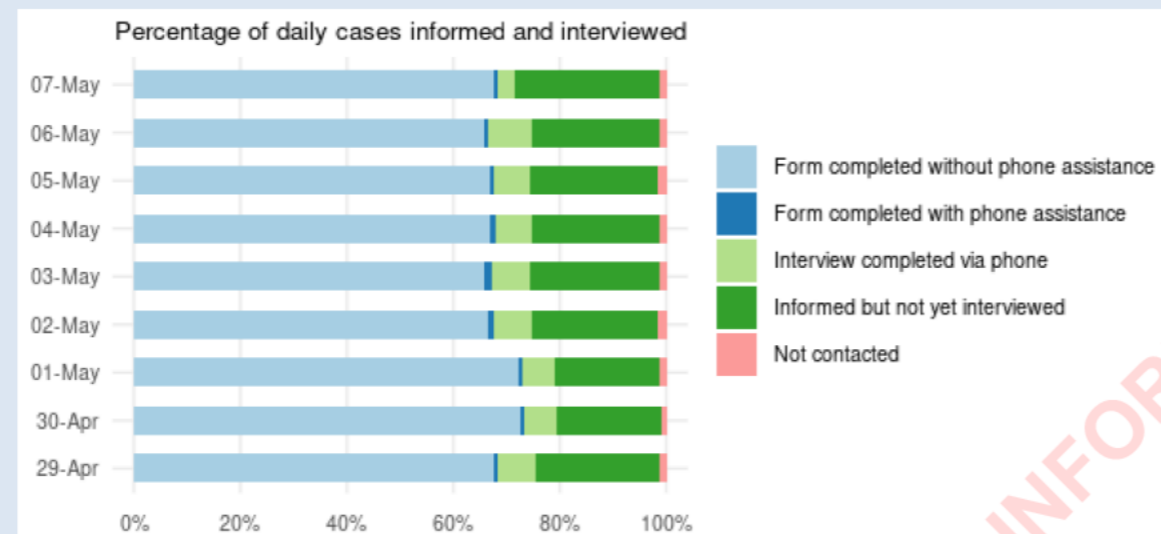
Dates where the SitRep is not published new cases are not displayed on the chart below.



CASE PATHWAY

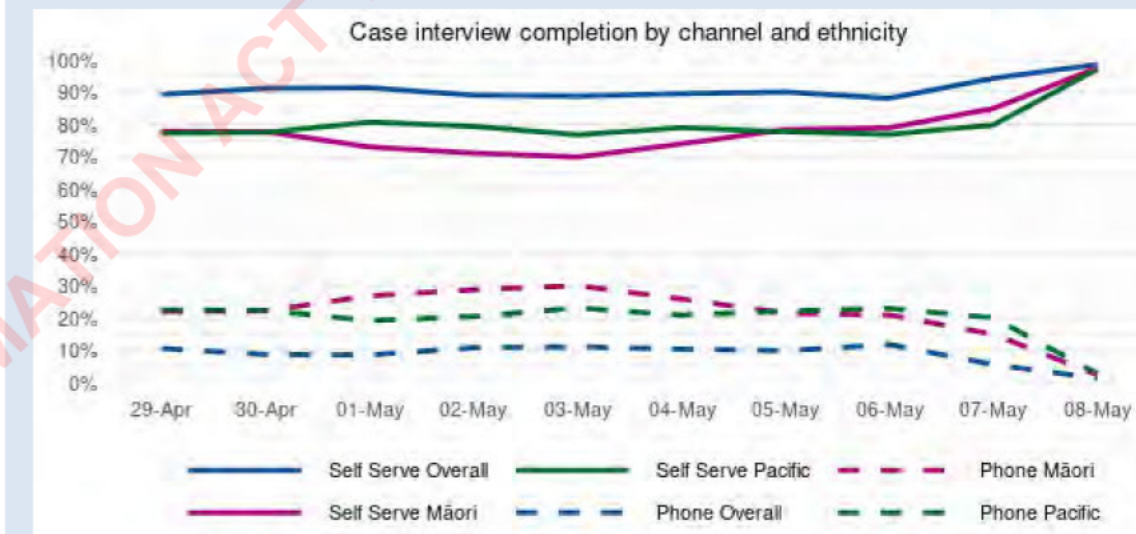
1. CONTACT and INITIAL ASSESSMENT

1.1 Percent of new active case by SMS/Phone contact status by day



- The percentage of cases contacted has remained consistent in the past week and has been consistently over 98%.
- Note the data from 08 May 2022 was removed from the graph due to being incomplete.

1.2 Completion rate of initial assessment form by channel and ethnicity



- The 8-day trend shows consistent self serve completion across all groups.
- The figure above encompasses the 53,026 cases created in the NCTS during the 10 days to yesterday (08 May 2022).
- Note the strong fluctuation on the most recent day (08 May 2022) is due to there not being enough time yet to allow for all cases to be completed.

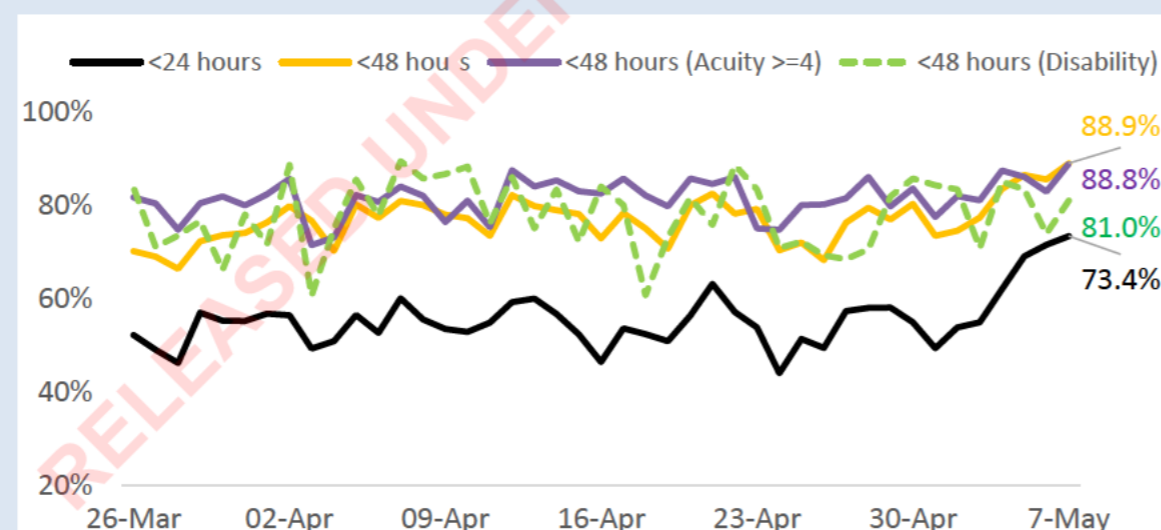
TOTAL CONTACT by ETHNICITY (08/05/22)

- The table below shows the percentage of cases for the last three weeks that have either received the automated case inform text, or have been contacted by a case investigator via phone.

	24-Apr	01-May	08-May
Overall	98.73%	98.73%	98.5%
Māori	97.69%	97.46%	96.99%
Pacific	98.18%	98.62%	98.42%

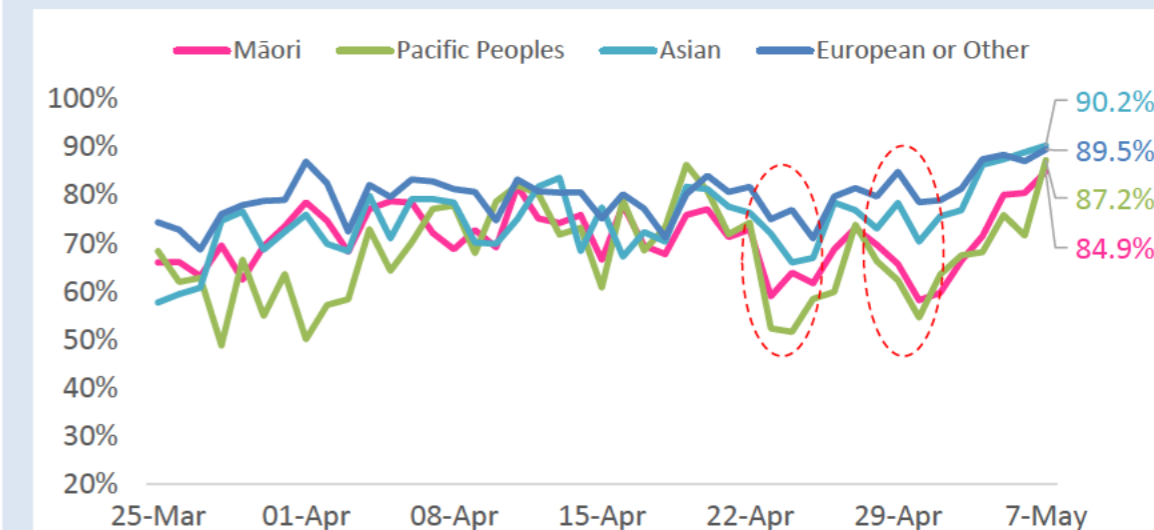
2. CLINICAL ASSESSMENT

2.1 Percent of initial clinical assessments completed in CCCM within 24 and 48 hours (overall and acuity >=4) of positive case notification



- Between 01 May 2022 and 07 May 2022, 32,603 clinical assessments have been completed.
- Number of assessments from cases with a high acuity score (equal 4 or over) represent 8.6% of total assessments completed, and cases with disability represent approximately 0.7%.

2.2 Percent of initial clinical assessment completed within 48 hours of positive case by ethnicity



- There has been a strong discrepancy between ethnicities during the Easter and ANZAC weekends (circled red), with rates for Māori and Pacific Peoples declining more sharply than for European or Asian. However, there has been an increase in all assessments completed within 48 hours for all ethnicities in the past week with the trend returning to the standard pattern.

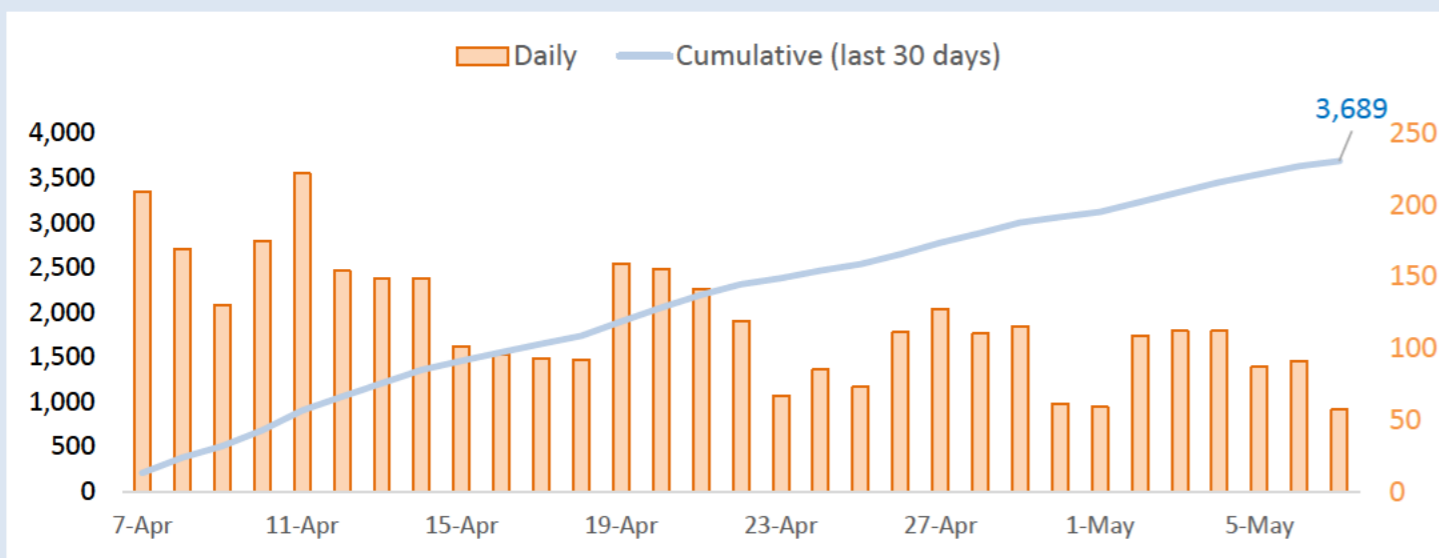
HOSPITALISATIONS (08/05/22)

368 | ICU -> 18 = 4.89%
 Non ICU -> 350 = 95%

CASE PATHWAY

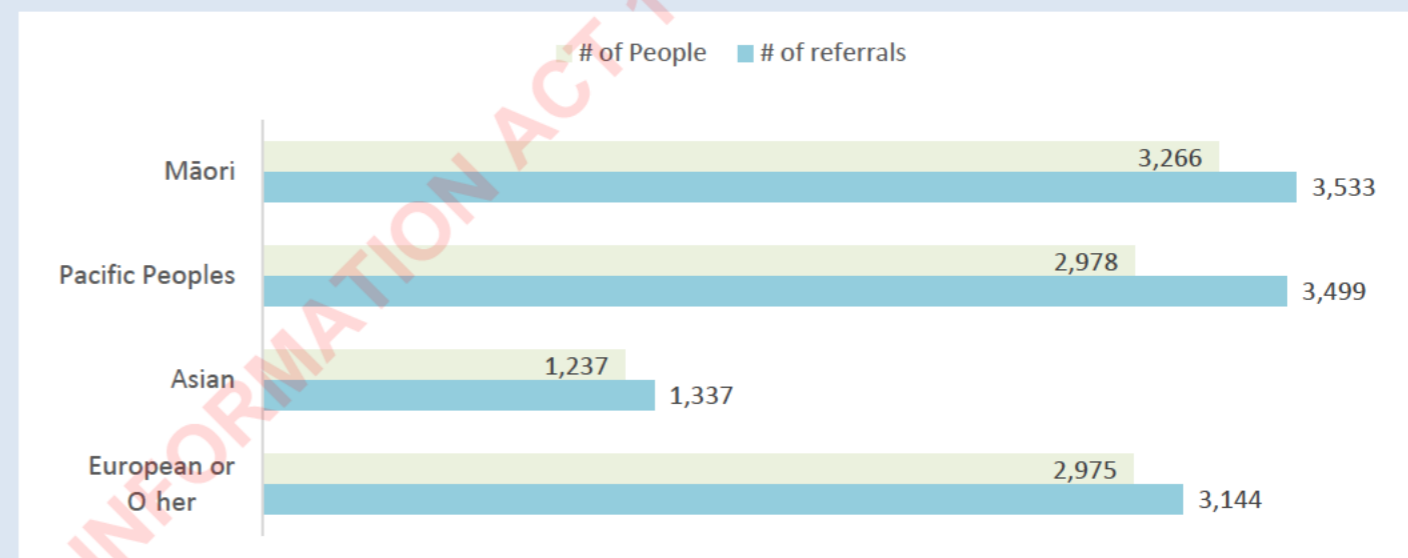
3. ASSESS NEEDS

3.1 Number of welfare referrals sent to Ministry of Social Development (MSD) via CCCM



- Number of welfare referrals sent to MSD via CCCM by referral creation date.
- The volume of welfare referrals have decreased to 627 compared to 682 week prior.

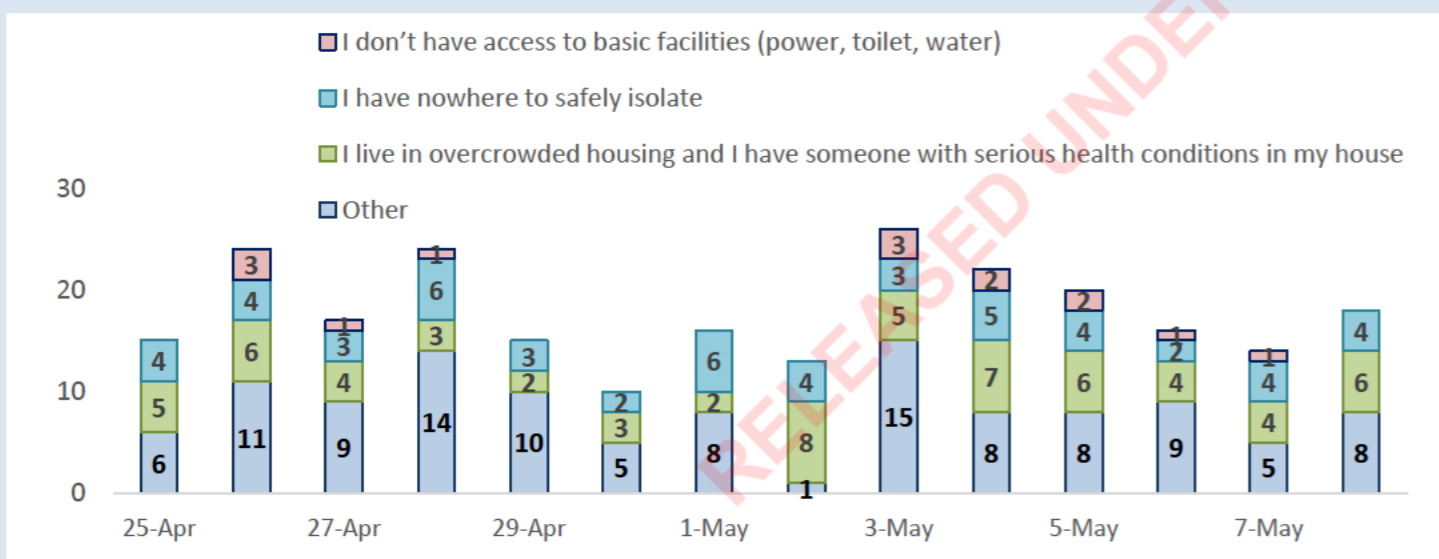
3.2 Number of welfare referrals sent to Ministry of Social Development (MSD) via CCCM by ethnicity



- Number of welfare referrals sent to MSD via CCCM by ethnicity since 14 March 2022 (when referral to MSD shifted systems from NCTS to CCCM).

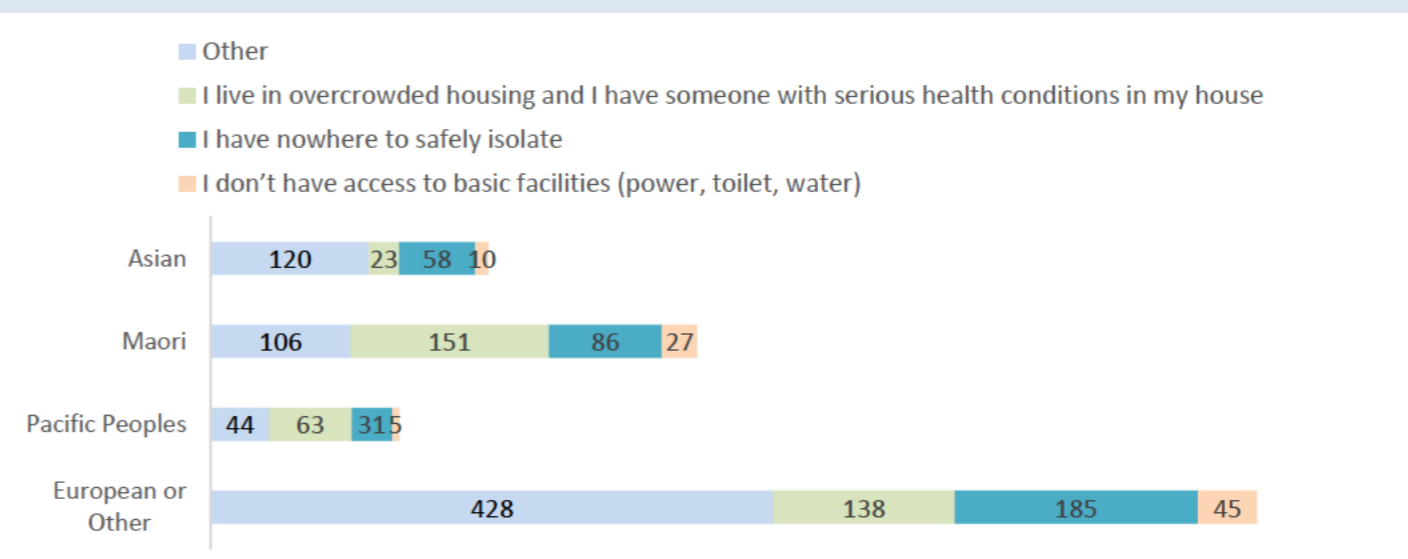
3 ASSESS NEEDS

3.3 Number of funded alternative accommodation requests by primary reason by date



- Total of 1,520 alternative accommodation requests were created since the release of this function in NCTS on 15 March 2022.
- High proportion of 'other' cases - the alternative accommodation questions on the form are currently under review.

3.4 Funded alternative accommodation requests by ethnicity (to 08 May)

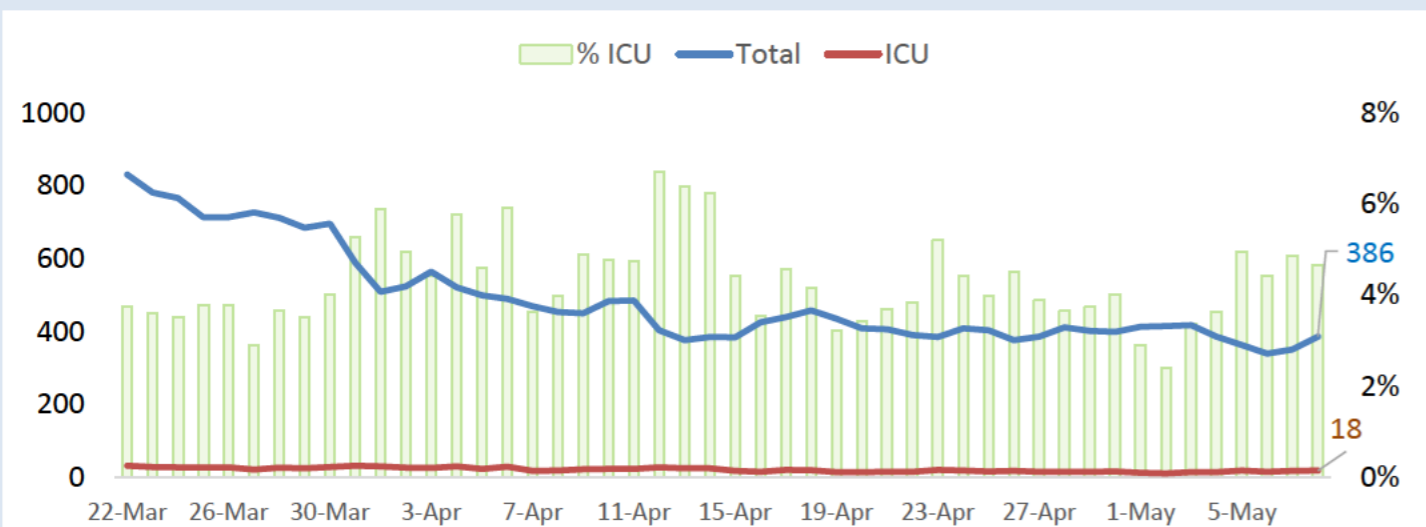


- Requests from 41% of Māori and 44% of Pacific Peoples are associated with living in congested housing along with one or more members with a serious health condition.

CASE PATHWAY

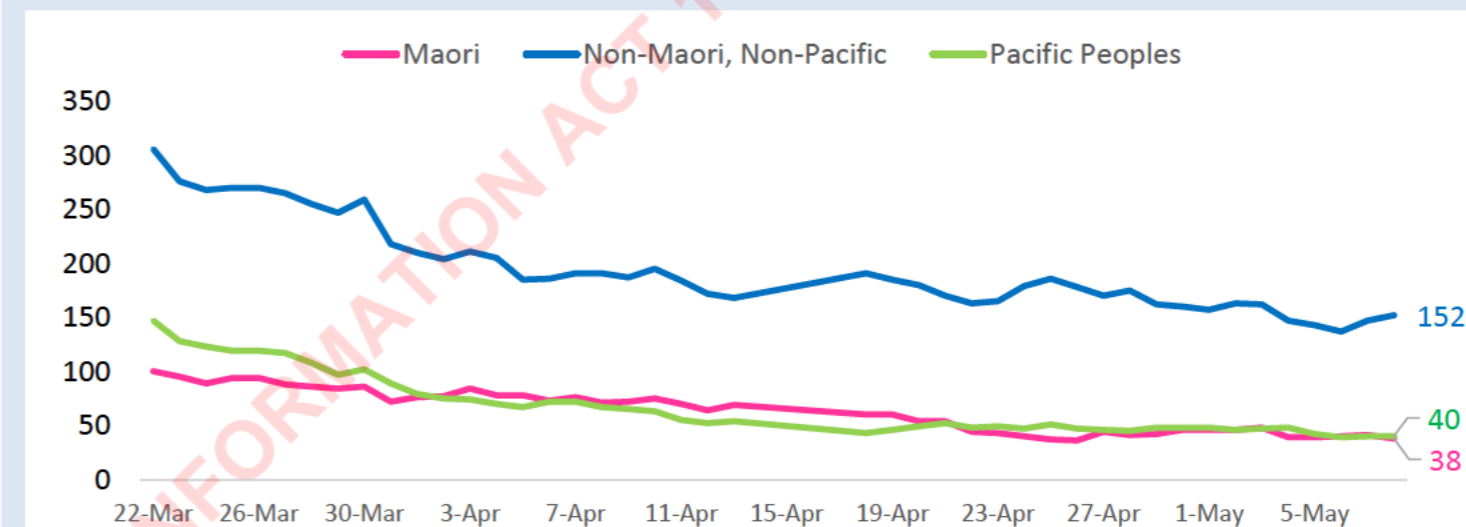
4. CARE AND SUPPORT

4.1 Hospitalisations and ICU active cases by date



- Total number of hospitalisations has slightly decreased compared to the end of 01 May 2022 week. However the percentage in ICU has increased from 2.91% to 4.66%.
- *Note: Dates where the SitRep is not published, new cases are not displayed on the chart above.*

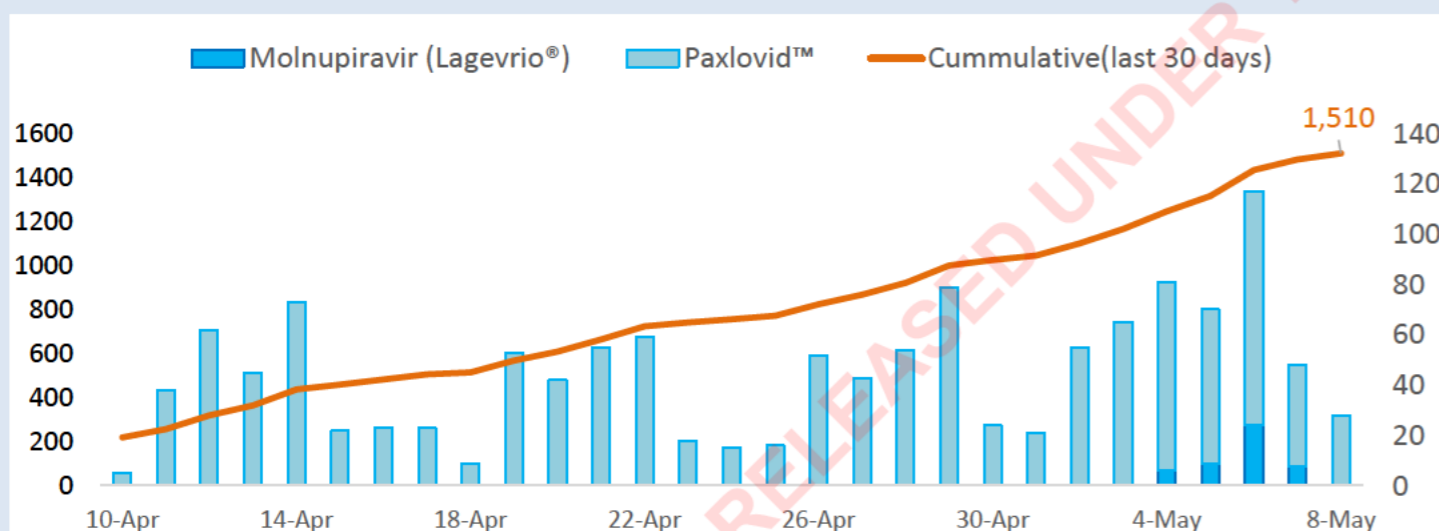
4.2 Hospitalisations by ethnicity – Northern region only



- Pacific volumes have decreased over the last week and represents 17% of the hospitalisations in the Northern Region.

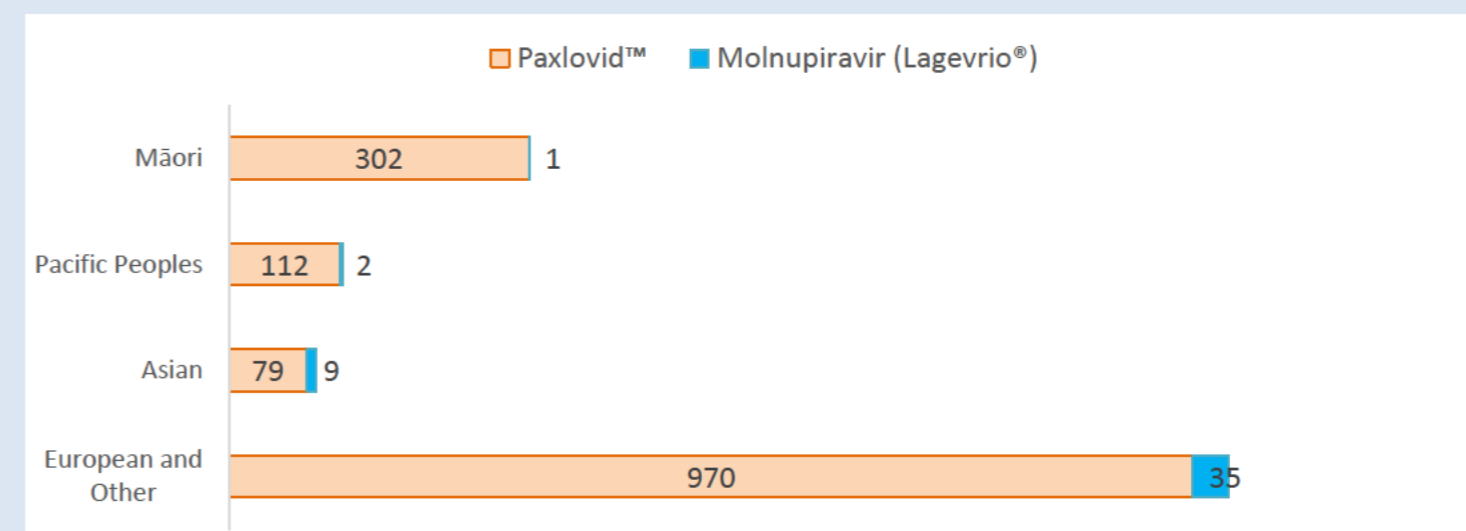
4. CARE AND SUPPORT

4.3 Number of Therapeutics courses dispensed to patients by date



- Volumes of therapeutics courses dispensed have significantly increased with 464 courses dispensed last week compared to 289 the week prior.
- *Note: 11,707 courses distributed of which 1,510 courses has been dispensed with a stock utilisation rate 12.9% since program initiation (04 April 2022)*

4.4 Therapeutics courses dispensed by Ethnicity since 04 April 2022

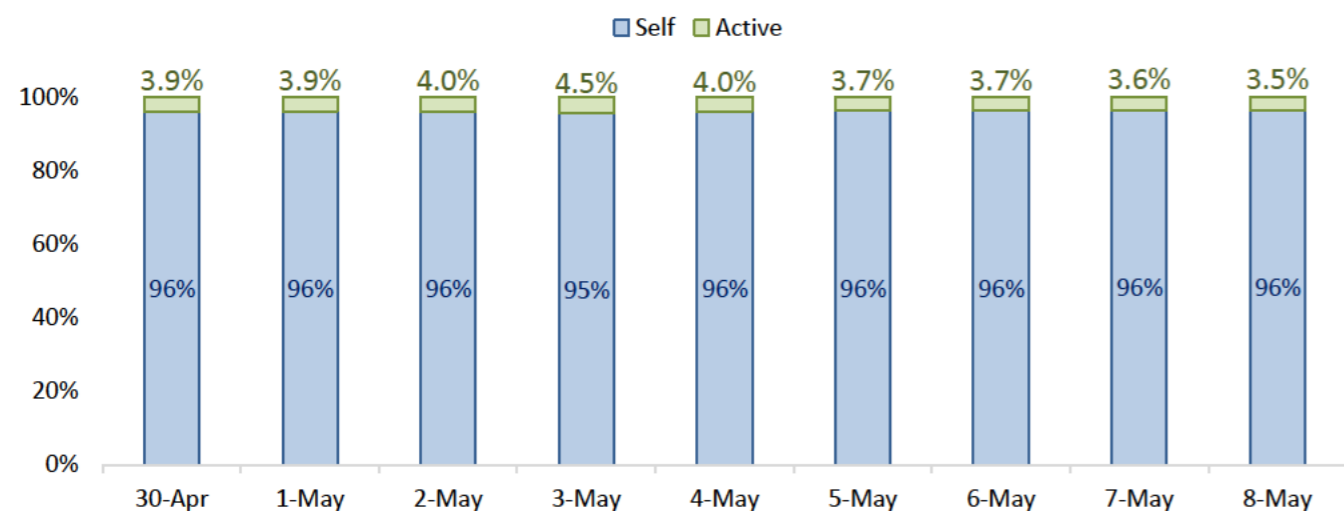


- Number of therapeutics courses dispensed via Pharmacies by ethnicity since 04 April 2022.
- *Note: Molnupiravir (Lagevrio®) courses dispense have been initiated since 04 May 2022.*

CASE PATHWAY

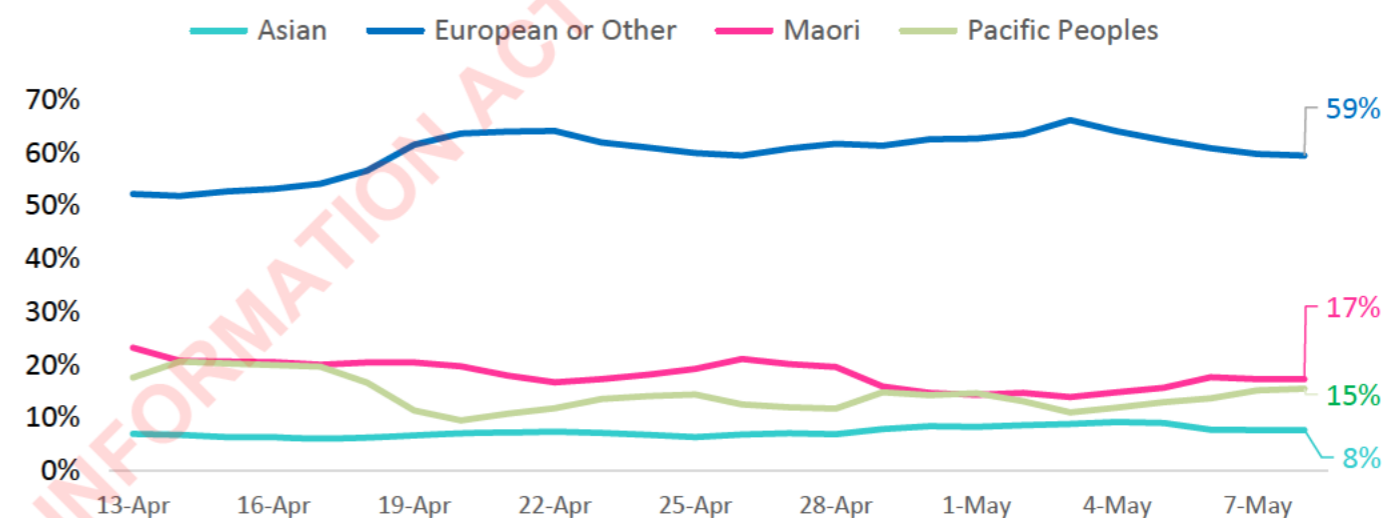
4. CARE AND SUPPORT

4.5 Active and self management care distribution (manage care type)



- Proportion of active management cases remains consistently between 3.9% and 4.5% of the total cases in isolation.
- Quality of the data for managed care type relies on the clinical assessment to be completed and case flagged as “active management” by GPs or a clinical specialist.

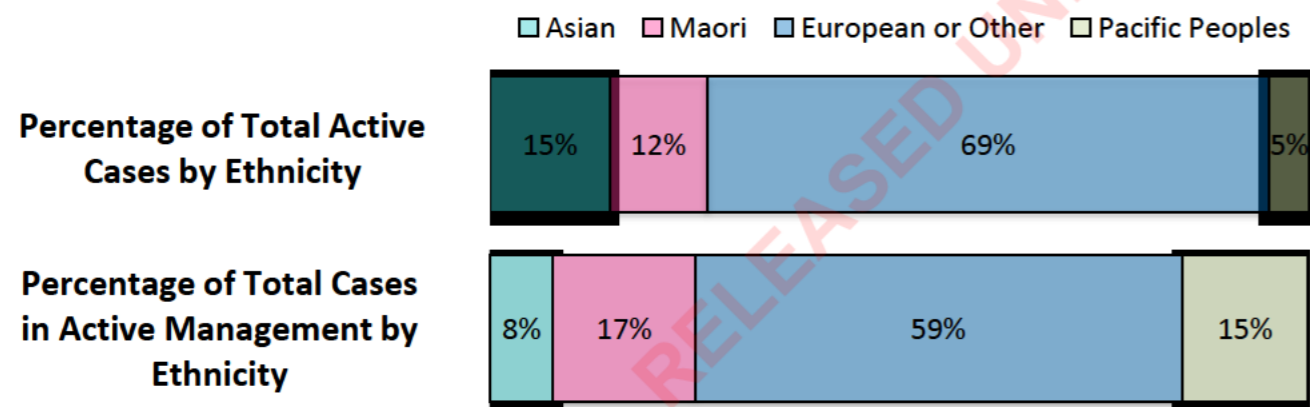
4.6 Percentage of active cases in active management by ethnicity



- Percentage of Pacific and Māori represent approximately 32% of the population under active management, whereas a total combined population proportion for Pacific and Māori is approximately 24.6% for New Zealand as a whole.

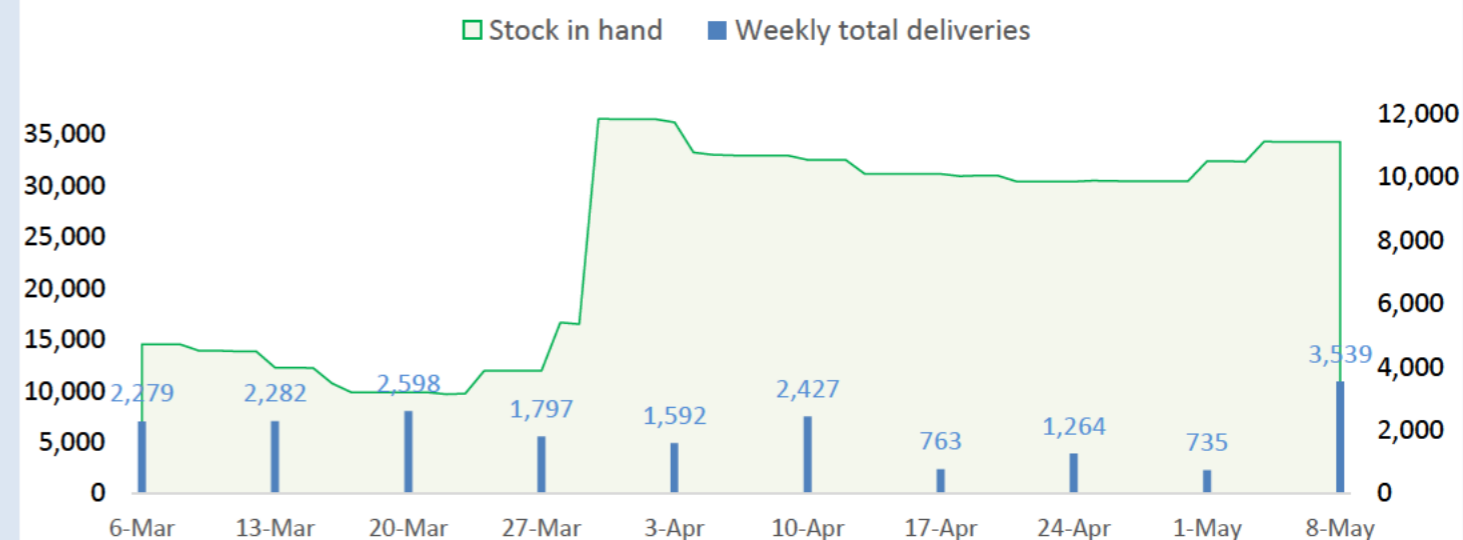
4. CARE AND SUPPORT

4.7 Percentage of total active cases compared to total cases in active management by ethnicity as at 08 May 2022



- The trend shows a higher percentage of Māori and Pacific Peoples in active management than are shown in the percentage of active cases.

4.8 Pulse Oximeters delivery and availability



- Pulse oximeters – stock on hand is in excess of 34,270. Note scale of supply and demand, and stock available.



Care in the Community Weekly Dashboard

18 May 2022

Performance for week ending 15 May 2022

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Observation period

The data in this output covers the period from 09 May until 15 May 2022.

The weekly results will be released in this format on a Wednesday.

Further reporting and analysis is available on this data on request.

Additional information on data sources and availability of additional measures.

- Metrics continue to be developed and data sources consolidated on the Qlik app, reducing the number of data sources.
- New disability database will be created compiling the disability data from multiple data sources. This will allow a consolidated data source and better analysis.
- Data quality is constantly improved and refreshed in Snowflake. This means that small changes on numbers can occur week by week for metrics extracted from the Qlik app.

SECTION 1 - CASE OVERVIEW

A) Total active cases in the community

Active cases: positive cases that have not recovered in the last 10 days.

Data source: Ministry of Health (MoH) COVID Daily Situational Report(s)

B) Total active cases in the community by location

Case location, community care is the primary location with smaller volumes in hospital or undefined at time of data snapshot. The composition of case isolation is under review and therefore these numbers and types are subject to change.

Data source: DHB's / MoH COVID Daily Situational Report(s) / Qlik

C) Hospitalisations

Hospitalised positive cases.

Data Source: MoH COVID Daily Situational Report(s)

SECTION 2 - CASE PATHWAY

1. CONTACT and INITIAL ASSESSMENT

This stage includes case contact results by channel, as well as the completion of assessment results which includes and initial assessment of clinical and welfare support.

1.1) Case percentage by progress status by day

Percent of cases by date of their initial notification/case confirmation. Outcomes accumulate by day.

- These figures are based on cases reported in the National Contact Tracing System (NCTS). The report date is the date the case record was created.
- These figures may be subject to change due to ongoing case investigation or additional information being received.

Data source: National Investigation and Tracing Centre (NITC)

1.2) Completion rate of self-assessment form by channel and ethnicity

- Completion rate figures by channel and by ethnicity
- Overall figure includes Māori and Pacific.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
- More detailed form completion metrics are under development (DHB, equity and demographics)

Data source: NITC

2. CLINICAL ASSESSMENT

2.1 and 2.2) Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification

- Start event: Notification of confirmed case date/time in Episurv (by NHI number).
- End event: Initial clinical assessment date/time in COVID-19 Clinical Care Module (CCCM) is by NHI number and if this contact is recorded within 24 hours of the start event.
- Cases that have not had their CCCM initial clinical health assessments completed are not included in this metric.
- Disability data (Socrates) – database used is for people that are receiving MoH funded disability support (as opposed to DHB funded disability support). The Socrates database tend to be people under 65 years of age. The DHB funded disability support are older people 65 years and over.

Data source: CCCM/QLIK, Socrates

3. ASSESS NEEDS

3.1 and 3.2) Cases with Ministry of Social Development (MSD) Welfare referrals via Ministry of Health (MoH)

- Number of welfare requests created via GPs and Providers via CCCM.
- New welfare process is currently impacting the data availability. Work is ongoing to develop metric.

Data source: NCTS

3.3 and 3.4) Number of funded alternative accommodation requests by primary reason by date

- Number of alternative accommodations requested via self assessment form by reason.

Data source: Qlik

4. CARE AND SUPPORT

4.1 and 4.2) Hospitalisations and ICU numbers by date

Count of active, hospitalised cases and ICU. Cases are reported by DHBs to the MoH.

Data source: MoH COVID Daily Situational Report(s)

4.3 and 4.4) Therapeutics dispensed to date and by ethnicity

- Number of courses dispensed by day since 04 April 2022, including a split by the two different medications (Paxlovid and Molnupiravir).
- Number of courses dispensed by ethnicity since 04 April 2022 including a split by the two different medications (Paxlovid and Molnupiravir).

Data source: Qlik

4.5) Active and self management care distribution

- Percentage of cases assigned in CCCM as active vs self management.

Data source: Qlik

4.6) Percentage of active management cases by ethnicity

- Number of cases assigned in CCCM as active in CCCM.

Data source: Qlik

4.7) Percentage of active cases compared to active cases in active management by ethnicity for week

- Percentage of active cases by ethnicity compared to the percentage of active cases in active management by ethnicity.

Data source: Qlik

4.8) Pulse Oximeters delivery and availability

- Pulse oximeters ordered for delivery along with national stock holding.

Data source: Supply Chain - COVID-19 Health System Response

METRICS UNDER DEVELOPMENT/AWAITING DATA*

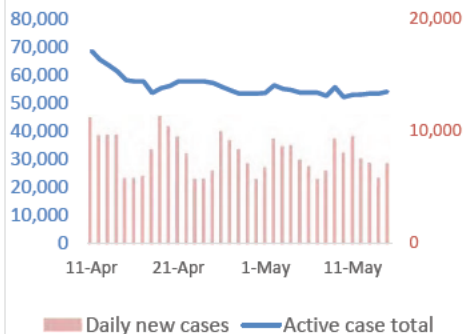
- Non-contactable – by location, risk and ethnicity
- Hospitalisation and welfare proportion of active cases – by ethnicity and date.

CASE OVERVIEW

TOTAL ACTIVE CASES IN THE COMMUNITY
 (15/05/22)

53,893 +2.6% daily average cases week-on-week

Dates where the SitRep is not published new cases are not displayed on the chart below.



TOTAL CONTACT by ETHNICITY
 (15/05/22)

The table below shows the percentage of cases for the last three weeks that have either received the automated case inform text or have been contacted by a case investigator via phone.

	01-May	08-May	15-May
Overall	98.74%	98.72%	98.59%
Māori	97.49%	97.19%	97.27%
Pacific	98.62%	98.43%	98.61%

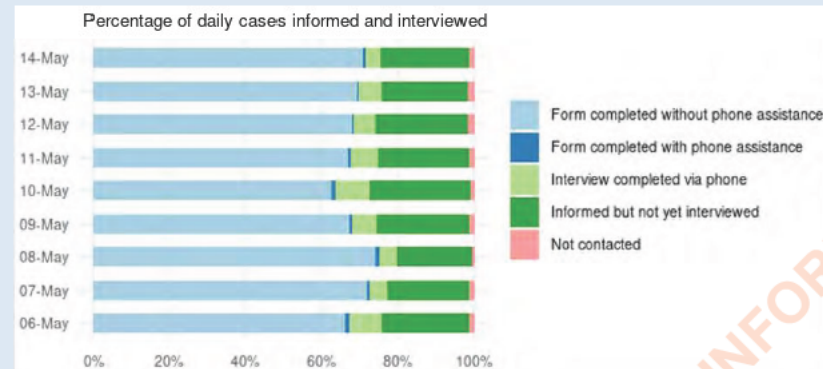
HOSPITALISATIONS (15/05/22)

415 ICU -> 11 = 2.65%
 Non ICU -> 404 = 97%

CASE PATHWAY

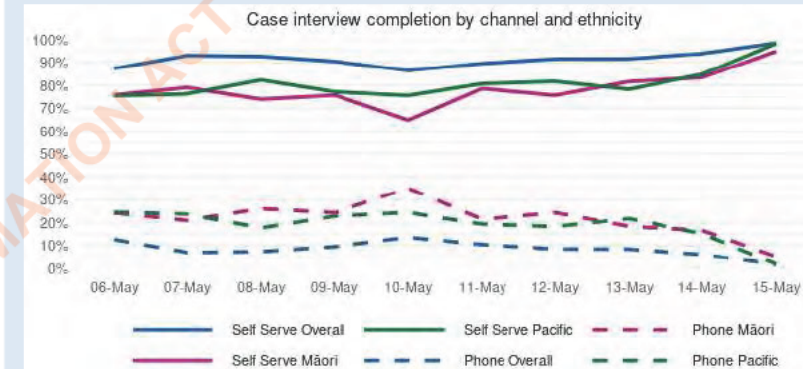
1. CONTACT and INITIAL ASSESSMENT

1.1 Percent of new active case by SMS/Phone contact status by day



- The percentage of cases contacted has remained consistent in the past week and has been consistently over 98%.
- Note the data from 15 May 2022 was excluded due to being incomplete.

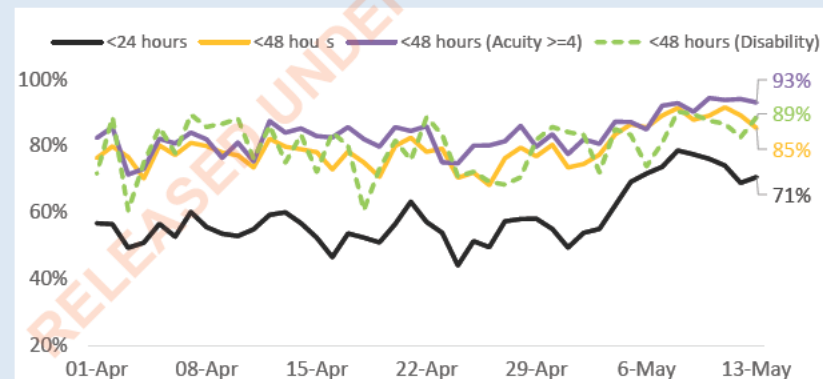
1.2 Completion rate of initial assessment form by channel and ethnicity



- The 8-day trend shows consistent self serve completion across all groups.
- The figure above encompasses the 54,086 cases created in the NCTS during the 10 days to yesterday (15 May 2022).
- Note the strong fluctuation on the most recent day (15 May 2022) is due to there not being enough time yet to allow for all cases to be completed.

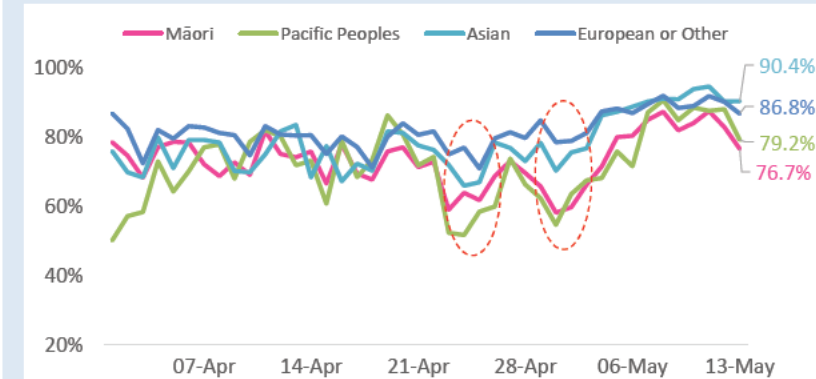
2. CLINICAL ASSESSMENT

2.1 Percent of initial clinical assessments completed in CCCM within 24 and 48 hours (overall and acuity >=4) of positive case notification



- Between 07 May and 13 May 2022, 42,166 clinical assessments were completed.
- Number of assessments from cases with a high acuity score (equal 4 or over) represent 6.2% of total assessments completed, and cases with disability represent 0.8%.
- The last week shows a slight decrease in assessments completed within 24 and 48 hours.

2.2 Percent of initial clinical assessment completed within 48 hours of positive case by ethnicity

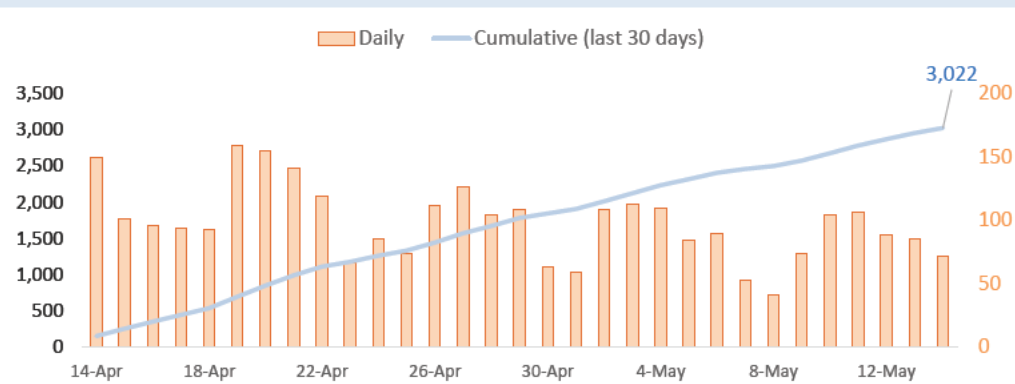


- There has been an increase in all assessments completed within 48 hours for all ethnicities in the past two weeks with the trend returning to the standard pattern with a smaller discrepancy between ethnicities. There was previously a strong discrepancy between ethnicities during the Easter and ANZAC weekends (circled red), with rates for Māori and Pacific Peoples declining more sharply than for European or Asian.

CASE PATHWAY

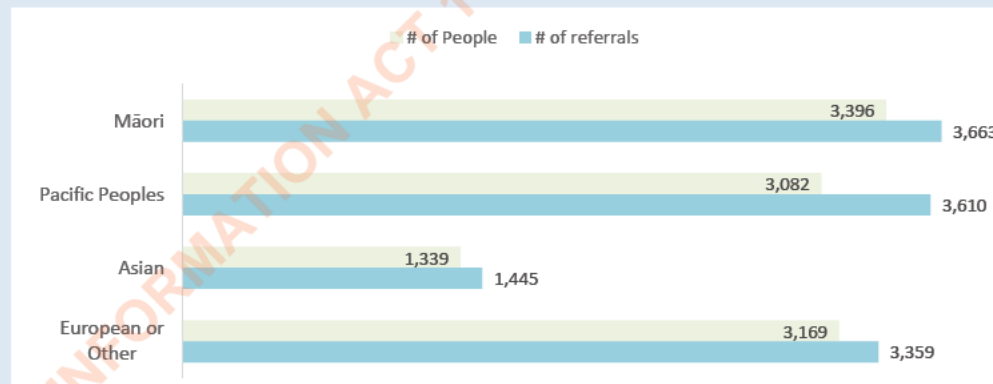
3. ASSESS NEEDS

3.1 Number of welfare referrals sent to Ministry of Social Development (MSD) via CCCM



- The volume of welfare referrals have decreased to 568 compared to 613 week prior.
- The date of the welfare referrals are consolidated with the latest update on the referral, so volumes may change slightly week-to-week for previous weeks reported.

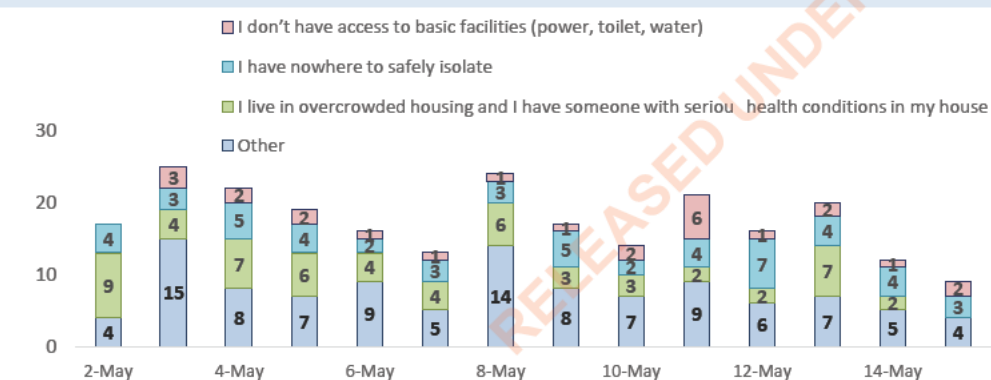
3.2 Number of welfare referrals sent to Ministry of Social Development (MSD) via CCCM by ethnicity



- Number of welfare referrals sent to MSD via CCCM by ethnicity since 14 March 2022 (when referral to MSD shifted systems from NCTS to CCCM).

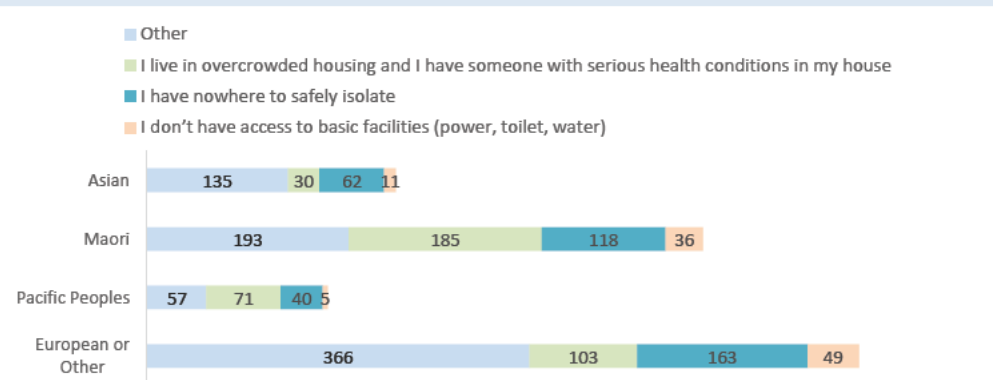
3. ASSESS NEEDS

3.3 Number of funded alternative accommodation requests by primary reason by date



- Total of 1,624 alternative accommodation requests were created since the release of this function in NCTS on 15 March 2022.
- High proportion of 'other' cases - the alternative accommodation questions on the form are currently under review.

3.4 Funded alternative accommodation requests by ethnicity (to 15 May)

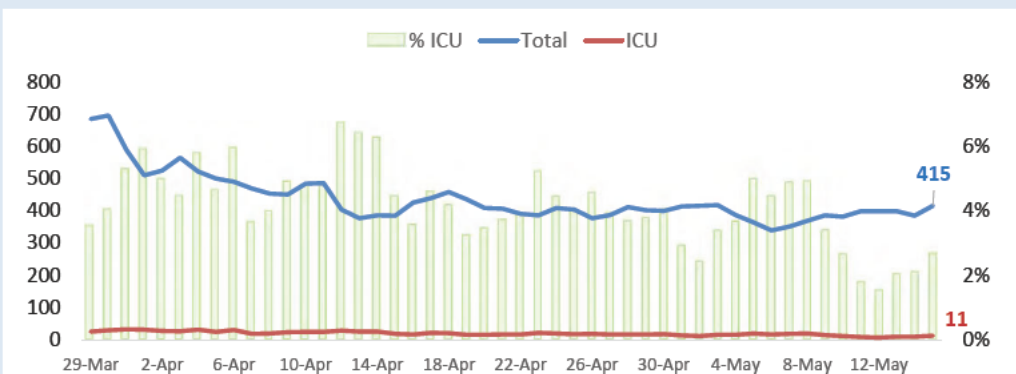


- Requests from 35% of Māori and 41% of Pacific Peoples are associated with living in congested housing along with one or more members with a serious health condition.

CASE PATHWAY

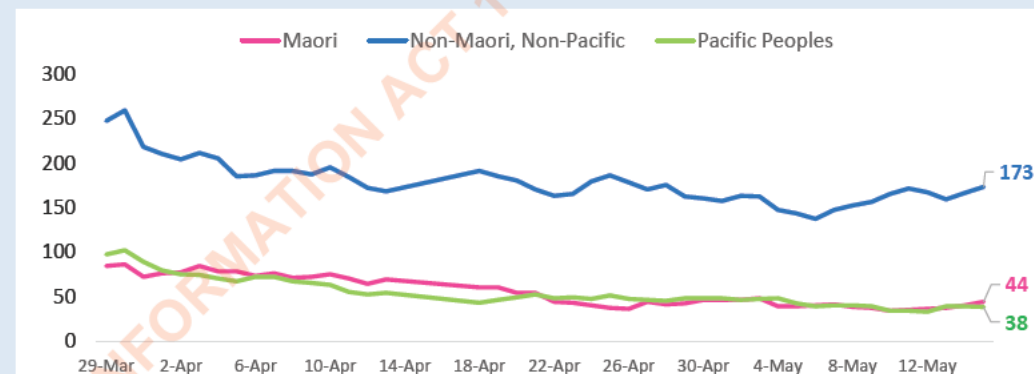
4. CARE AND SUPPORT

4.1 Hospitalisations and ICU active cases by date



- Average of total number of hospitalisation cases increased by 5% last week from 394 average daily cases compared to 377 average daily cases week prior. However the percentage in ICU has decreased from 4.89% to 2.65% week over week.
- *Note: Dates where the SitRep is not published, new cases are not displayed on the chart above.*

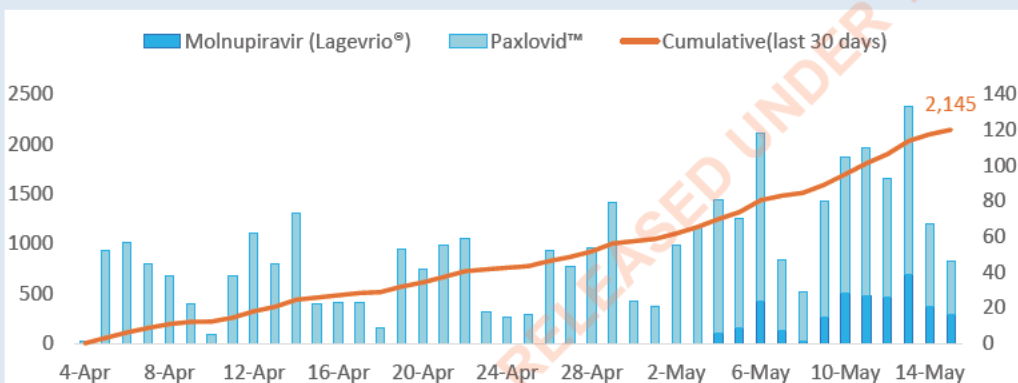
4.2 Hospitalisations by ethnicity – Northern region only



- Pacific volumes have decreased over the last week and represents 15% of the hospitalisations in the Northern Region.

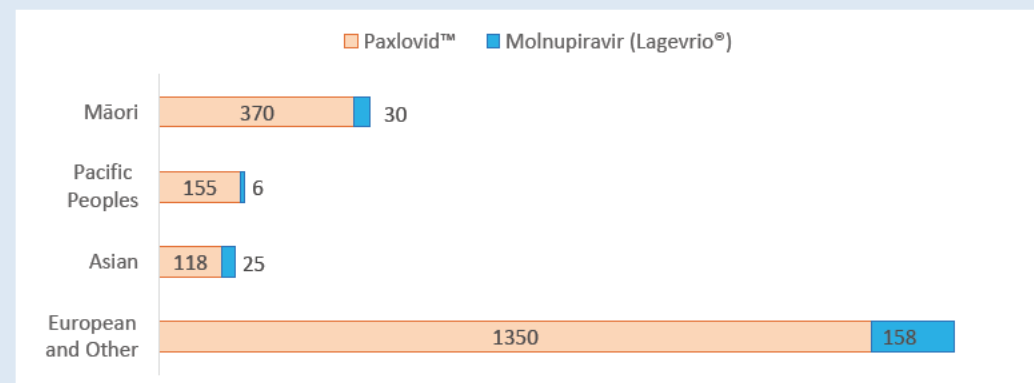
4. CARE AND SUPPORT

4.3 Number of therapeutic courses dispensed by date



- Volumes of therapeutic courses dispensed has remained steady, with 462 courses dispensed last week compared to 426 the week prior.
- Volume of Molnupiravir dispensed has increased this week to 25 average daily courses compared to 9 last week.
- *Note: 12,990 courses distributed of which 2,215 courses has been dispensed with a stock utilisation rate of 17.1% since program initiation (04 April 2022)*

4.4 Total therapeutic courses dispensed by ethnicity since 04 April 2022

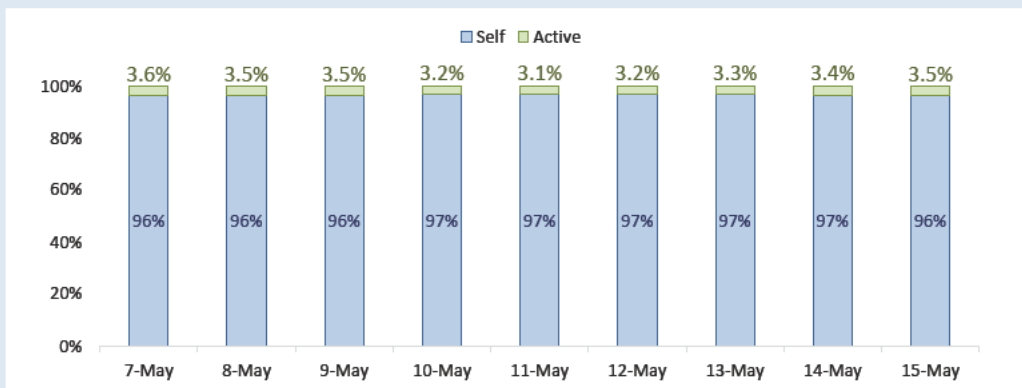


- Number of therapeutics courses dispensed via Pharmacies by ethnicity since 04 April 2022.
- *Note: Molnupiravir (Lagevrio®) courses were introduced on 04 May 2022.*

CASE PATHWAY

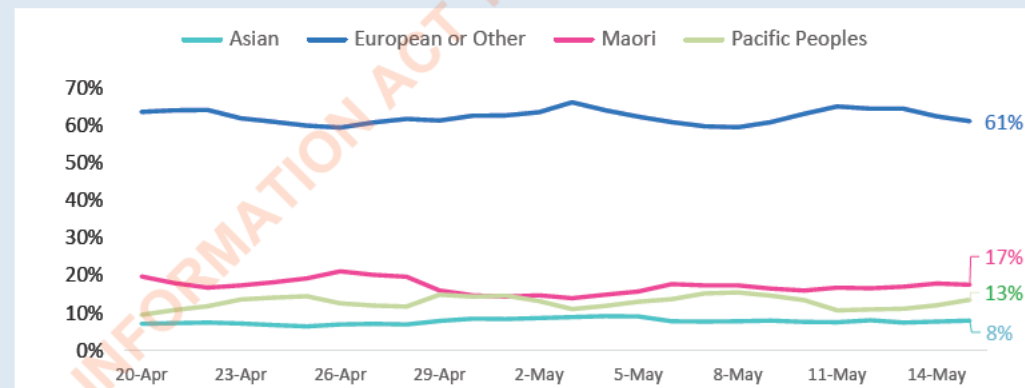
4. CARE AND SUPPORT

4.5 Active and self management care distribution (managed care type)



- Proportion of active management cases remains consistently between 3.1% and 3.6% of the total cases in isolation.
- Quality of the data for managed care type relies on the clinical assessment to be completed and case flagged as "active management" by GPs or a clinical specialist.

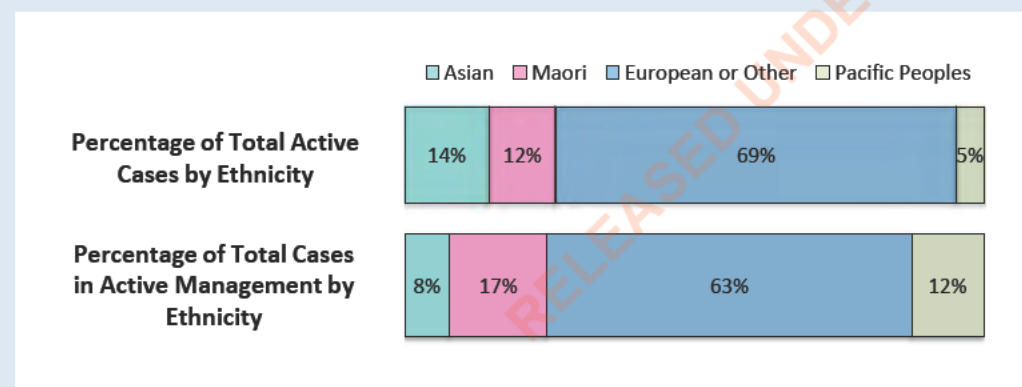
4.6 Percentage of active cases in active management by ethnicity



- Percentage of Pacific and Māori represent approximately 37% of the population under active management. This represents a 5% increase this week compared to last week.

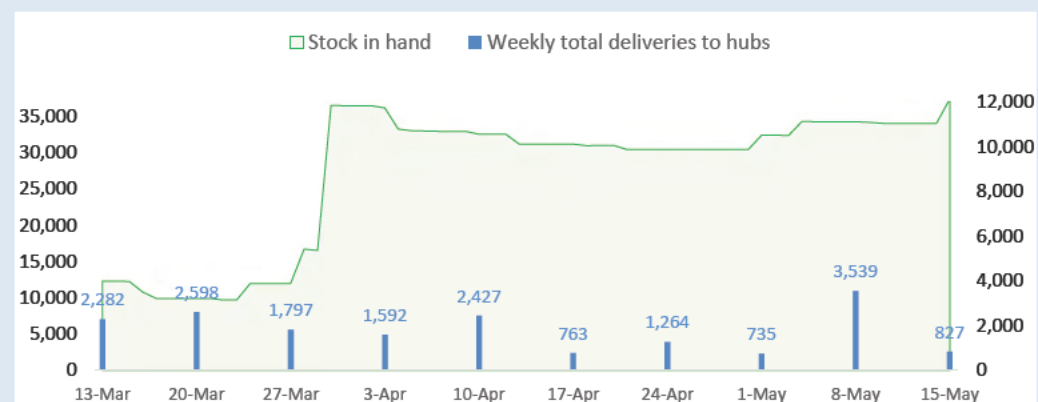
4. CARE AND SUPPORT

4.7 Percentage of total active cases compared to total cases in active management by ethnicity for week ending 15 May 2022



- The trend shows a higher percentage of Māori and Pacific Peoples in active management than are shown in the percentage of active cases.
- Figures show the 7-day rolling average for the week ending 15 May.

4.8 Pulse Oximeters delivery and availability



- Pulse oximeters – stock on hand is in excess of 37,433. Note scale of supply and demand, and stock available.



Care in the Community Weekly Dashboard

25 May 2022

Performance for week ending 22 May 2022

RELEASED UNDER THE OFFICIAL INFORMATION ACT 1982

Care in the Community Dashboard | Headlines

Observation period

The data in this output covers the period from 16 May until 22 May 2022.

The weekly results will be released in this format on a Wednesday.

Further reporting and analysis is available on this data on request.

Additional information on data sources and availability of additional measures.

- Metrics continue to be developed and data sources consolidated on the Qlik app, reducing the number of data sources.
- A new disability database will be created compiling the disability data from multiple data sources. This will allow a consolidated data source and better analysis.
- Data quality is constantly improved and refreshed in Snowflake. This means that small changes on numbers can occur week by week for metrics extracted from the Qlik app.

Headlines for 16 May to 22 May 2022

- 1.2% increase in the average number of total active cases in the community in the past week (16 May to 22 May 2022) compared to the previous week (09 May to 15 May 2022).
- Initial clinical assessments completed within 24 hours decreased from 70.6% to 60.7% in the past week.
- As noted above, there was a decrease in the percentage of initial clinical assessments completed in 24 and 48 hours. This was particularly notable for Māori for initial clinical assessments completed within 48 hours with a decrease from 82.1% to 73.8%.
- Last week saw the highest number of therapeutics courses dispensed in a week, so far with 846 courses dispensed last week (16 May to 22 May 2022) compared to 634 the week prior (09 May to 15 May 2022).
- Percentage of Māori and Pacific Peoples cases (combined 34%) in active management remains higher than their total representation in total active cases (combined 16%).

Background

This weekly dashboard is distributed each Wednesday (for the previous Monday to Sunday, unless otherwise stated) showing key metrics relating to the COVID Care in the Community (CitC) response.

Notes

- There has been a new Headlines section added to the start of the dashboard to highlight the key insights from the past week. The Caveats and Explainers section has been moved to the end of the dashboard.
- The 4.8 Pulse Oximeters delivery and availability metric has been slightly updated. Previously the delivery counted both Pulse Oximeters and accessories (e.g., Pulse Oximetry Kit, Pulse Oximeter Kits & Equipment and Pulse Oximeter Return Kit). This has been changed to now only count the delivery of actual Pulse Oximeters, which aligns with the stock on hand (availability) portion of the metric which only counts Pulse Oximeters and not their accessories. The historical delivery counts in the metric have been updated to reflect this.

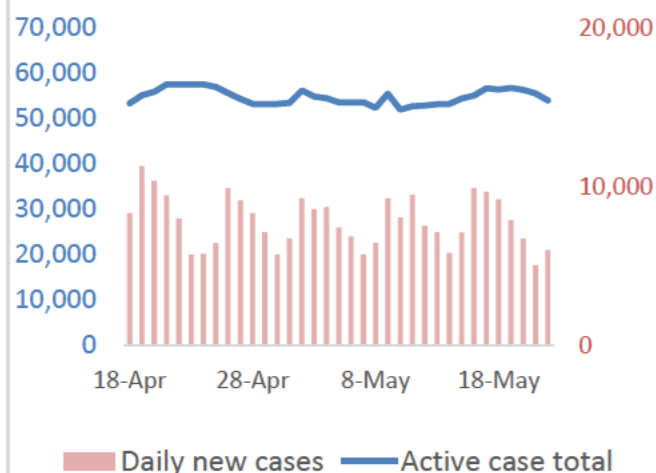
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CASE OVERVIEW

TOTAL ACTIVE CASES IN THE COMMUNITY (22/05/22)

53,964 ↑ +1.2% daily average cases week-on-week

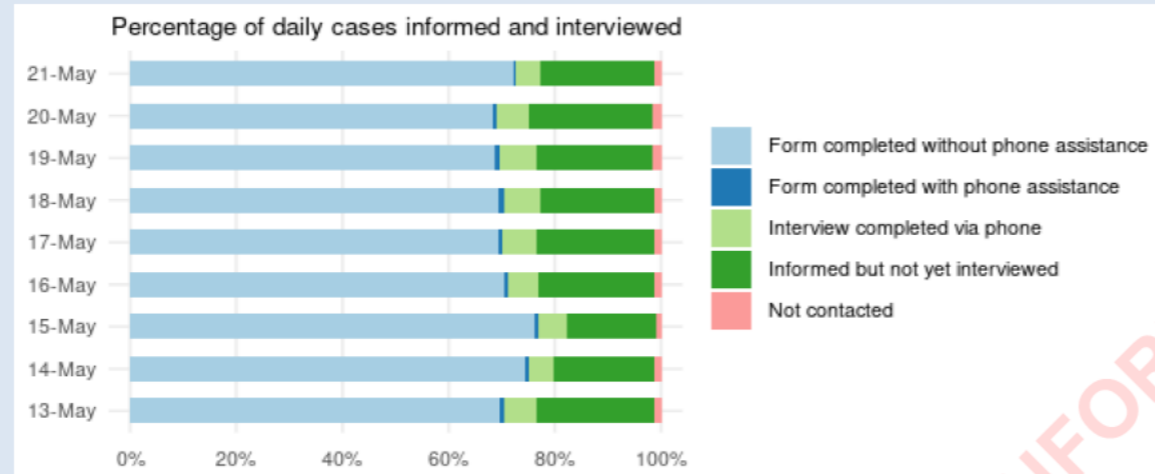
Dates where the SitRep is not published new cases are not displayed on the chart below.



CASE PATHWAY

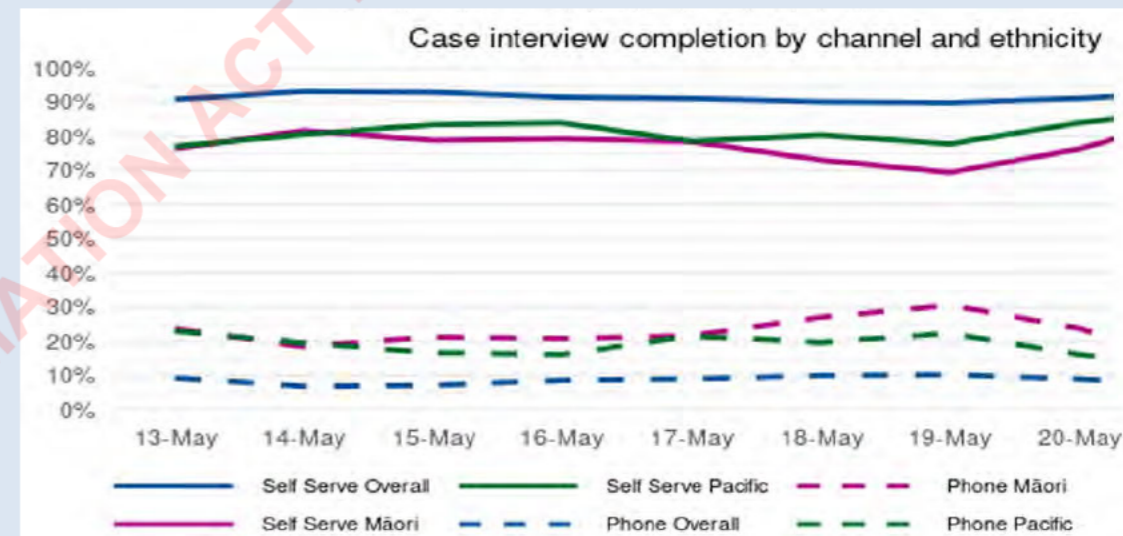
1. CONTACT and INITIAL ASSESSMENT

1.1 Percent of new active case by SMS/Phone contact status by day



- The percentage of cases contacted has remained consistent in the past week and has been consistently over 98%.
- Note the data from 22 May 2022 was excluded due to being incomplete.

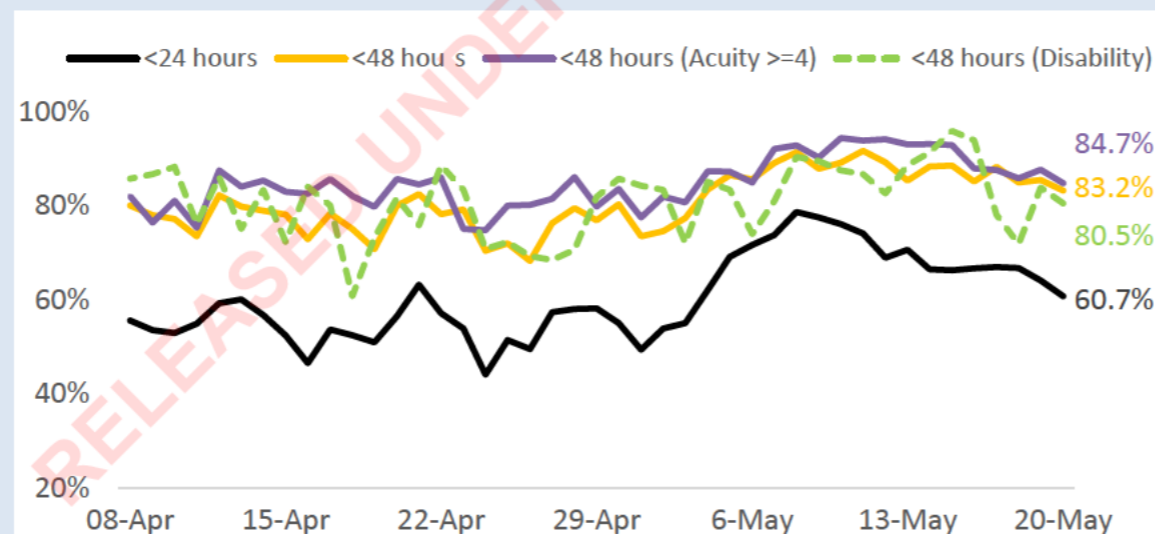
1.2 Completion rate of initial assessment form by channel and ethnicity



- The 8-day trend shows consistent self-serve completion across all groups.
- The figure above shows the 56,252 cases created in the NCTS during the 10 days to yesterday (22 May 2022).
- Note the most recent days (21 May and 22 May 2022) are excluded from the chart above due to partial data availability at the time of reporting.

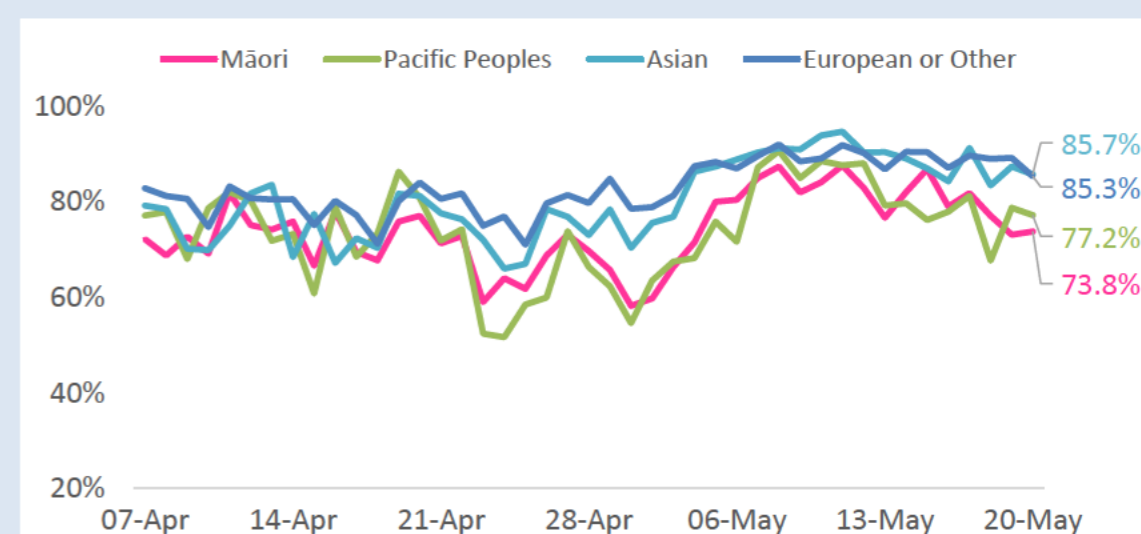
2. CLINICAL ASSESSMENT

2.1 Percent of initial clinical assessments completed in CCCM within 24 and 48 hours (overall and acuity >=4) of positive case notification



- Between 14 May and 20 May 2022, 24,624 clinical assessments were completed.
- Number of assessments from cases with a high acuity score (equal 4 or over) represent 10.7% of total assessments completed, and cases with disability represent 0.9%.
- The last week shows a decrease in both assessments completed within 24 and 48 hours. Assessments completed within 24 hours decreased by 70.6% to 60.7%.

2.2 Percent of initial clinical assessment completed within 48 hours of positive case by ethnicity



- There has been a decrease in the past week for the percentage of clinical assessments completed within 48 hours for Māori and Pacific Peoples.
- There has been a significant decrease in the past week (14 May to 20 May 2022) particularly for Māori with a decrease of 82.1% to 73.8%.
- Both of the noted decreases in clinical assessments are currently being investigated.

HOSPITALISATIONS (22/05/22)

363 ICU -> 14 = 4%
 Non-ICU -> 349 = 96%

TOTAL CONTACT by ETHNICITY (22/05/22)

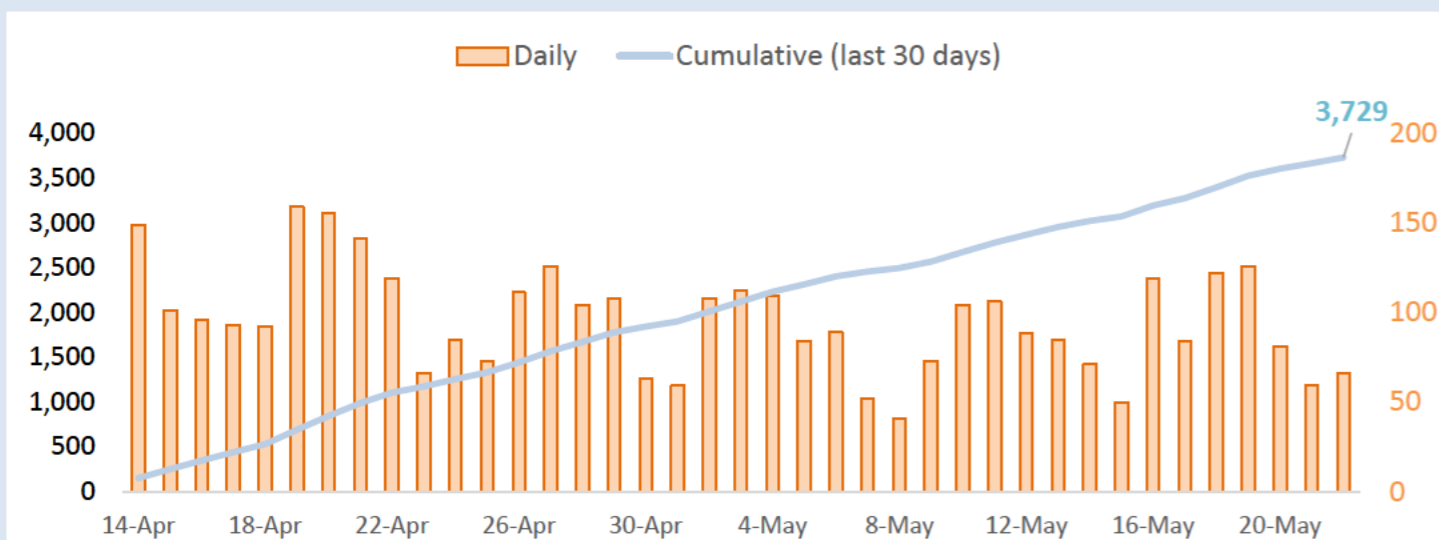
- The table below shows the percentage of cases for the last three weeks that have either received the automated case inform text or have been contacted by a case investigator via phone.

	08-May	15-May	22-May
Overall	98.74%	98.83%	98.62%
Māori	97.2%	97.73%	97.33%
Pacific	98.42%	98.8%	98.38%

CASE PATHWAY

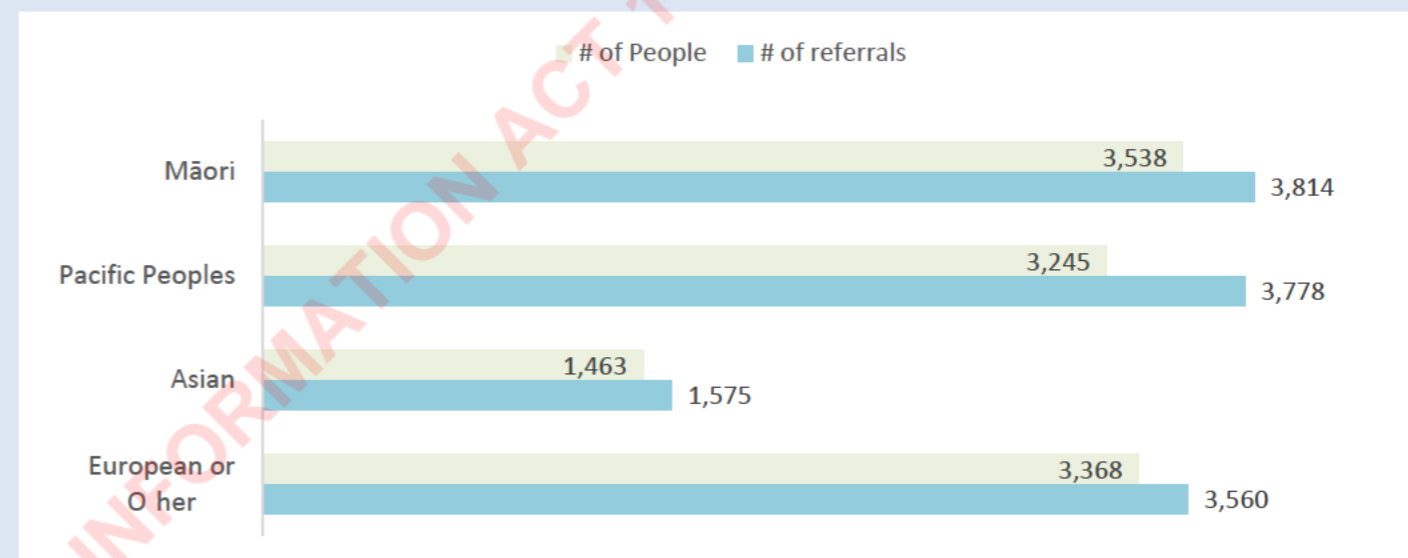
3. ASSESS NEEDS

3.1 Number of welfare referrals sent to Ministry of Social Development (MSD) via CCCM



- The volume of welfare referrals have increased to 657 compared to 577 week prior.
- The date of the welfare referrals are consolidated with the latest update on the referral, so volumes may change slightly week-to-week for previous weeks reported.

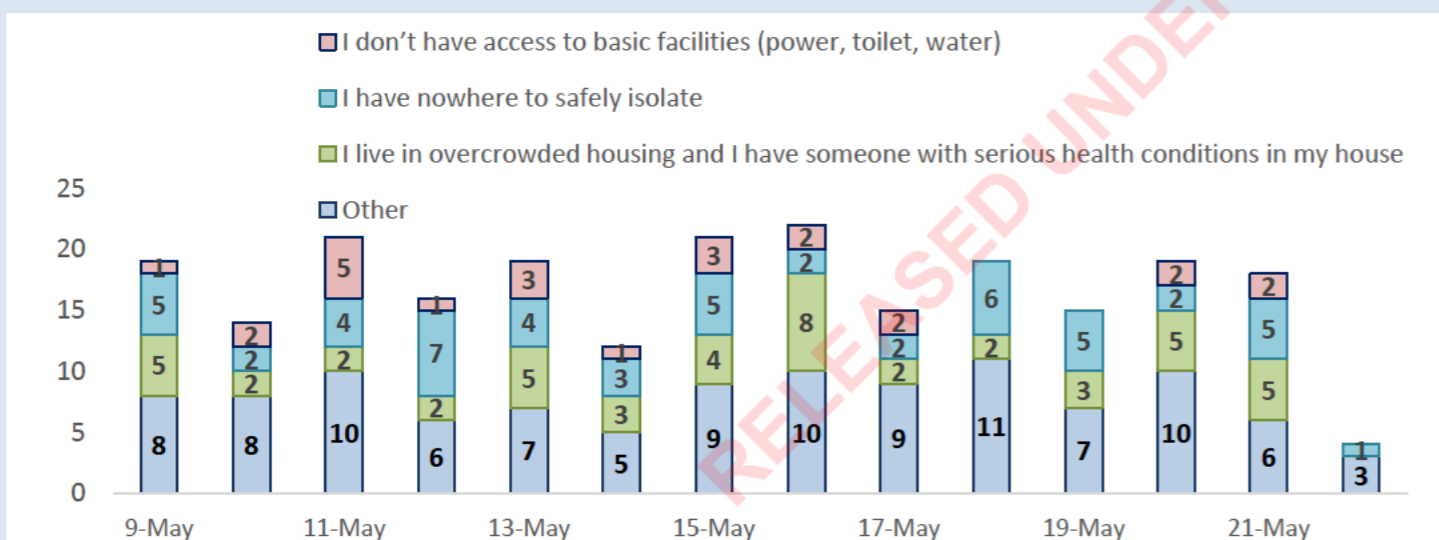
3.2 Number of welfare referrals sent to Ministry of Social Development (MSD) via CCCM by ethnicity



- Number of welfare referrals sent to MSD via CCCM by ethnicity since 14 March 2022 (when referral to MSD shifted systems from NCTS to CCCM).
- There is an average of 1.2 welfare referrals per person with at least one welfare referral.

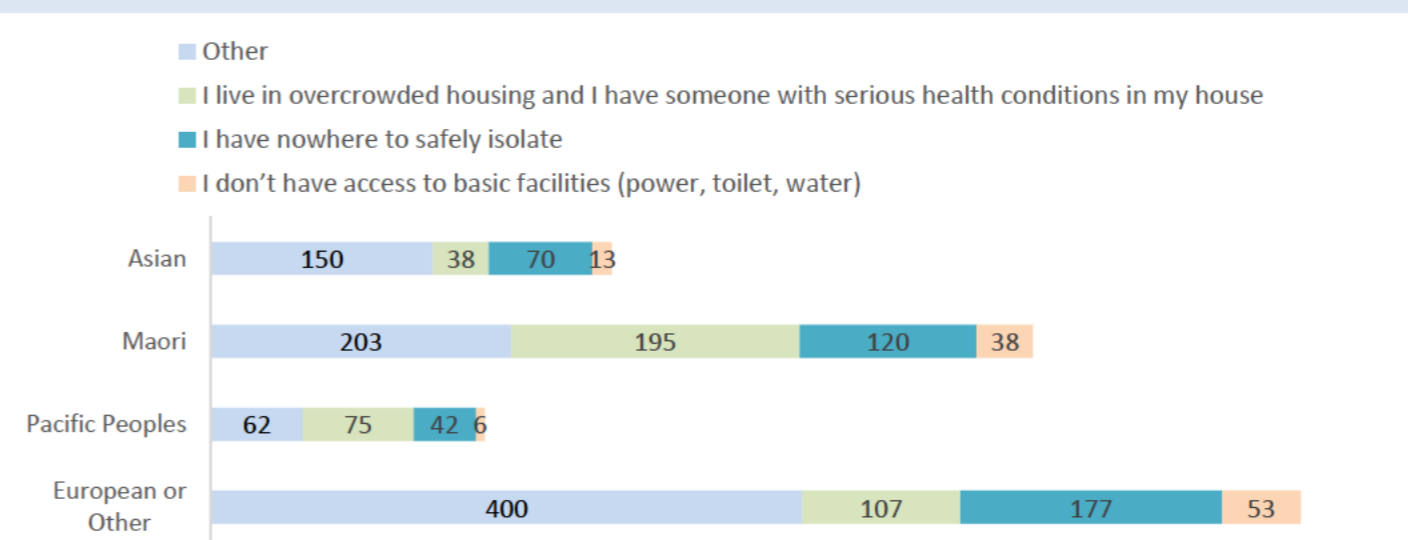
3 ASSESS NEEDS

3.3 Number of funded alternative accommodation requests by primary reason by date



- Total of 1,749 alternative accommodation requests were created since the release of this function in NCTS on 15 March 2022.
- High proportion of 'other' cases - the alternative accommodation questions on the form are currently under review.

3.4 Funded alternative accommodation requests by ethnicity (to 22 May)

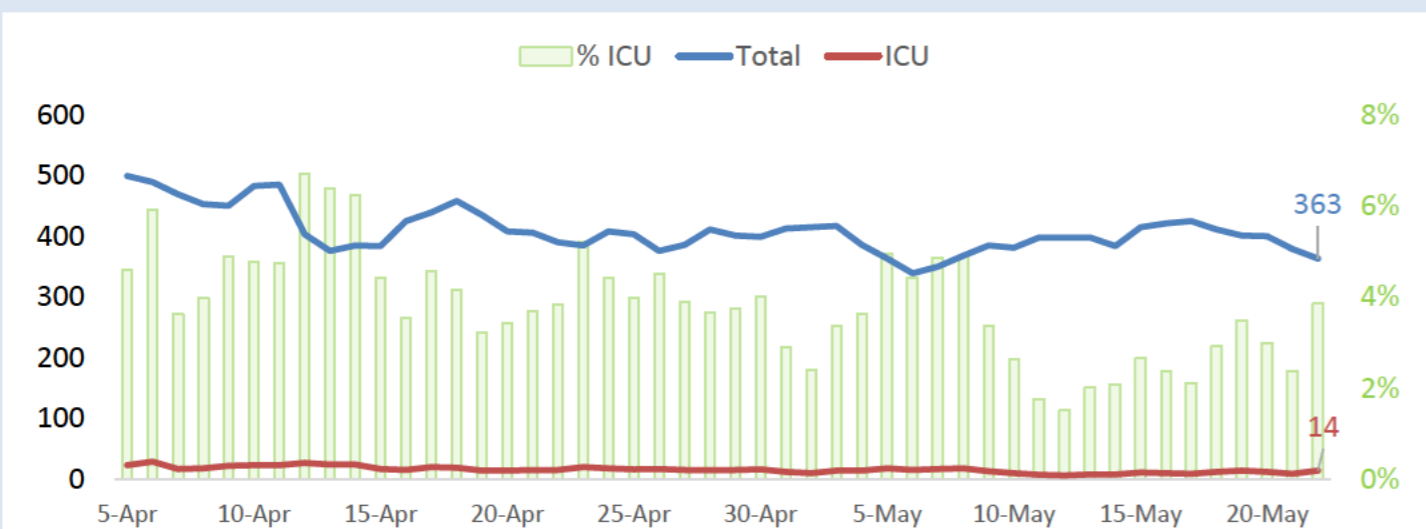


- Requests from 35% of Māori and 41% of Pacific Peoples are associated with living in congested housing along with one or more members with a serious health condition.

CASE PATHWAY

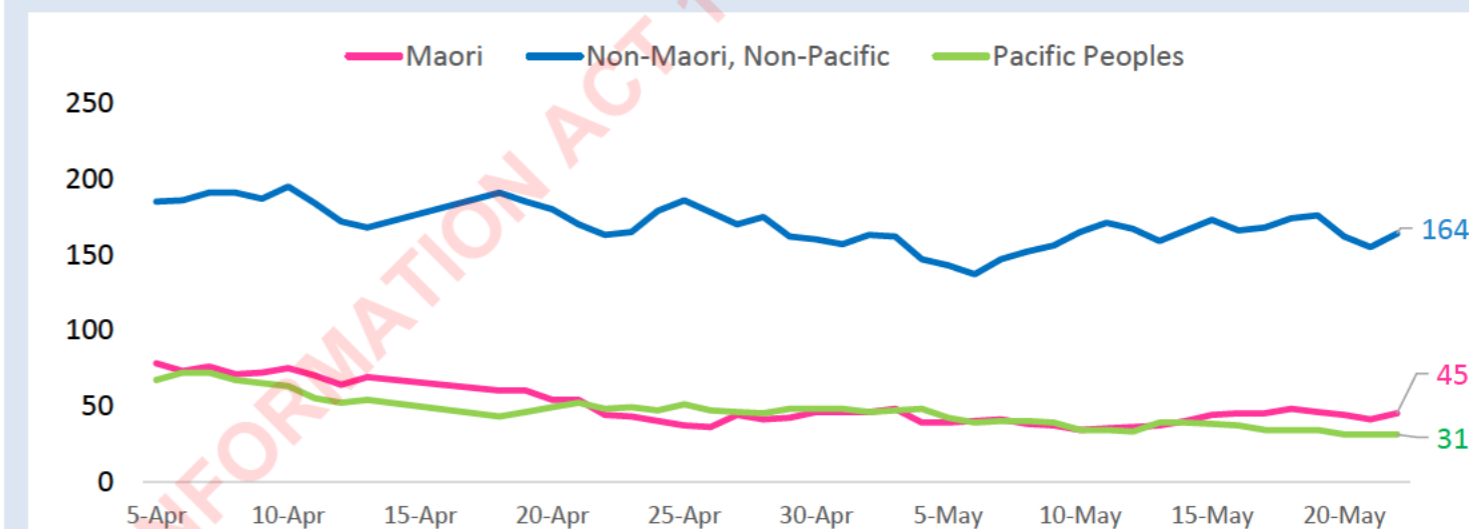
4. CARE AND SUPPORT

4.1 Hospitalisations and ICU active cases by date



- Average of total number of hospitalisation cases increased by 1.5% last week to 400 average daily cases compared to 394 average daily cases the week prior. The percentage of cases in ICU has increased from 2.29% to 2.88% week over week.

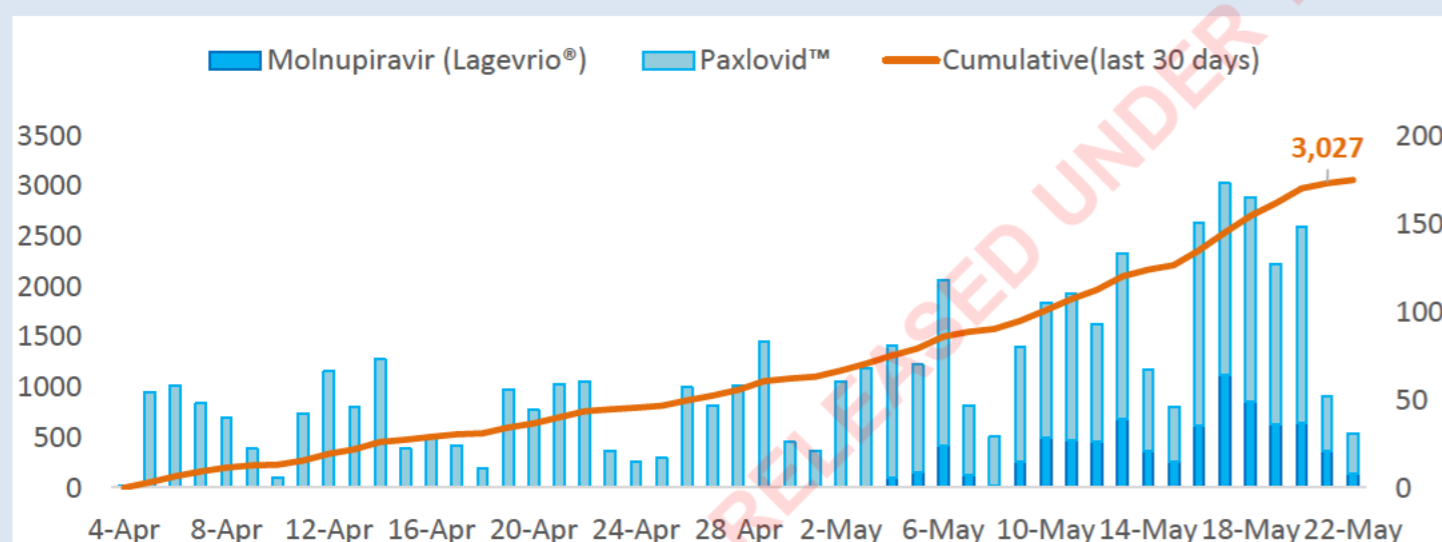
4.2 Hospitalisations by ethnicity – Northern region only



- Hospitalisations by ethnicity in the Northern region have remained consistent the past week.

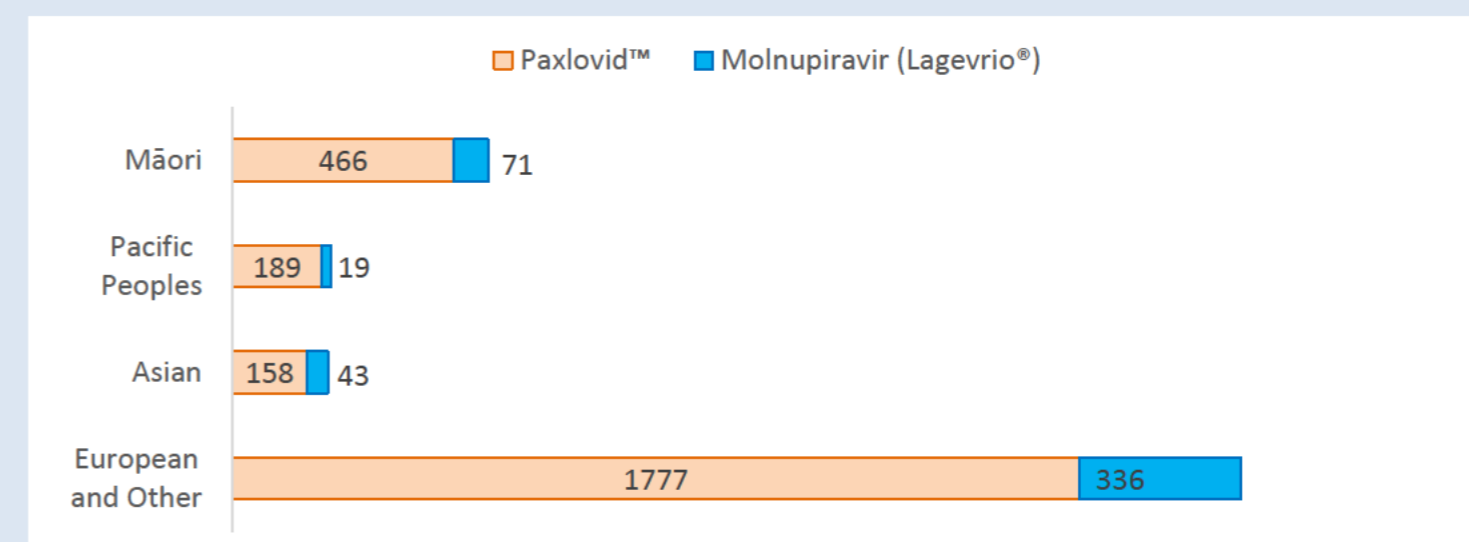
4. CARE AND SUPPORT

4.3 Number of therapeutic courses dispensed by date



- Volumes of therapeutic courses dispensed has a steady increase, with 846 courses dispensed last week compared to 634 the week prior.
- The increase in therapeutics courses dispensed is related to availability of a second option Molnupiravir (Lagevrio®) and widening of the access criteria since 05 May 2022 alongside the increasing familiarisation with the medications and increase in active cases.

4.4 Total therapeutic courses dispensed by ethnicity since 04 April 2022

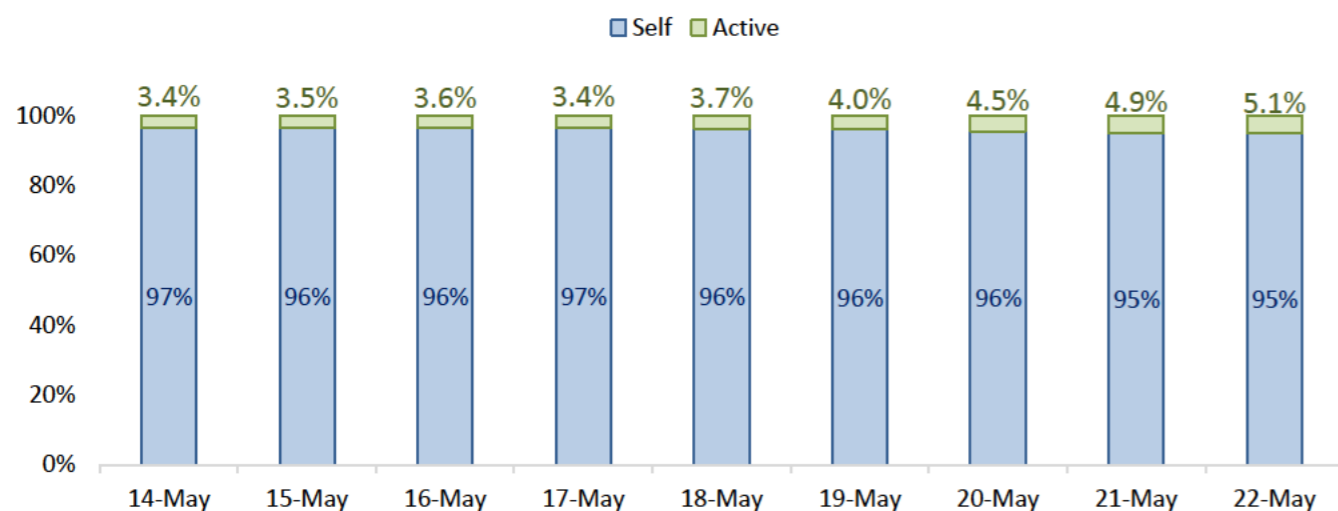


- Number of therapeutics courses dispensed via Pharmacies by ethnicity since 04 April 2022.
- Note: Molnupiravir (Lagevrio®) courses were introduced on 04 May 2022.
- Note: 14,084 courses distributed of which 3,062 courses have been dispensed with a **stock utilisation rate of 21.7%** since program initiation (04 April 2022).

CASE PATHWAY

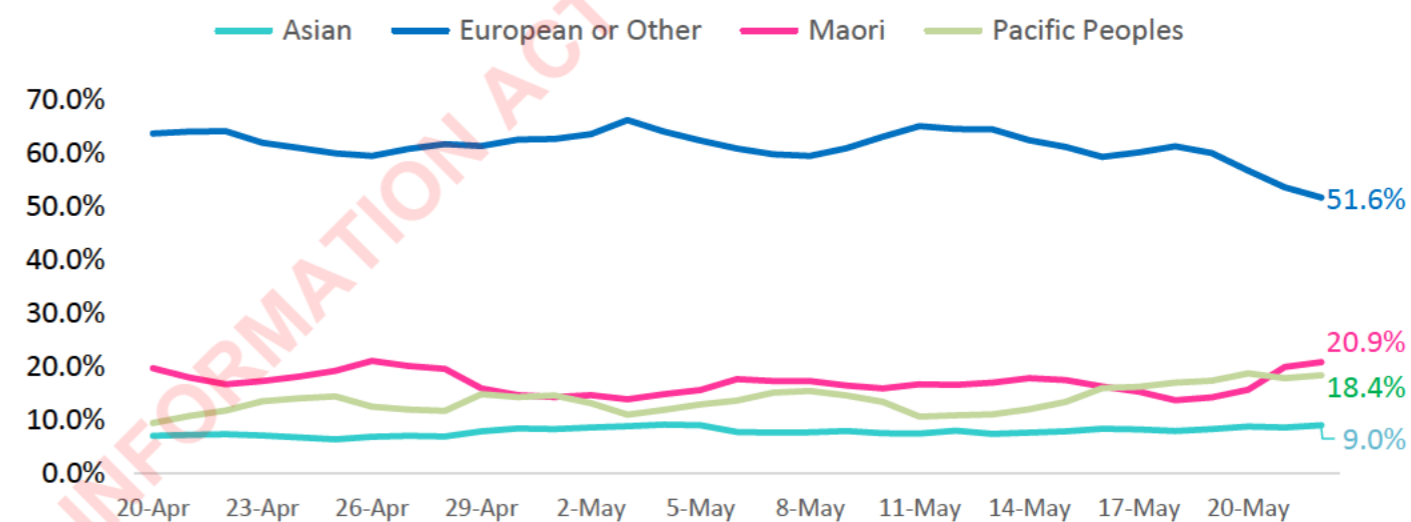
4. CARE AND SUPPORT

4.5 Active and self management care distribution (managed care type)



- There has been an increase during the week (14 May to 22 May 2022) of the percentage of cases in active management (3.4% to 5.1%).
- Quality of the data for managed care type relies on the clinical assessment to be completed and case flagged as “active management” by GPs or a clinical specialist.

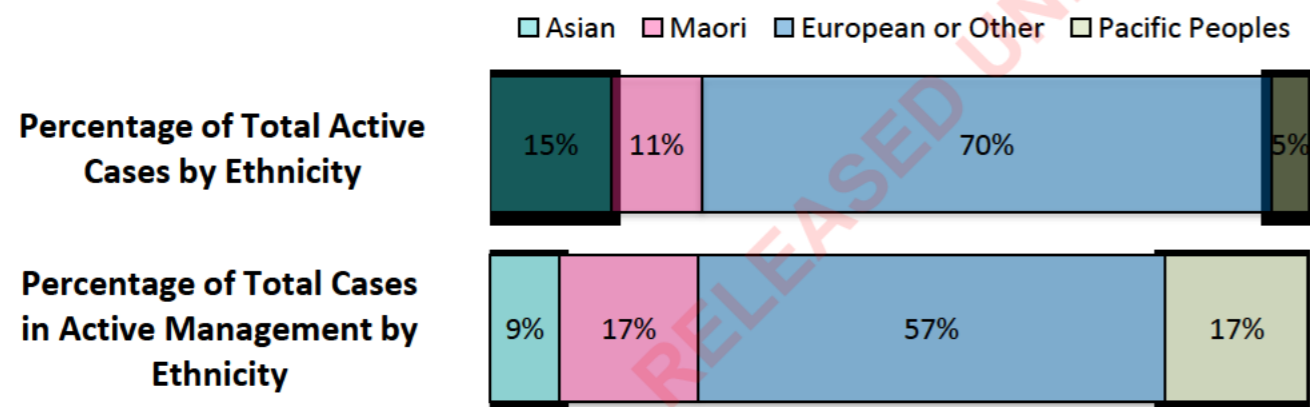
4.6 Percentage of active cases in active management by ethnicity



- Percentage of Pacific and Māori represent approximately 34% of the population under active management for the past week, an increase from 29.2% the week prior (09 May to 15 May 2022).

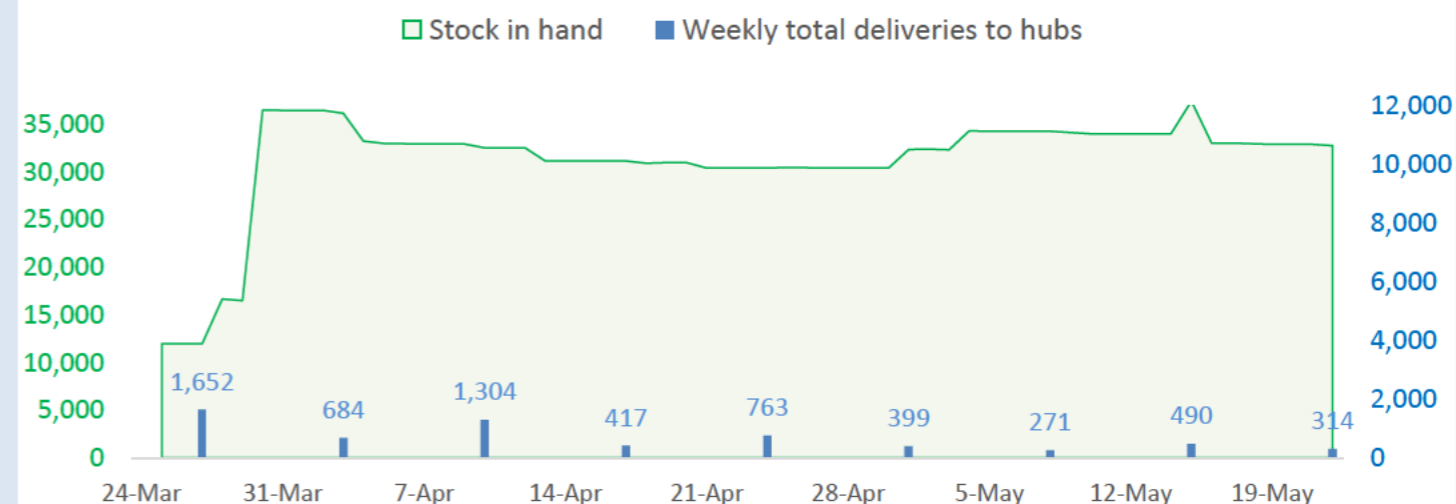
4. CARE AND SUPPORT

4.7 Percentage of total active cases compared to total cases in active management by ethnicity for week ending 22 May 2022



- The trend shows a higher percentage of Māori and Pacific Peoples in active management than are shown in the percentage of active cases.
- Figures show the 7-day rolling average for the week ending 22 May 2022.

4.8 Pulse Oximeters delivery and availability



- Pulse oximeters – stock on hand is in excess of 32,769.
- Note – the weekly total deliveries to hubs has been updated to only count Pulse Oximeters and not their accessories as well. For more information refer to the Headlines and Notes section at the start of the dashboard.

Care in the Community Dashboard | Explainers and caveats

SECTION 1 - CASE OVERVIEW

A) Total active cases in the community

Active cases: positive cases that have not recovered in the last 10 days.

Data source: Ministry of Health (MoH) COVID Daily Situational Report(s)

B) Total active cases in the community by location

Case location, community care is the primary location with smaller volumes in hospital or undefined at time of data snapshot. The composition of case isolation is under review and therefore these numbers and types are subject to change.

Data source: DHB's / MoH COVID Daily Situational Report(s) / Qlik

C) Hospitalisations

Hospitalised positive cases.

Data Source: MoH COVID Daily Situational Report(s).

SECTION 2 - CASE PATHWAY

1. CONTACT and INITIAL ASSESSMENT

This stage includes case contact results by channel, as well as the completion of assessment results which includes and initial assessment of clinical and welfare support.

1.1) Case percentage by progress status by day

Percent of cases by date of their initial notification/case confirmation. Outcomes accumulate by day.

- These figures are based on cases reported in the National Contact Tracing System (NCTS). The report date is the date the case record was created.
- These figures may be subject to change due to ongoing case investigation or additional information being received.

Data source: National Investigation and Tracing Centre (NITC)

1.2) Completion rate of self-assessment form by channel and ethnicity

- Completion rate figures by channel and by ethnicity.
- Overall figure includes Māori and Pacific.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
- More detailed form completion metrics are under development (DHB, equity and demographics)

Data source: NITC

2. CLINICAL ASSESSMENT

2.1 and 2.2) Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification

- Start event: Notification of confirmed case date/time in Episurv (by NHI number).
- End event: Initial clinical assessment date/time in COVID-19 Clinical Care Module (CCCM) is by NHI number and if this contact is recorded within 24 hours of the start event.
- Cases that have not had their CCCM initial clinical health assessments completed are not included in this metric.
- Disability data (Socrates) – database used is for people that are receiving MoH funded disability support (as opposed to DHB funded disability support). The Socrates database tend to be people under 65 years of age. The DHB funded disability support are older people 65 years and over.

Data source: CCCM/QLIK, Socrates

3. ASSESS NEEDS

3.1 and 3.2) Cases with Ministry of Social Development (MSD) Welfare referrals via Ministry of Health (MoH)

- Number of welfare requests created via GPs and Providers via CCCM.
- New welfare process is currently impacted the data availability. Work is ongoing to develop metric

Data source: NCTS

3.3 and 3.4) Number of funded alternative accommodation requests by primary reason by date

- Number of alternative accommodations requested via self assessment form by reason.

Data source: Qlik

4. CARE AND SUPPORT

4.1 and 4.2) Hospitalisations and ICU numbers by date

- Count of active, hospitalised cases and ICU. Cases are reported by DHBs to the MoH.

Data source: MoH COVID Daily Situational Report(s)

4.3 and 4.4) Therapeutics dispensed to date and by ethnicity

- Number of courses dispensed by day since 04 April 2022, including a split by the two different medications (Paxlovid and Molnupiravir).
- Number of courses dispensed by ethnicity since 04 April 2022 including a split by the two different medications (Paxlovid and Molnupiravir).

Data source: Qlik

4.5) Active and self management care distribution

- Percentage of cases assigned in CCCM as active vs self management.

Data source: Qlik

4.6) Percentage of active management cases by ethnicity

- Number of cases assigned in CCCM as active in CCCM.

Data source: Qlik

4.7) Percentage of active cases compared to active cases in active management by ethnicity for week

- Percentage of active cases by ethnicity compared to the percentage of active cases in active management by ethnicity.

Data source: Qlik

4.8) Pulse Oximeters delivery and availability

- Pulse oximeters ordered for delivery along with national stock holding.

Data source: Supply Chain - COVID-19 Health System Response

METRICS UNDER DEVELOPMENT/AWAITING DATA*

- Non-contactable – by location, risk and ethnicity
- Hospitalisation and welfare proportion of active cases – by ethnicity and date.



Care in the Community Weekly Dashboard

1 June 2022

Performance for week of 23 - 29 May 2022

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Care in the Community Dashboard | Headlines

Observation period

The data in this output covers the period from 23 May until 29 May 2022.

The weekly results will be released in this format on a Wednesday.

Further reporting and analysis is available on this data on request.

Additional information on data sources and availability of additional measures.

- Metrics continue to be developed and data sources consolidated on the Qlik app, reducing the number of data sources.
- A new disability database will be created compiling the disability data from multiple data sources. This will allow a consolidated data source and better analysis.
- Data quality is constantly improved and refreshed in Snowflake. This means that small changes on numbers can occur week by week for metrics extracted from the Qlik app.

Headlines for 23 May to 29 May 2022

- 10.9% decrease in the average number of total active cases in the community in the past week (23 May to 29 May 2022) compared to the previous week (16 May to 22 May 2022).
- Percentage of initial clinical assessments completed within 48 hours for Māori and Pacific Peoples groups has remained consistent over the past two weeks with Māori on average over 79% and Pacific Peoples over 75%.
- Over the past three months there has been consistently higher proportions of welfare referrals for Māori and Pacific Peoples than their proportion of the overall active case population.
- While the proportion of overall cases for Māori has been decreasing (21% for March 2022 to 11% for May 2022), the proportion of welfare referrals has decreased more slowly (33% for March 2022 to 24% for May 2022).
- Volume of therapeutic courses dispensed last week recorded the highest number of courses dispensed (867 courses) to date. However, there was only a minor increase week over week, which is likely expected with the decrease in active cases in the past week.
- The continued increase in therapeutics courses dispensed despite the decrease in active cases is likely related to the widening of the access criteria since 05 May 2022, increasing familiarisation with the therapeutics, and availability of a second option molnupiravir (Lagevrio®).

Background

This weekly dashboard is distributed each Wednesday (for the previous Monday to Sunday, unless otherwise stated) showing key metrics relating to the COVID-19 Care in the Community (CitC) response.

Notes

- Metric 3.1 - Number of welfare referrals sent to the Ministry of Social Development (MSD) via CCCM and total active COVID-19 cases has been updated to display an extended timeframe (last three months), and now displays the total number of active cases in the community each day.
- Metric 3.2 - Proportion of people with welfare referrals by ethnicity compared to the overall COVID-19 case population for the past three months has been updated to now show the proportion of total cases each month by ethnicity, compared to the proportion of welfare requests by ethnicity.
- The decline in overall active cases relates only to the reported active cases. There has been the same volume of ribonucleic acid (RNA) in wastewater in the past reported and an increase in the Northern and Central Region, which suggests cases may be getting under reported.

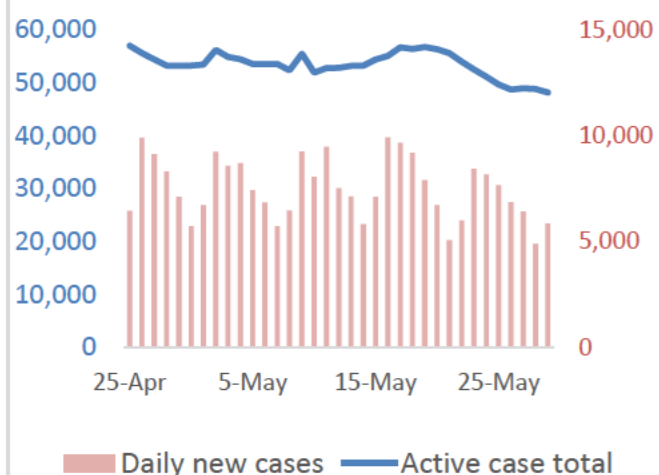
CASE OVERVIEW

TOTAL ACTIVE CASES IN THE COMMUNITY (29/05/22)

48,153

-10.9% daily average cases week-on-week

Dates where the SitRep is not published new cases are not displayed on the chart below.



TOTAL CONTACT by ETHNICITY (29/05/22)

- The table below shows the percentage of cases for the last three weeks that have either received the automated case inform text or have been contacted by a case investigator via phone.

	15-May	22-May	29-May
Overall	98.84%	98.75%	98.71%
Māori	97.75%	97.5%	97.58%
Pacific	98.8%	98.72%	98.38%

HOSPITALISATIONS (29/05/22)

403

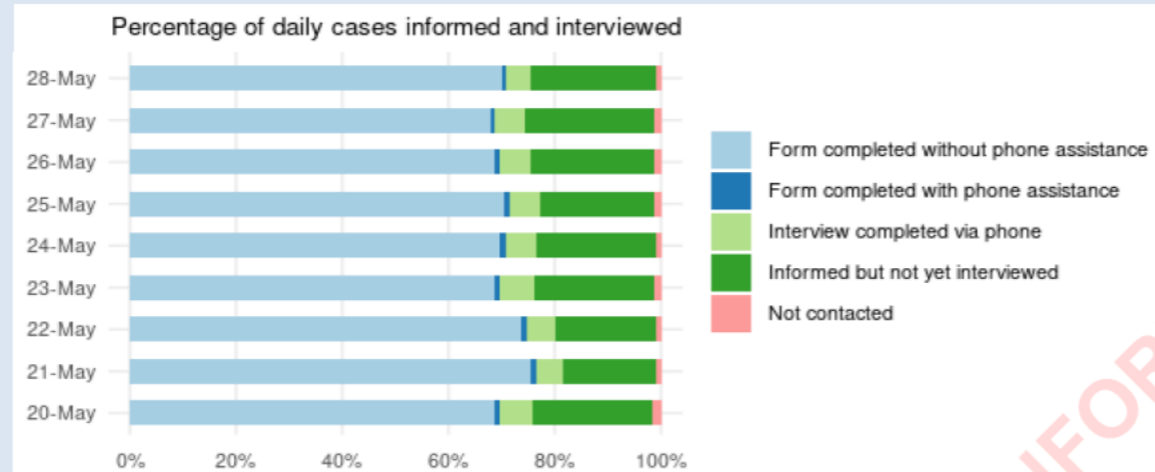
ICU -> 10 = 2.5%

Non-ICU -> 393 = 97.5%

CASE PATHWAY

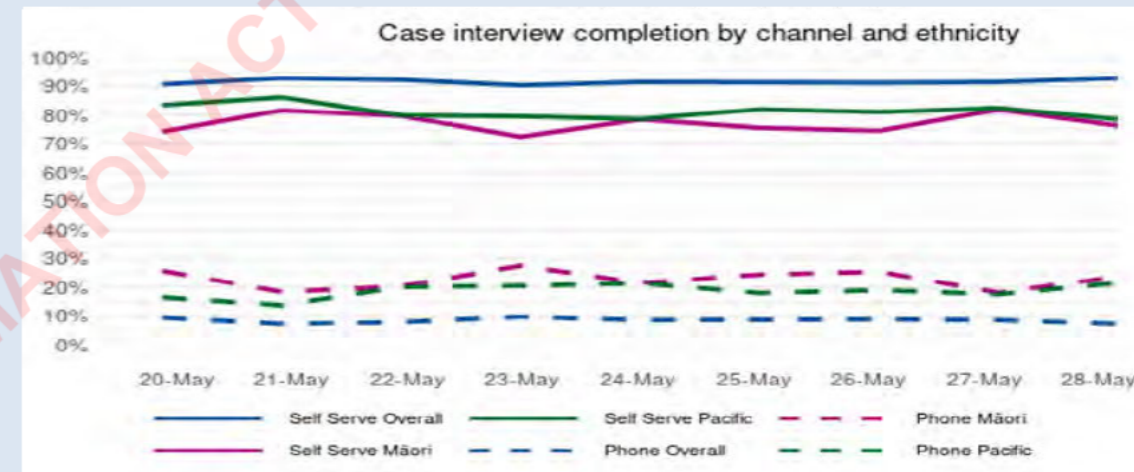
1. CONTACT and INITIAL ASSESSMENT

1.1 Percent of new active case by SMS/Phone contact status by day



- The percentage of cases contacted has remained consistent in the past week and has been constantly over 98%.
- Note the data from 29 May 2022 was excluded due to partial data availability at the time of reporting.

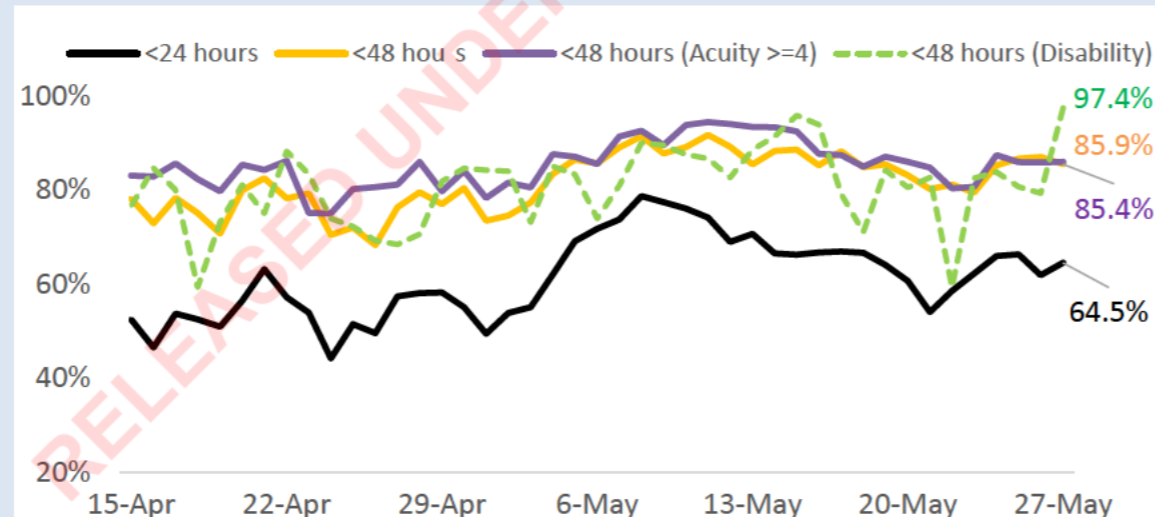
1.2 Completion rate of initial assessment form by channel and ethnicity



- The 9-day trend shows consistent self-serve completion across all groups.
- The figure above shows the 49,406 cases created in the NCTS during the 10 days to 29 May 2022 that have either completed the online contact tracing form or been interviewed by a case investigator.
- Note the recent day (29 May) is excluded from the visualisation above due to partial data availability at the time of reporting.

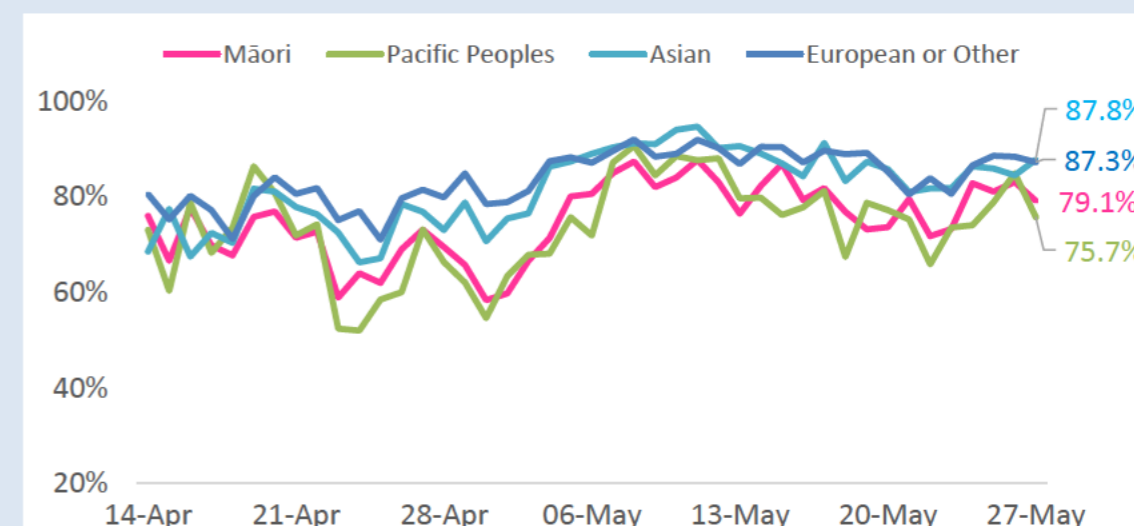
2. CLINICAL ASSESSMENT

2.1 Percent of initial clinical assessments completed in CCCM within 24 and 48 hours (overall and acuity >=4) of positive case notification



- Between 21 May and 27 May 2022, 21,837 clinical assessments were completed.
- Number of assessments from cases with a high acuity score (equal 4 or over) represent 11.8% of total assessments completed, and cases with disability represent 1.0%.
- The last week shows a slight increase in both assessments completed within 24 and 48 hours. Assessments completed within 24 hours increased by 60.7% to 64.5%.

2.2 Percent of initial clinical assessment completed within 48 hours of positive case by ethnicity

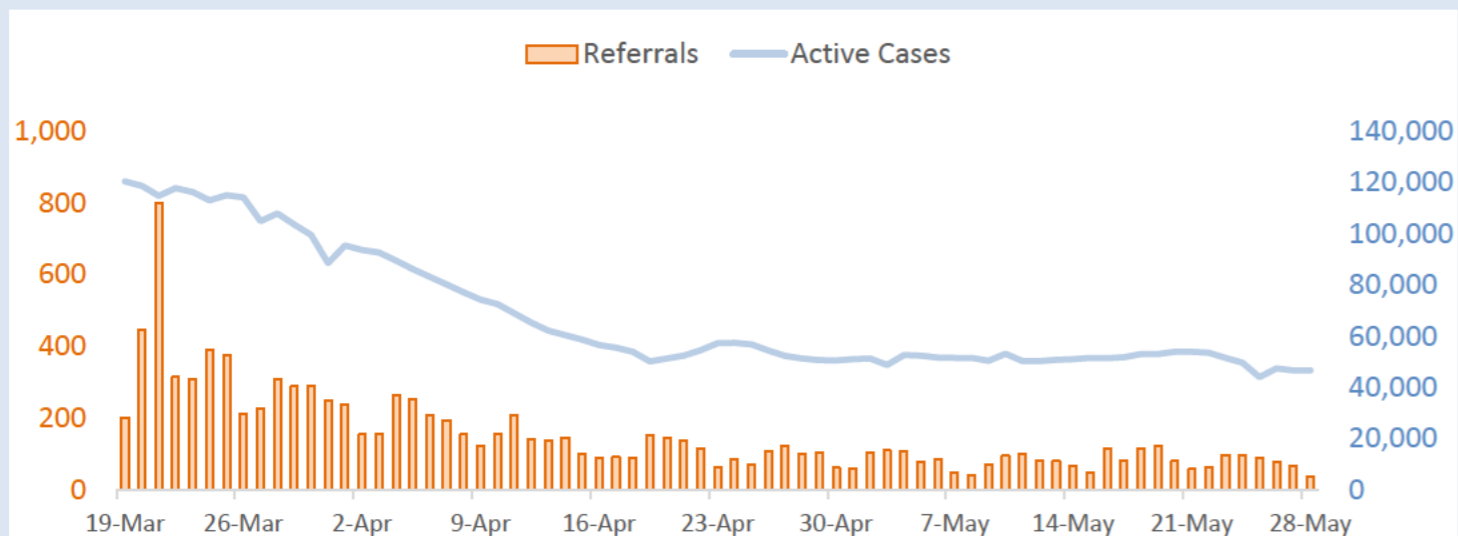


- Percentage of clinical assessments completed within 48 hours for Māori and Pacific Peoples groups has remained consistent over the past two weeks with on average Māori over 79% and Pacific over 75%.
- The difference in 48-hour assessment rates between ethnicities has reduced and stabilised since the long weekend holiday period (21 April – 31 April 2022).

CASE PATHWAY

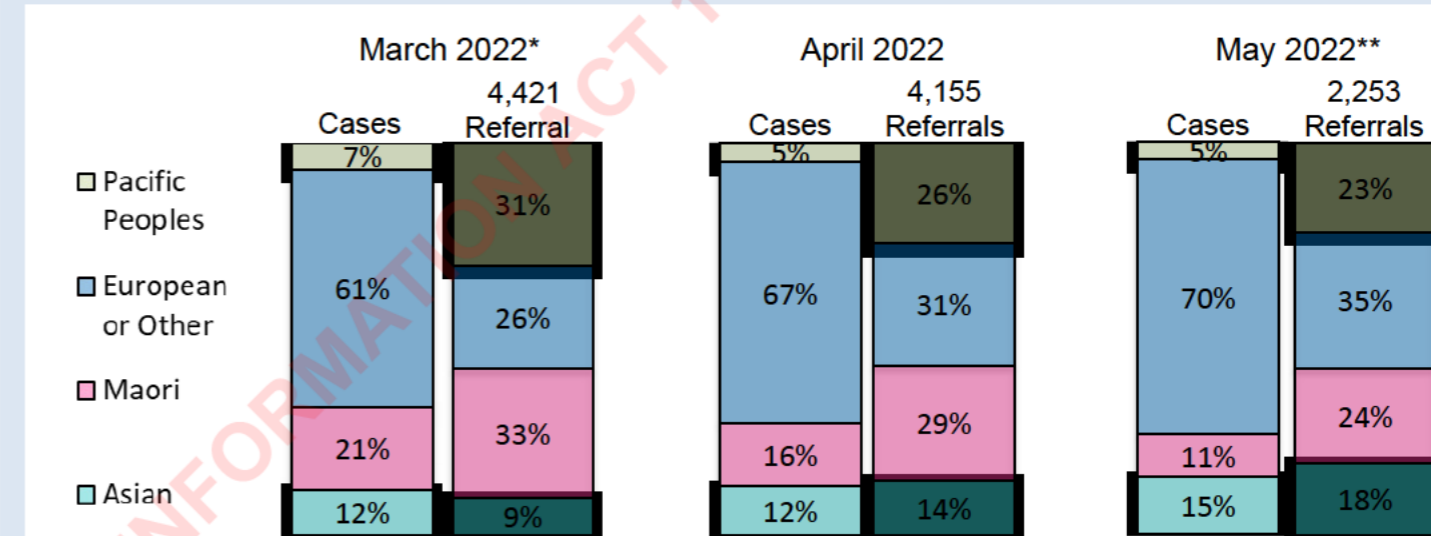
3. ASSESS NEEDS

3.1 Number of welfare referrals sent to the Ministry of Social Development (MSD) via CCCM and total active COVID-19 cases



- The volume of welfare referrals has decreased in tandem with decreasing active cases.
- One person can have multiple welfare referrals, and the average number of referrals per person with at least one welfare referral is 1.2.
- *Only 19 March 2022 data onwards is used, as the system for collecting welfare referrals changed at this date*

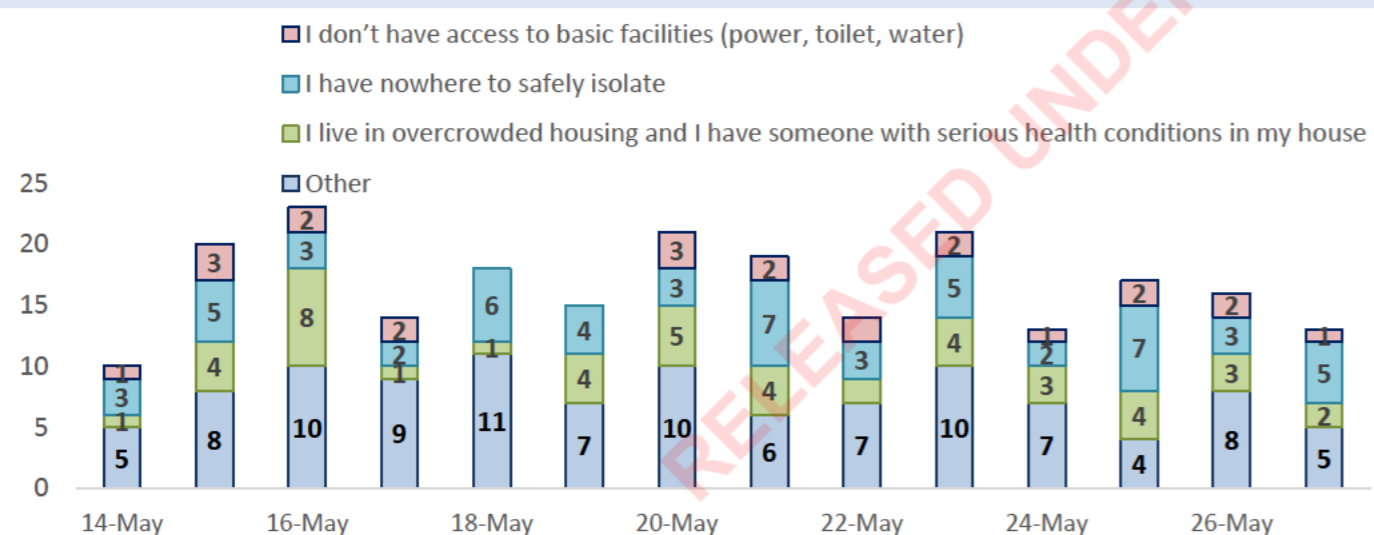
3.2 Proportion of people with welfare referrals by ethnicity compared to the overall COVID-19 case population for the past three months



- Left bar of each pair shows the proportion of COVID-19 cases by ethnicity for the month, and the right bar of each pair shows the welfare referrals (people) by ethnicity for each month.
- Higher proportions of welfare referrals are observed from Māori and Pacific Peoples. While the proportion of overall cases for Māori has been decreasing, the proportion of welfare referrals has decreased more slowly.
- **Only 19 March onwards is used, as the system for collecting welfare referrals changed at this date*
- ***For latest month (May 2022) is still in progress, so the data is only updated to 28 May 2022*

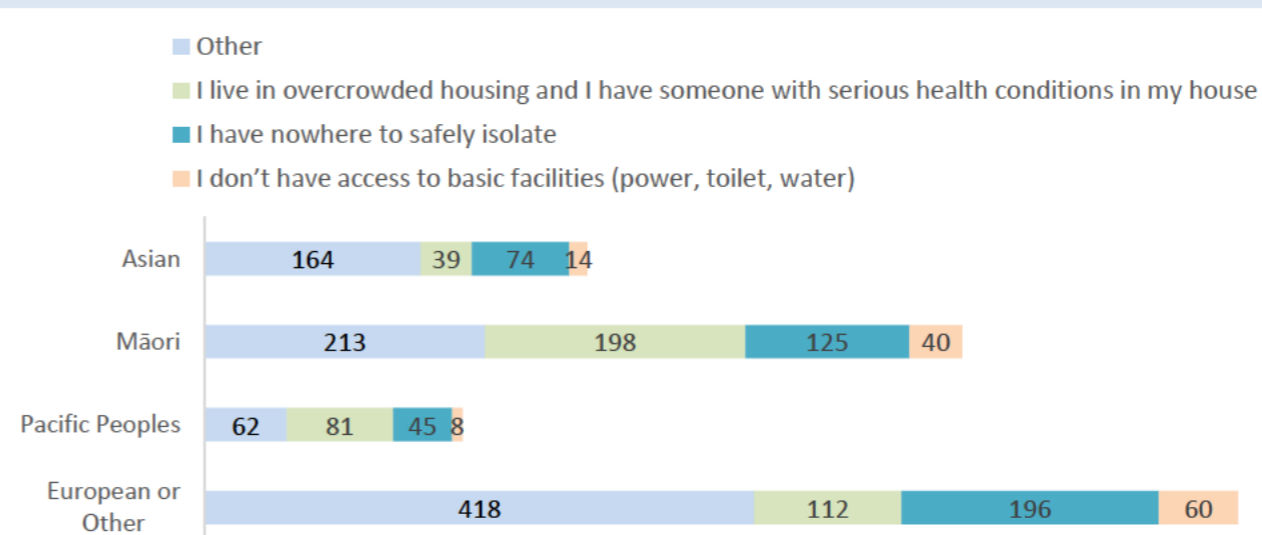
3 ASSESS NEEDS

3.3 Number of funded alternative accommodation requests by primary reason by date



- Total of 1,849 alternative accommodation requests were created since the release of this function in NCTS on 15 March 2022.

3.4 Funded alternative accommodation requests by ethnicity (to 29 May)

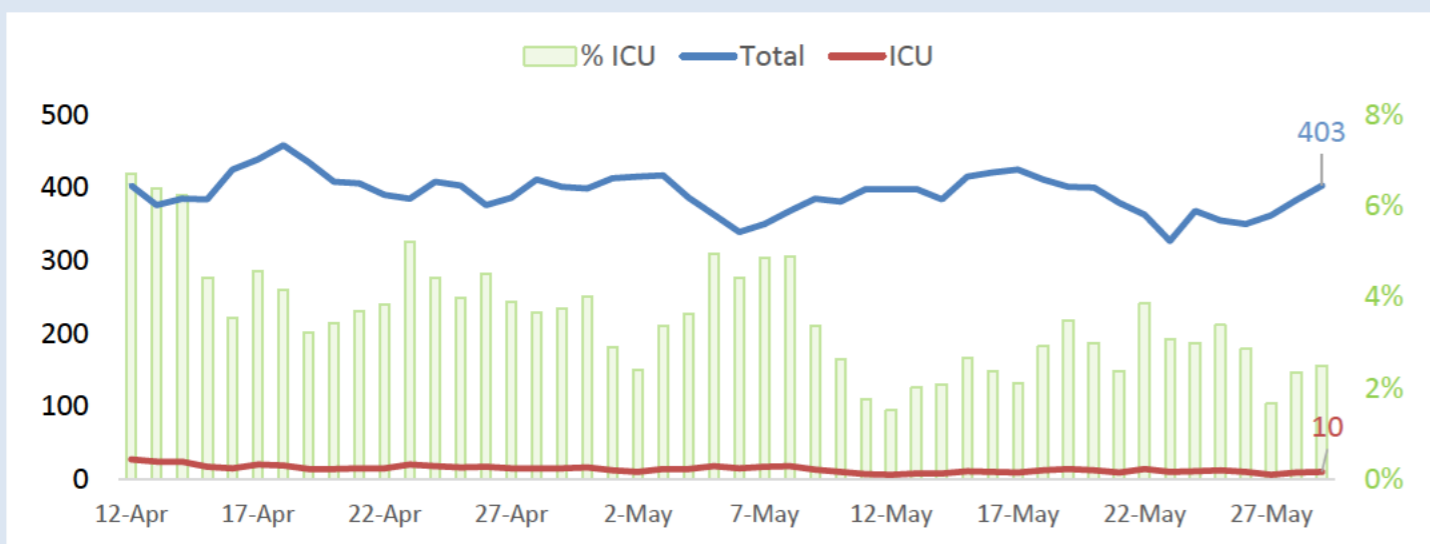


- Requests from 34% of Māori and 41% of Pacific Peoples are associated with living in congested housing along with one or more members with a serious health condition compared to 14% of European or Other requests.

CASE PATHWAY

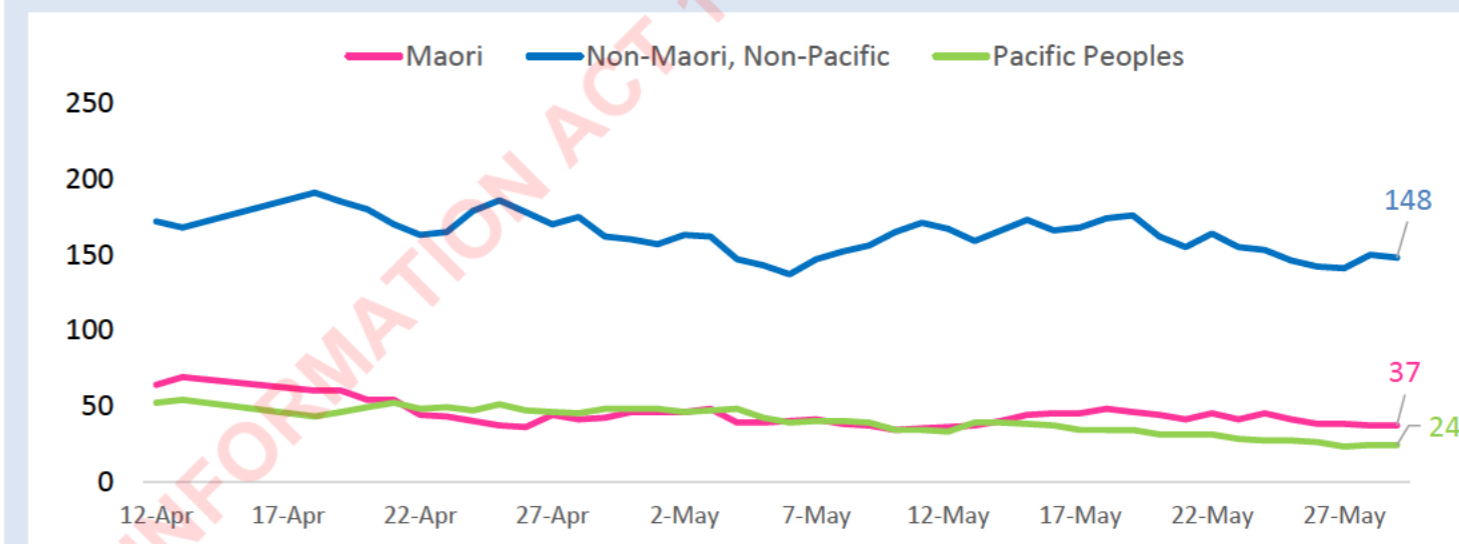
4. CARE AND SUPPORT

4.1 Hospitalisations and ICU active cases by date



- Average of total number of hospitalised cases decreased by 9.8% last week (23 May to 29 May 2022) to 364 average daily cases, compared to 400 average daily cases the week prior (16 May to 22 May 2022). The percentage of cases in ICU has decreased from 2.88% to 2.68% week over week.

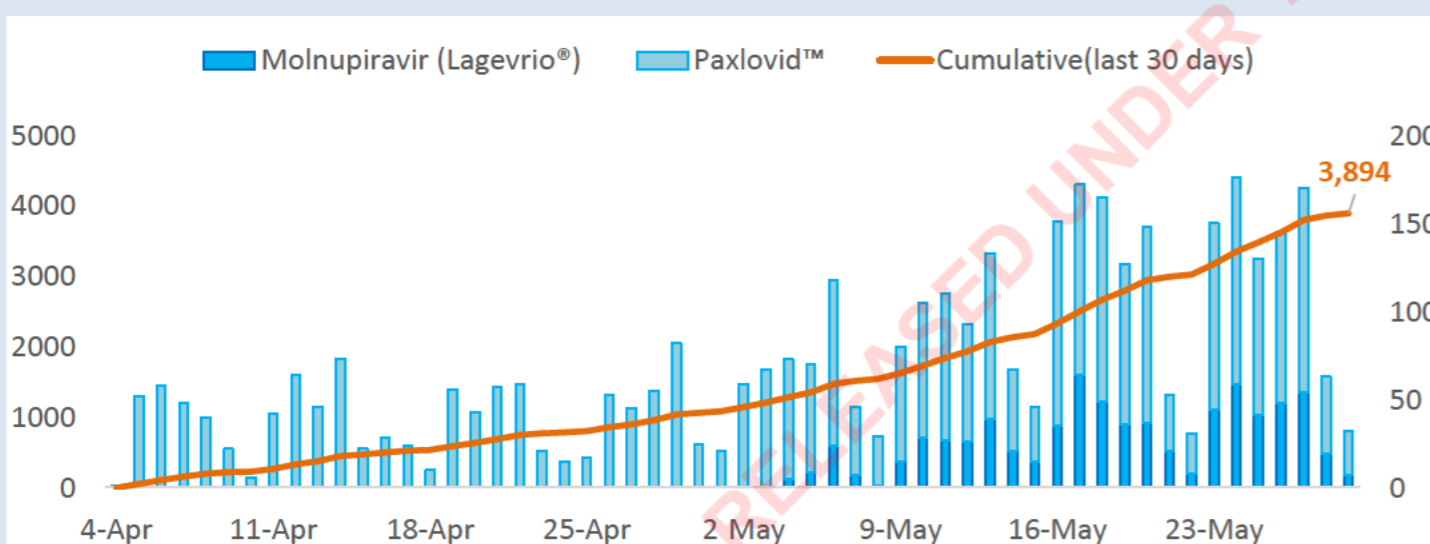
4.2 Hospitalisations by ethnicity – Northern region only



- Hospitalisations by ethnicity in the Northern region have remained consistent the past week.

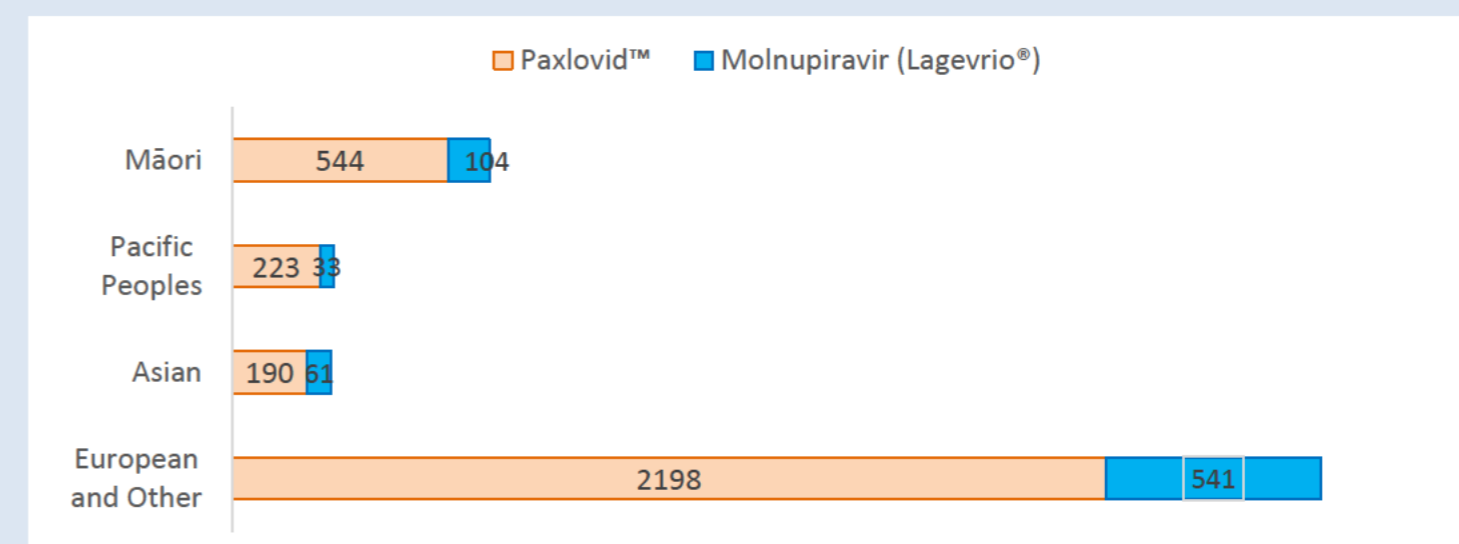
4. CARE AND SUPPORT

4.3 Number of therapeutic courses dispensed by date



- Volume of therapeutic courses dispensed last week recorded the highest number of courses dispensed (867 courses) to date. However there was only a minor increase week over week, which is likely expected with the decrease in active cases in the past week.
- The continued increase in therapeutics courses dispensed despite the decrease in active cases is likely related to the widening of the access criteria since 05 May 2022, increasing familiarisation with the therapeutics, and availability of a second option molnupiravir (Lagevrio®).

4.4 Total therapeutic courses dispensed by ethnicity since 04 April 2022

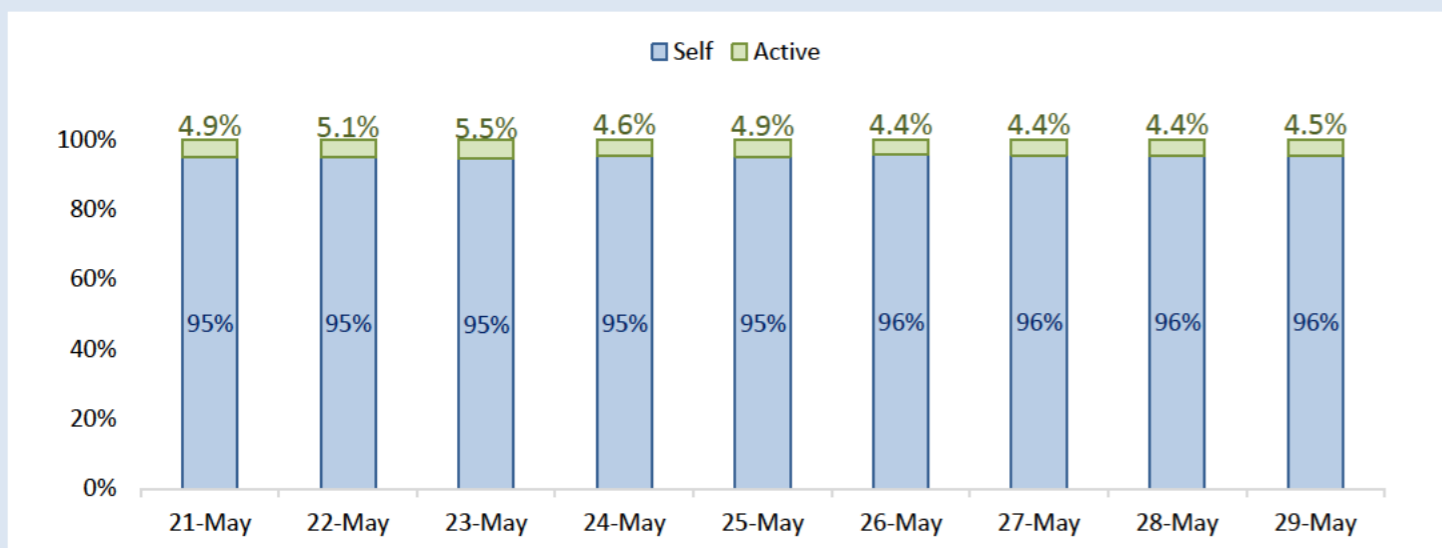


- Number of therapeutics courses dispensed via Pharmacies by ethnicity since 04 April 2022.
- Note: Molnupiravir (Lagevrio®) courses were introduced on 04 May 2022.
- Note: 14,931 courses distributed of which 3,896 courses has been dispensed with a **stock utilisation rate of 26.1%** since program initiation (04 April 2022).

CASE PATHWAY

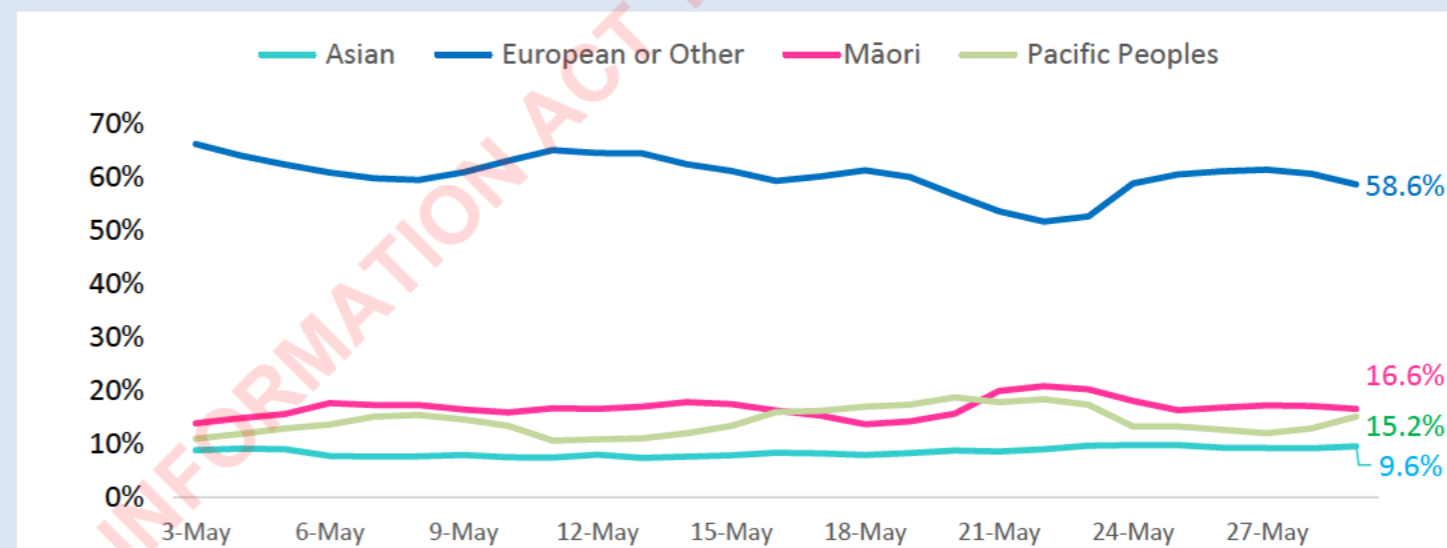
4. CARE AND SUPPORT

4.5 Active and self management care distribution (managed care type)



- There has been a decrease during the week (23 May to 29 May 2022) of the percentage of cases in active management (5.5% to 4.5%) after the increase seen in the prior week (16 May to 22 May 2022).
- Quality of the data for managed care type relies on the clinical assessment to be completed and case flagged as “active management” by GPs or a clinical specialist.

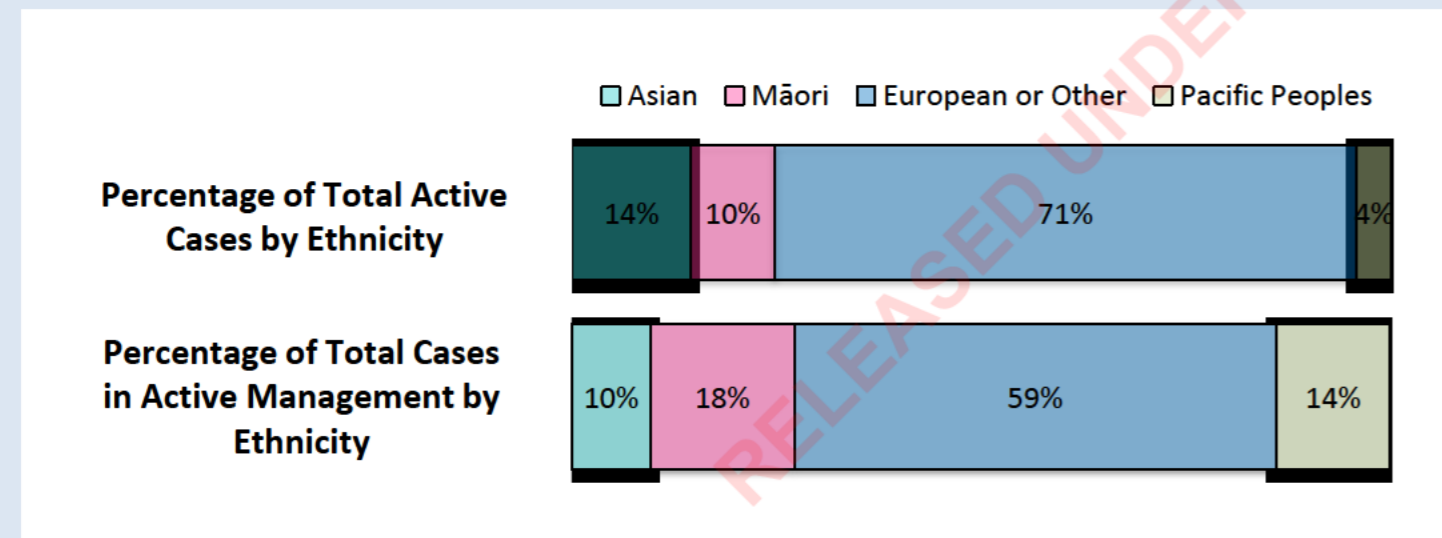
4.6 Percentage of active cases in active management by ethnicity



- Pacific Peoples and Māori represent approximately 31% of the population under active management for the past week (23 May to 29 May 2022), a decrease from 34% the week prior (16 May to May 2022). This is likely due to the slight decrease in the proportion of Pacific Peoples and Māori in the past week.

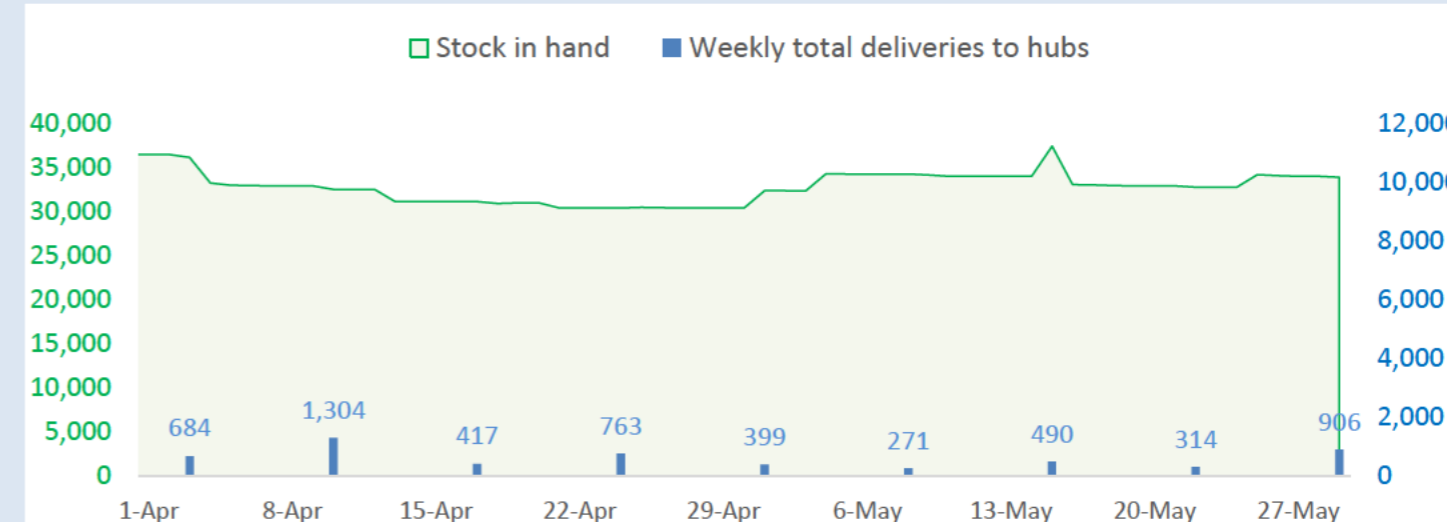
4. CARE AND SUPPORT

4.7 Percentage of total active cases compared to total cases in active management by ethnicity for week ending 29 May 2022



- The trend shows a higher percentage of Māori and Pacific Peoples in active management than are shown in the percentage of active cases. There has been slight decrease in the past week of the both proportion of Māori and Pacific Peoples active cases and cases in active management.
- Figures show the 7-day rolling average for the week ending 29 May 2022.

4.8 Pulse oximeter delivery and availability



- Pulse oximeters – stock on hand is in excess of 33,903.
- Deliveries of pulse oximeters to hubs has increased this week from weeks prior.

Care in the Community Dashboard | Explainers and caveats

SECTION 1 - CASE OVERVIEW

A) Total active cases in the community

Active cases: positive cases that have not recovered in the last 10 days.

Data source: Ministry of Health (MoH) COVID-19 Daily Situational Report(s)

B) Total active cases in the community by location

Case location, community care is the primary location with smaller volumes in hospital or undefined at time of data snapshot. The composition of case isolation is under review and therefore these numbers and types are subject to change.

Data source: DHB's / MoH COVID-19 Daily Situational Report(s) / Qlik

C) Hospitalisations

Hospitalised positive cases.

Data Source: MoH COVID Daily Situational Report(s).

SECTION 2 - CASE PATHWAY

1. CONTACT and INITIAL ASSESSMENT

This stage includes case contact results by channel, as well as the completion of assessment results which includes and initial assessment of clinical and welfare support.

1.1) Case percentage by progress status by day

Percent of cases by date of their initial notification/case confirmation. Outcomes accumulate by day.

- These figures are based on cases reported in the National Contact Tracing System (NCTS). The report date is the date the case record was created.
- These figures may be subject to change due to ongoing case investigation or additional information being received.

Data source: National Investigation and Tracing Centre (NITC)

1.2) Completion rate of self-assessment form by channel and ethnicity

- Completion rate figures by channel and by ethnicity.
- Overall figure includes Māori and Pacific.
- These figures may be subject to change due to ongoing case investigation or additional information being received.
- More detailed form completion metrics are under development (DHB, equity and demographics)

Data source: NITC

2. CLINICAL ASSESSMENT

2.1 and 2.2) Percent of initial clinical assessments completed within 24 and 48 hours (overall and acuity equal or over 4) of positive case notification

- Start event: Notification of confirmed case date/time in Episurv (by NHI number).
- End event: Initial clinical assessment date/time in COVID-19 Clinical Care Module (CCCM) is by NHI number and if this contact is recorded within 24 hours of the start event.
- Cases that have not had their CCCM initial clinical health assessments completed are not included in this metric.
- Disability data (Socrates) – database used is for people that are receiving MoH funded disability support (as opposed to DHB funded disability support). The Socrates database tend to be people under 65 years of age. The DHB funded disability support are older people 65 years and over.

Data source: CCCM/QLIK, Socrates

3. ASSESS NEEDS

3.1 and 3.2) Cases with Ministry of Social Development (MSD) Welfare referrals via CCCM

- Welfare referrals created via CCCM shown as a daily total in addition to daily number of total active COVID cases for the past three months.
- Proportion of total cases for each of the past three months by ethnicity compared to the proportion of total people referred for welfare by ethnicity.

Data source: Qlik and MoH COVID Daily Situational Report(s)

3.3 and 3.4) Number of funded alternative accommodation requests by primary reason by date

- Number of alternative accommodations requested via self assessment form by reason.

Data source: Qlik

4. CARE AND SUPPORT

4.1 and 4.2) Hospitalisations and ICU numbers by date

- Count of active, hospitalised cases and ICU. Cases are reported by DHBs to the MoH.

Data source: MoH COVID Daily Situational Report(s)

4.3 and 4.4) Therapeutics dispensed to date and by ethnicity

- Number of courses dispensed by day since 04 April 2022, including a split by the two different medications (Paxlovid and Molnupiravir).
- Number of courses dispensed by ethnicity since 04 April 2022 including a split by the two different medications (Paxlovid and Molnupiravir).

Data source: Qlik

4.5) Active and self management care distribution

- Percentage of cases assigned in CCCM as active vs self management.

Data source: Qlik

4.6) Percentage of active management cases by ethnicity

- Number of cases assigned in CCCM as active in CCCM.

Data source: Qlik

4.7) Percentage of active cases compared to active cases in active management by ethnicity for week

- Percentage of active cases by ethnicity compared to the percentage of active cases in active management by ethnicity.

Data source: Qlik

4.8) Pulse Oximeters delivery and availability

- Pulse oximeters ordered for delivery along with national stock holding.

Data source: Supply Chain - COVID-19 Health System Response

METRICS UNDER DEVELOPMENT/AWAITING DATA*

- Non-contactable – by location, risk and ethnicity
- Hospitalisation and welfare proportion of active cases – by ethnicity and date.