

5 October 2020

Auckland DHB
Chief Executive's Office
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Re **Official Information Request – Correspondence regarding COVID-19**

I refer to your official information request dated 13 August 2020 requesting the following information:

The original request was to supply the following information under the Official Information Act (OIA):

1. Correspondence received by, and the replies sent by, chief executive Ailsa Claire regarding Covid-19 in the community (including the detection of the virus), from 8am Tuesday, August 4, to 2.30pm Tuesday August 11, 2020. Please include attachments.
2. Any reports documents, papers, aide memoires, briefings, or memos containing information or discussion of surveillance of Covid-19 testing of MIQ staff - including contractors and hotel staff - produced by, or received by, the ARPHS, from June 1 2020 to as close to the present date as possible.
3. Any situation reports, weekly monitoring reports, or other update reports, briefings, documents, papers, aide memoires or memos regarding Covid-19 in the community (including the detection of the virus) produced by, or received by, the ARPHS or the DHB, between July 14 and August 11, 2020.

This request has been narrowed down as follows and excludes the strikethrough text:

2. Any reports ~~documents, papers, aide memoires,~~ briefings, or memos containing information or discussion of surveillance of Covid-19 testing of MIQ staff - including contractors and hotel staff - produced by, or received by, ~~NRHCC the~~ ARPHS, from June 1 2020 to as close to the present date as possible.

3. Any situation reports, weekly monitoring reports, or other update reports, ~~briefings, documents, papers, aide memoires or memos~~ regarding Covid-19 in the community (including the detection of the virus) produced by, or received by, the ARPHS or the DHB, between July 14 and August 11, 2020.

Attached please find requested documents.

Excluded document sent by the Ministry:

Managed Isolation Facilities Operations Framework v1.2 – current at 3 August 2020.

You are entitled to seek a review of the response by the Ombudsman under section 28(3) of the Official Information Act. Information about how to make a complaint is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

Please note that this response, or an edited version of this response, may be published on the Auckland DHB website.

Yours faithfully



Ailsa Claire, OBE
Chief Executive

NRHCC Testing Report Novel Coronavirus (COVID-19) Issued: 2100 13 August 2020

Prepared by: NRHCC Planning & Intelligence Team	Contact email: NRHCCintelligence1@adhb.govt.nz
Approved by: NRHCC Incident Controller	nrhccic@adhb.govt.nz
Note: High level testing report – will include ARPHS information for combined report from tomorrow	

Key points:

- Total swabs received in laboratories in the Northern Region from 00:00 12 August 2020 to 00:00 13 August 2020 is **8,749** (at 2100)
- **8,749** is above regional lab capacity to process
- 13 August 2020 is on track to exceed 12 August volumes which will put significant pressure on our laboratory system and the timeliness of reporting results

Lab receipted tests from previous day (12 August 2020)

Table 1. Totals tests receipted from 12 August 2020, by ethnicity

Row Labels	12/08/2020		
	CTC	Other	Total
Asian	470	929	1399
Māori	563	831	1394
Other	1502	2987	4489
Pacific	468	822	1290
Unknown	74	103	177
Grand Total	3077	5672	8,749

Table 2. Totals tests receipted on 12 August 2020, by site

Site	Tests Received by Lab 12/8/2020	Notes
Public		
CTC	2830	Some of these numbers will reflect staff still to be coded
Primary care (non-CTC) [#]	5452	
MIQ (Guests)	467	
Staff / Workers		
Airport	N/A	These surveillance swabs are still being coded so don't yet appear in the data
Port	N/A	
MIQ (Staff)	38	

*Swab taken in last 24 hours taken between midnight and midnight, may have been receipted and reported later than this; tests only included if coded and receipted and acknowledged by lab, result not required

[#] Includes GP clinics, Urgent Care Centres, Designated practices



Swabs Taken in Targeted Settings (estimated numbers)

Table 3. Estimated tests taken 13 August 2020, based on manual site reports (Subject to change)

Site		13 August 2020
MIQ	Staff	454
Border	Airport	532
	Port	290
Outbreak related	Contacts of cases	622

Asymptomatic surveillance testing of staff at MIF and the Airport

Draft 7/7/2020. Sarah Hartnall

Before testing

Testing schedule for each week is communicated in advance so each Hotel team is aware of when this testing will occur.

Hotel to offer testing to all staff; distribute pre-test information and inform staff when testing is scheduled to occur. Note this is a voluntary process.

Hotel to organise suitable testing space. Note, guest and staff testing teams may need to be accommodated at the same time.

Day of Testing

Hotel to manage the flow of staff to be tested.

Registration form to be filled out and provided to the testing team just prior to testing (with hand hygiene prior to completing this). Hotels to provide printed copies of this form for completion.

Test completed and staff member returns to work. No stand down required.

Lab forms to note:

- Asymptomatic MIF/airport staff surveillance
- SURV code for the facility or organisation*

Samples couriered to the lab after testing team have ensured labelling processes are correct, manifest of those tested is provided as a hard copy with the samples and electronically to the lab.

E-notification completed by the testing team, noting the facility/organisation and their role in the essential workers field. Eg. NZDF Grand Millenium; or Cleaner Holiday Inn.

Results reconciliation completed by the testing team, including notifying any negative results where the automated text message has failed.

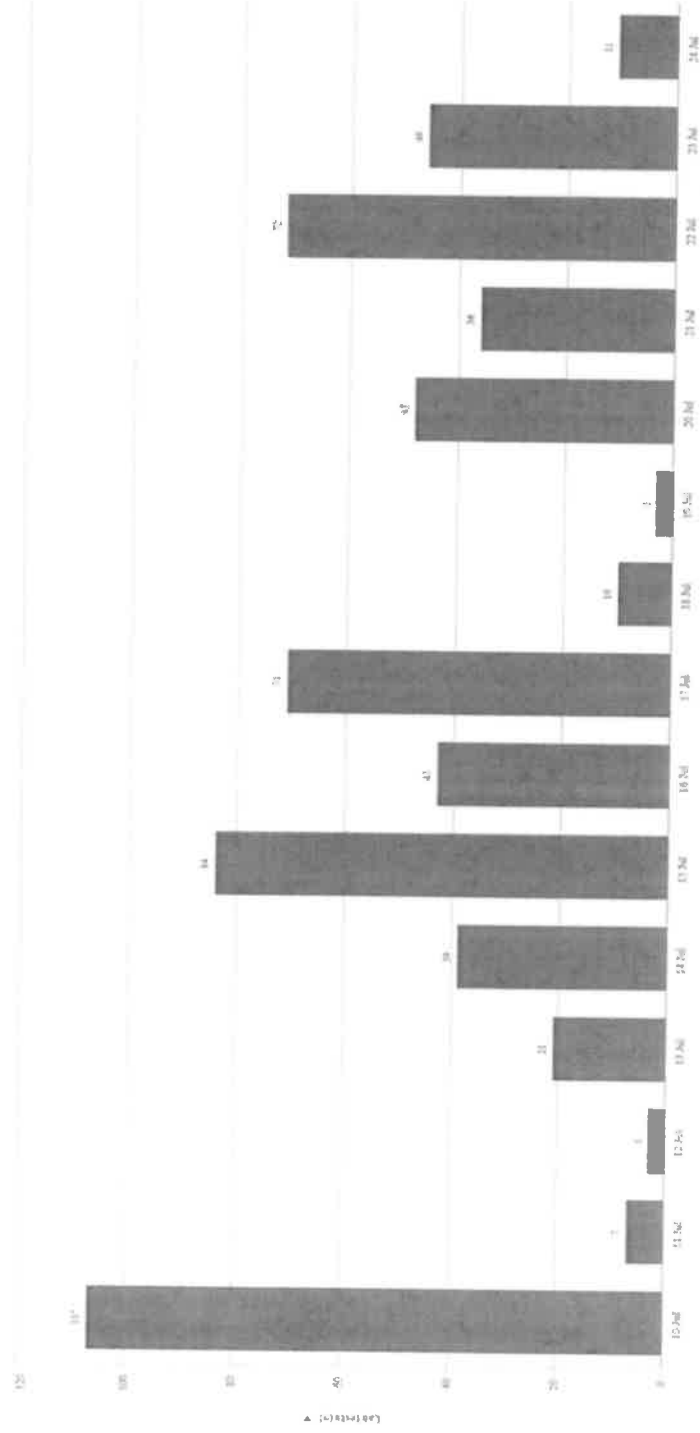
Modified clinical protocol to follow.

*SURV codes:

Crown Plaza Auckland	SURV-MIFWA1
Four Points	SURV-MIFWB2
Grand Mercure City	SURV-MIFWC3
Holiday Inn	SURV-MIFWD4
Naumi	SURV-MIFWE5
Novotel Airport	SURV-MIFWF6
Novotel Ellerslie	SURV-MIFWG7
Pullman City	SURV-MIFWH8
Rydges Auckland	SURV-MIFWJ9
Sebel Manukau	SURV-MIFWK10
SO Hotel City	SURV-MIFWL11
Sudima Airport	SURV-MIFWM12
Waipuna	SURV-MIFWN13
Grand Millenium	SURV-MIFWQ15
Haka Hotel	SURV-MIFWR16
Stamford Plaza	SURV-MIFWS17
M-Social	SURV-MIFWT18
JetPark	SURV-MIFWU19
Airport (use existing surv code)	SURV-AIA

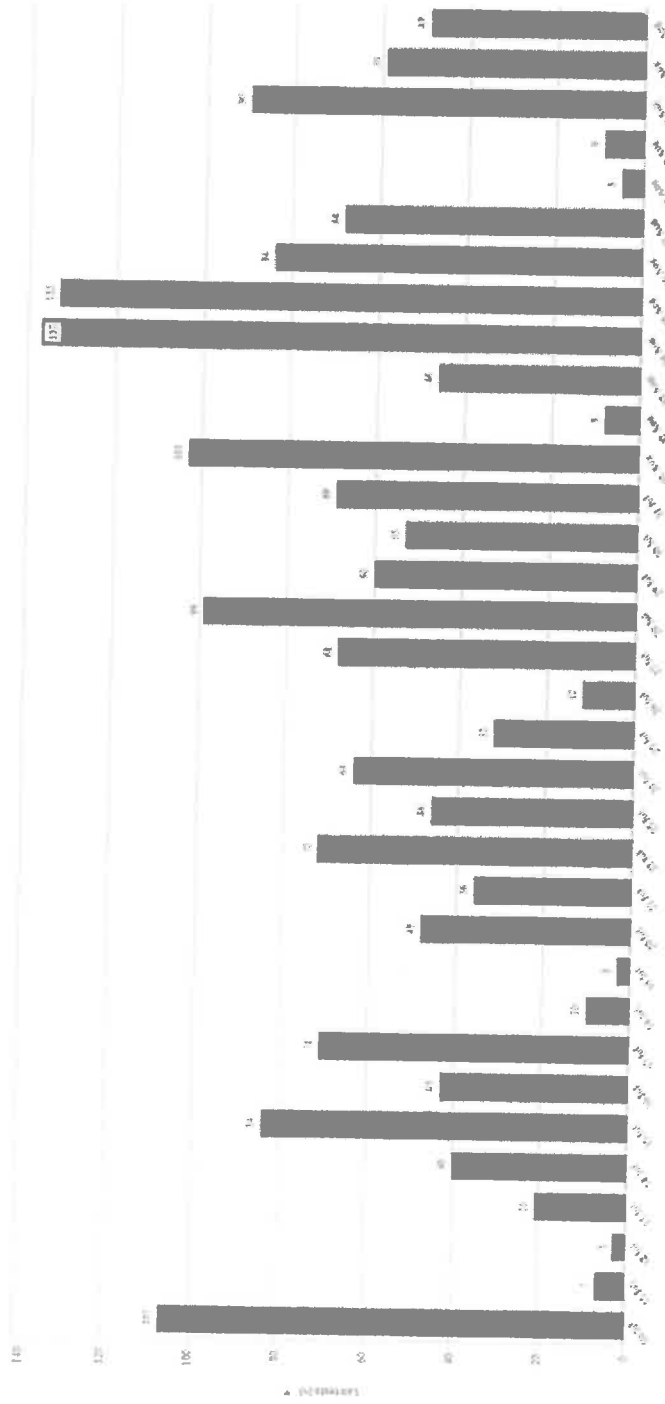
Managed Isolation Staff Testing

- A new programme of asymptomatic testing of workers in Managed Isolation Facilities and at the airport (including air crew) began on 10 July
- Since that time we have completed over 600 tests



Managed Isolation Staff Testing

- A new programme of asymptomatic testing of workers in Managed Isolation Facilities and at the airport (including air crew) began on 10 July
- Since that time we have completed over 1,800 tests



Invitation to Participate in COVID-19 Testing

People who do not have COVID-19 symptoms

Testing selected groups of people who do not have COVID-19 symptoms helps us understand if there is any COVID-19 that we don't know about in our communities.

You are being offered COVID-19 testing because you work at New Zealand's international border or in a Managed Isolation or Quarantine Facility. To access this testing you have two options

- You can attend an onsite testing service at the place where you work. This will be offered regularly and your manager will have details of the time and place.
- At other times you can attend a COVID-19 Community Based Assessment Centre (CBAC); CBACs are located across Auckland (see attached to find one in a place that works for you). You have been provided with a Targeted Community Testing Referral that you will need to give to the staff at the CBAC when you go for a test.

This testing is for people who don't have any symptoms that could be COVID-19. If you have or get any symptoms of COVID-19 (cough, sore throat, shortness of breath, runny nose, loss of sense of smell, fever) it is important you stay home from work, organise to be tested for COVID-19 and self-isolate at home while awaiting the test results. In this situation you can be tested by presenting to one of the CBACs and telling them you have symptoms and your work situation, or ringing your GP to see if you can be tested by them.

If you have been in close contact with someone with COVID-19, Public Health staff will be in contact with you and organise for you to be tested if that is necessary.

COVID-19 testing for people who don't have symptoms is voluntary and it is important you read or have explained to you the information below to decide if it is right for you.

What happens if I agree to be tested for COVID-19 today?

- You will be asked to fill out a form or answer questions including your contact details, your living circumstances, and, if you are employed, about your role in your workplace.
- You will have a swab taken from the back of your nose or throat; this can be a bit uncomfortable.
- Results are usually back within 1-3 days.
- **You can go about your life as usual in the current Alert Level while you wait for your result (you don't need to self-isolate), unless otherwise instructed by the Medical Officer of Health.**

What happens next if my result is negative?

If your test result comes back **negative** you will be notified about it via **text message** or a phone call. The message will direct you to Auckland Regional Public Health Service (ARPHS) (<https://bit.ly/ARPHSNegRes>) for further instructions.

Having a negative test means that COVID-19 was not detected at the time you were tested. It does not mean you can't get COVID-19 in the future. If you become unwell with the symptoms that could be COVID-19, you may be advised to get tested again depending on your symptoms and your circumstances.

What happens next if my result is positive?

- If you have a confirmed **positive** result someone from Auckland Regional Public Health Service will call you to let you know. You will need to stay in **isolation for at least 10 days** from the date of your test, and for longer if you develop any symptoms.
- Public Health will ask you about all the people you have had contact with recently and those people may be asked to stay at home (in quarantine) in case they become unwell too. Quarantine will be for 14 days from the last day you spent time with them.
- This may affect your work or home life. The Public Health Service will talk with you more about what this means and you will be supported to access any extra help you need.

What happens to the information collected about me?

Your information will be shared with those who are monitoring and managing COVID-19 in our community. We will only use and disclose your personal information if that is permitted by law. Within the national response to COVID-19 information may be shared with your GP; healthcare organisations such as Public Health, and the Ministry of Health; your employer; and your whānau, for example so that contact tracing can be done. You have a right to access and correct information held about you.

What do I do if I start to feel unwell while waiting for my results?

If you develop any symptoms of COVID-19 while you are waiting for your results, including any of the following – cough, sore throat, shortness of breath, runny nose, loss of sense of smell, fever – you must **stay home, or at the place you are currently staying, in self-isolation and let your manager know.**

If you feel worse, you should phone your GP or ring Healthline on 0800 358 5453. It is important to **let them know you have been tested for COVID-19 already.**

If you develop difficulty breathing, are severely unwell or it is an emergency, you should call an ambulance on 111.

How can I protect myself and others from COVID-19?

- Thoroughly wash and dry your hands often through the day. Use soap and water.
- Cover your coughs and sneezes with disposable tissues, or cough or sneeze into your bent elbow. Place used tissues in the rubbish bin, wash your hands thoroughly with soap and water, then dry them well.
- Clean surfaces regularly, especially before others use them.
- Maintain your distance from others whenever possible.

Where can I go for more advice?

For medical advice call Healthline on 0800 358 5453. Healthline operates 24/7 and interpreters are available. Note, Healthline will NOT be able to access your results. For general help and advice about the COVID-19 situation in New Zealand you can visit www.covid19.govt.nz or call the free government helpline on 0800 779 997 (8am to 10pm, seven days a week).

COVID-19 Auckland Testing Plan Update

Purpose

On 29 June 2020 the Ministry of Health published its midterm testing strategy (June to end-August) ¹. The goal of the strategy as stated is: “to keep COVID-19 out of our communities by finding any new cases arriving at our borders and stamping the disease out as quickly as possible before it has a chance to spread widely”. The strategy outlines five interconnected components and supporting activities for the system to respond to. Since the publication of the strategy there have been iterative changes based on new directions from the Ministry, most notably in relation to increasing community based testing of symptomatic people, and strengthening asymptomatic testing of people working at the border and in managed isolation and quarantine facilities.

This paper provides an update on the current metro-Auckland response to the strategy and likely changes over the coming weeks.

The five interconnected parts of the testing strategy

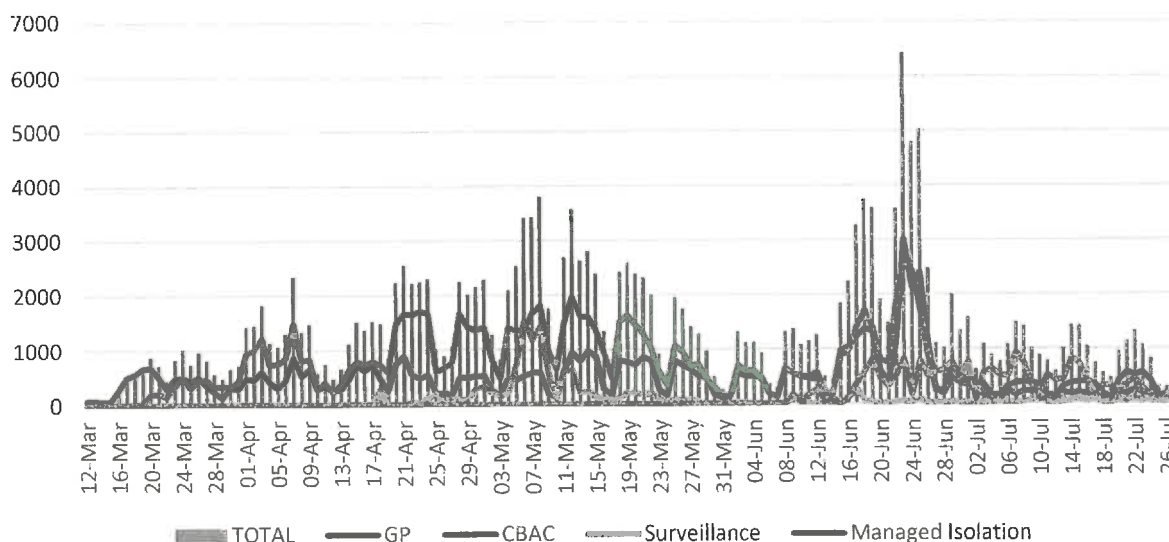
Objectives		Supporting activities		
Ensure equitable access to testing	Identify new cases as soon as possible	Part 1 Test people with relevant symptoms	Part 2 Contact tracing and testing as appropriate around identified cases	Part 4 Management at the border
	Evidence for unknown clusters of cases	Part 3 Monitor trends in diseases that have similar symptoms to COVID-19		
	High-level crisis management	Part 5a Information gathering: in-country data, situational awareness, local and international research findings	Part 5b Decision-making, support and guidance to in response to new situations arising	

Current State of Testing in Auckland

Since we began testing for COVID-19 in the Northern Region we have performed over 200,000 tests. The mix of provision has changed markedly over the last month with volumes considerably lower overall and ~45% now related to testing in the Managed Isolation Facilities. The balance between CBACS and GP/Urgent Care has also shifted with ~18% through CBACs and ~33% through GP/Urgent Care, compared with a majority through CBACs earlier in the pandemic (Figure 1, Figure 2).

¹ https://www.health.govt.nz/system/files/documents/pages/mid-term_national_testing_strategy_covid-19_june_2020.pdf

Figure 1: NRHCC Testing Summary by location



Part 1: Test people presenting to primary care with relevant symptoms

Expectation

The current case definition and testing strategy created the Higher Index of Suspicion (HIS) criteria. Although these indicate individuals who must be swabbed, the clear expectation is that all people presenting to primary or secondary care with a compatible illness be offered a test. There is a Ministerial expectation of 4,000 such community tests per day across the country (1,600 for Auckland based on 40% of the population).

Response

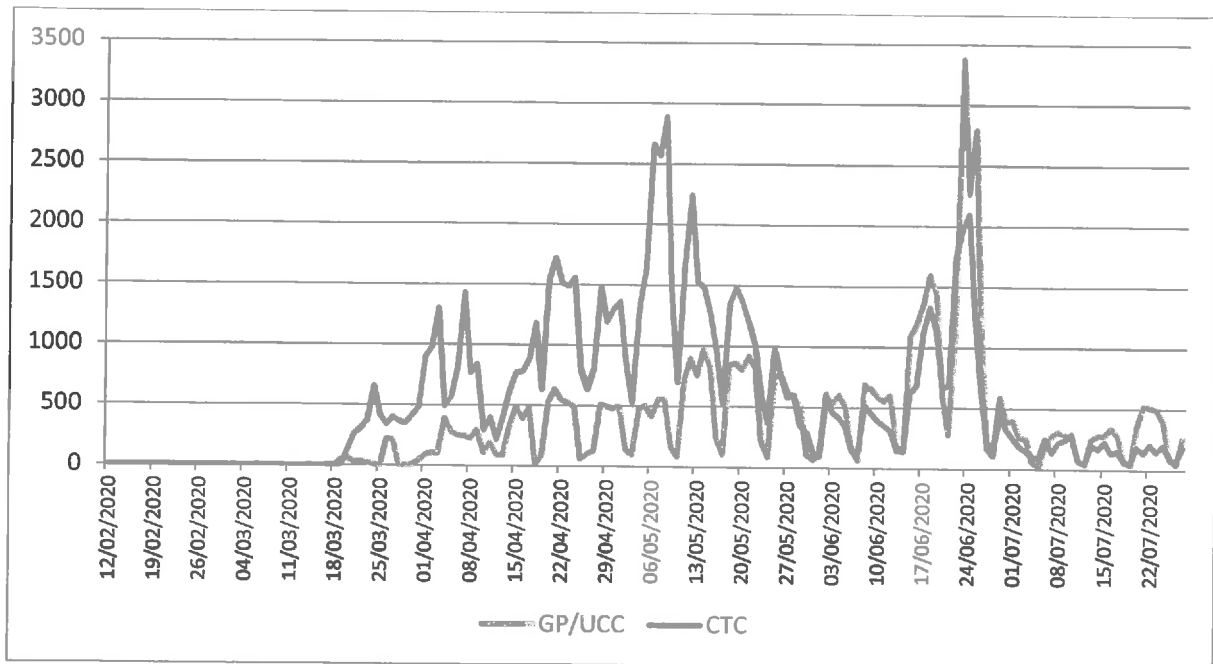
Testing for people with symptoms in the community will continue to be provided under a mixed provider model. Current contractual arrangements with providers of CBACs ceased on Friday 31 July. An expedited, open contestable procurement process (RFQ) to reset the approach has recently been concluded. The RFQ sought to re-orient the response to Community Testing Centres (CTCs) and Mobile Testing Services that are sustainable, fit-for-purpose, cost-efficient and have the ability to respond to demand and changes in circumstances as necessary.

From Monday 3 August there will be four Community Testing Centres operating in North, West, Central and South Auckland (down from seven). They will operate weekdays, 8am-4pm and are a nurse-led model. We will also have four mobile services. Two co-located with Community Testing Centres and two independent. They will be deployed daily for in-home testing, pop-up testing, outbreak management including Aged Related Residential Care and support sentinel/surveillance community testing. As with the CTCs, they will also operate weekdays from 8am – 4pm and are a nurse-led model.

Primary care (GP and Urgent Care) will continue to be supported under POAC to provide testing during the week with weekend testing provided via existing Urgent Care Centres.

The total volume of testing through both CBACs and Primary care has reduced considerably over the past month (Figure 2).

Figure 2: Testing volume by CBAC and GP/Urgent Care



Feedback from the Minister and Director-General on Wednesday 29 July has indicated a need to revisit the decision to reduce CBAC and mobile provision at weekends and after-hours.

Part 2 Contact tracing and testing around identified cases

Expectation

If a person tests positive for COVID-19, the local Medical Officer of Health is informed and the details are added to official records, so that investigation and contact tracing can be undertaken immediately to identify the source of infection (if possible) and to limit the forward spread. Where the source of infection is unknown, close contacts must be tested and any contacts with negative test results but who later develop symptoms must be retested.

Response

This part of the strategy is lead by the Public Health Units. DHBs have been asked to assist at times to provide additional testing around particular situations (e.g. additional testing of close contacts as a result of cases in managed isolation). There is a need to reinforce lines of communication between NRHCC and ARPHS in relation to requests for testing support as there has been confusion about the process in a few recent cases.

Part 3: Monitor trends in diseases with similar symptoms

Expectation

The existing surveillance streams for influenza-like illnesses (ILIs) are being used to provide signals that could be interpreted as early warnings of the presence of the disease.

This allows constraints to be set for the testing system, to safeguard against any future supply chain issues, or a severe influenza season. Any increase of cases reported into the ILI surveillance systems will initially be considered as a cue for discussion, rather than for immediate action.

Response

The Ministry of Health will analyse the information (along with all other available information) and present findings to a national working group of technical advisors. The working group will then discuss and clarify the observations with the DHB or PHU concerned and establish the best surveillance approach for the community.

Part 4: COVID-19 management at the border

Expectation

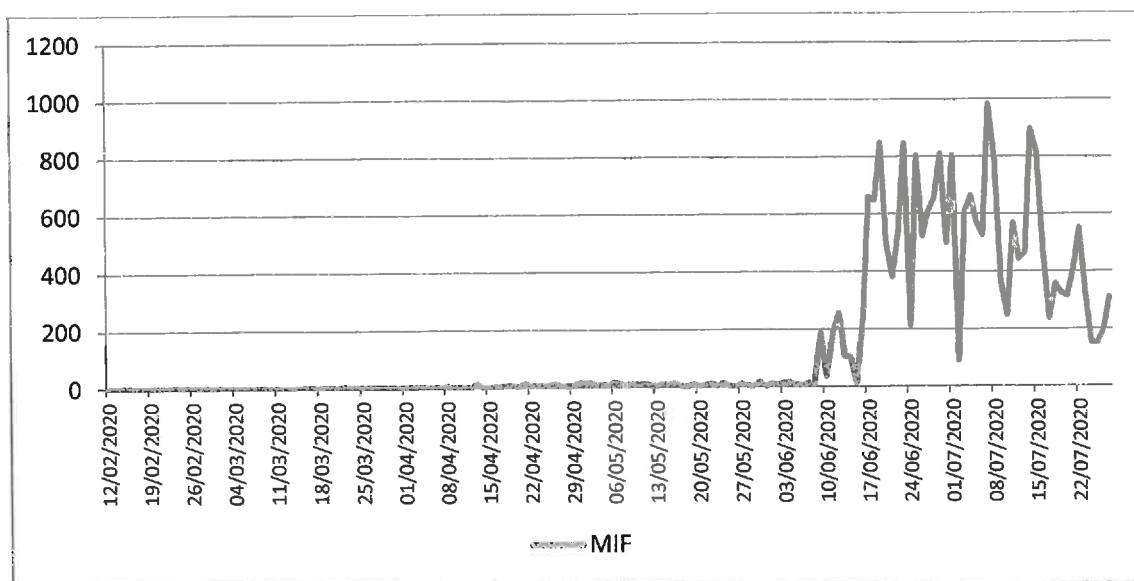
A main objective of the system is to ensure that the virus is contained at our borders and does not enter the New Zealand community. Procedures to manage COVID-19 at our borders are designed for the following groups of people:

- passengers arriving from overseas (by air and sea), including people on pleasure craft or yachts who are required to stay in managed isolation for 14 days and get tested around day 3 and around day 12
- air² and maritime crew, and
- people who work at the border (frontline contact roles for international arrivals, customs, biosecurity, aviation staff, shipping and port staff, people working in managed facilities where arriving travellers are housed, cleaners of vessels and areas frequented by overseas travellers).

Response

A large part of our recent DHB response has been to support the testing of people in managed isolation. This has been a significant logistical challenge due to issues with the quality of data and the need to use contracted mobile services. More recently we have been utilising one of our mobile providers to test asymptomatic staff in the managed facilities, as well as at the airport, on a rolling scheduled basis. There is now an expectation to increase the frequency of staff testing, particularly at the airport, and provide a more streamlined service for aircrew. A requirement for staff testing at the Port of Auckland comes into effect on 10 August.

Figure 3: Testing Volumes in Managed Isolation Facilities



² AirNZ agreed mandatory testing of specific staff identified as high risk policy is here:

https://www.health.govt.nz/system/files/documents/pages/requirements_for_international_air_crew_questions_and_answers_for_air_crew_27june20.pdf

Part 5: Information Gathering and Decision-making

Expectation

The whole system relies on analysis of data gathered locally and nationally from a range of sources including the testing and activities outlined above in parts 1 to 4 of the system.

Response

In order to contribute to national decision making we need to both collect and report data as required. We are still in discussion with the Ministry of Health to streamline the various reporting requirements which in turn will drive the data we collect. Current lines of communication, variously through PHUs, National CEs, and GMs P&F, continue to create confusion.

Next Steps

1. Continue work with the Ministry of Health to consolidate reporting requirements
2. Work with ARPHS to plan the response to testing of staff at the Port of Auckland
3. Support the transition to a new testing model in the Managed Isolation Facilities

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 14/07/2020 09:00
Kia ora

As requested please find attached today's updated case and contact management data and case summary notes as at 14/07/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	28
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	17
Total open cases	17
Total closed cases	11

Contacts					
Close	Casual	Tfwd to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
26	61	1	12	9	0

*Transferred to other jurisdiction includes other PHUs, DHBs and National Facial Point
 **Case count excludes cases from other PHUs with contacts being followed up by ARPHS

Numbers are accurate as at 14/07/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 15/07/2020 09:00

Kia ora

As requested please find attached today's updated case and contact management data and case summary notes as at 15/07/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	Contacts					
	Close	Casual	Tfnd to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
Confirmed cases	28					
Probable cases	0					
Current Cases						
Open cases related to clusters	0	61	1	12	9	0
Open cases not related to clusters	17					
Total open cases	17					
Total closed cases	11					

**Transferred to other jurisdiction includes other PHUs, DHBs and National Focal Point
 **Case count excludes cases from other PHUs with contacts being followed up by ARPHS*

Numbers are accurate as at 15/07/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 16/07/2020 09:00
Kia ora

As requested please find attached today's updated case and contact management data and case summary notes as at 16/07/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	30
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	19
Total open cases	19
Total closed cases	11

Contacts					
Close	Casual	Trfd to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
26	61	1	12	9	0

**Transferred to other jurisdiction includes other PHUs, DHBs and National Focal Point*

***Case count excludes cases from other PHUs with contacts being followed up by ARPHS*

Numbers are accurate as at 16/07/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 17/07/2020 09:00

Kia ora

As requested please find attached today's updated case and contact management data and case summary notes as at 17/07/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	30
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	18
Total open cases	18
Total closed cases	12

Contacts					
Close	Casual	Tfrrd to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
26	61	1	12	9	0

*Transferred to other jurisdiction includes other PHUs, DHBs and National Focal Point

**Case count excludes cases from other PHUs with contacts being followed up by ARPHS

Numbers are accurate as at 17/07/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 20/07/2020 09:00

Kia ora

As requested please find attached today's updated case and contact management data and case summary notes as at 20/07/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	35
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	23
Total open cases	23
Total closed cases	12

Contacts					
Close	Casual	Tfrd to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
30	61	1	14	9	0

***Transferred to other jurisdiction includes other PHUs, DHIBs and National Facial Point**

****Case count excludes cases from other PHUs with contacts being followed up by ARPHS**

Numbers are accurate as at 20/07/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 21/07/2020 09:00

Kia ora

As requested please find attached today's updated case and contact management data and case summary notes as at 21/07/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	36
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	23
Total open cases	23
Total closed cases	13

Contacts					
Close	Casual	Tfird to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
34	61	1	15	10	0

*Transferred to other jurisdiction includes other PHUs, DHBs and National Focal Point

**Case count excludes cases from other PHUs with contacts being followed up by ARPHS

Numbers are accurate as at 21/07/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 22/07/2020 09:00

Kia ora

As requested please find attached today's updated case and contact management data and case summary notes as at 22/07/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	36
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	23
Total open cases	23
Total closed cases	13

Contacts					
Close	Casual	Tfrd to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
39	61	1	20	10	0

**Transferred to other jurisdiction includes other PHUs, DHIBs and National Focal Point*

***Case count excludes cases from other PHUs with contacts being followed up by ARPHS*

Numbers are accurate as at 22/07/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 23/07/2020 09:00

Kia ora

As requested please find attached today's updated case and contact management data and case summary notes as at 23/07/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	36
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	23
Total open cases	23
Total closed cases	13

Contacts					
Close	Casual	Tfird to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
39	61	1	20	10	0

*Transferred to other jurisdiction includes other PHUs, DHBs and National Focal Point

**Case count excludes cases from other PHUs with contacts being followed up by ARPHS

Numbers are accurate as at 23/07/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 24/07/2020 09:00

Kia ora

As requested please find attached today's updated case and contact management data and case summary notes as at 24/07/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	37
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	24
Total open cases	24
Total closed cases	13

Contacts					
Close	Casual	Tfnd to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
39	61	1	20	10	0

*Transferred to other jurisdiction includes other PHUs, DHBs and National Focal Point

**Case count excludes cases from other PHUs with contacts being followed up by ARPHS

Numbers are accurate as at 24/07/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 27/07/2020 09:00

Kia ora

As requested please find attached today's updated case and contact management data and case summary notes as at 27/07/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	37
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	22
Total open cases	22
Total closed cases	15

Contacts					
Close	Casual	Tfrd to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
39	72	1	26	15	0

*Transferred to other jurisdiction includes other PHUs, DHBs and National Focal Point

**Case count excludes cases from other PHUs with contacts being followed up by ARPHS

Numbers are accurate as at 27/07/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 28/07/2020 09:00

Kia ora

As requested please find attached today's updated case and contact management data and case summary notes as at 28/07/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	38
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	21
Total open cases	21
Total closed cases	17

Contacts					
Close	Casual	Tfrrd to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
39	72	1	25	16	0

*Transferred to other jurisdiction includes other PHUs, DHBs and National Focal Point

**Case count excludes cases from other PHUs with contacts being followed up by ARPHS

Numbers are accurate as at 28/07/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 29/07/2020 09:00

Kia ora

As requested please find attached today's updated case and contact management data and case summary notes as at 29/07/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	40
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	22
Total open cases	22
Total closed cases	18

Contacts					
Close	Casual	Tfird to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
41	73	1	27	17	0

*Transferred to other jurisdiction includes other PHUs, DHBs and National Focal Point

**Case count excludes cases from other PHUs with contacts being followed up by ARPHS

Numbers are accurate as at 29/07/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 30/07/2020 09:00

Kia ora

As requested please find attached today's updated case and contact management data and case summary notes as at 30/07/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	40
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	19
Total open cases	19
Total closed cases	21

Contacts					
Close	Casual	Trfd to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
41	73	1	25	19	0

*Transferred to other jurisdiction includes other PHUs, DHBs and National Focal Point

**Case count excludes cases from other PHUs with contacts being followed up by ARPHS

Numbers are accurate as at 30/07/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 31/07/2020 09:00

(in NZ)

As requested please find attached today's updated case and contact management data and case summary notes as at 31/07/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	41
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	20
Total open cases	20
Total closed cases	21

Contacts					
Close	Casual	Tfrrd to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
41	73	1	25	19	0

*Transferred to other jurisdiction includes other PHUs, DHBs and National Focal Point
 **Case count excludes cases from other PHUs with contacts being followed up by ARPHS

Numbers are accurate as at 31/07/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 03/08/2020 09:00
Kia ora

As requested please find attached today's updated case and contact management data and case summary notes as at 03/08/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	47
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	26
Total open cases	26
Total closed cases	21

Contacts					
Close	Casual	Tfrrd to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
42	73	1	24	20	0

*Transferred to other jurisdiction includes other PHUs, DHBs and National Focal Point
 **Case count excludes cases from other PHUs with contacts being followed up by ARPHS

Numbers are accurate as at 03/08/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 04/08/2020 09:00

Kia ora

As requested please find attached today's updated case and contact management data and case summary notes as at 04/08/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	47
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	18
Total open cases	18
Total closed cases	29

Contacts					
Close	Casual	Tfrrd to other Jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
42	73	1	24	22	0

*Transferred to other jurisdiction includes other PHUs, DHIBs and National Focal Point
 **Case count excludes cases from other PHUs with contacts being followed up by ARPHS

Numbers are accurate as at 04/08/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

*Subject: ARPHS Updated Case and Contact Management Information as at 05/08/2020 09:00
Kia ora*

As requested please find attached today's updated case and contact management data and case summary notes as at 05/08/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	48
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	19
Total open cases	19
Total closed cases	29

Contacts					
Close	Casual	Tfrrd to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
42	73	1	20	26	0

*Transferred to other jurisdiction includes other PHUs, DHBs and National Focal Point

**Case count excludes cases from other PHUs with contacts being followed up by ARPHS

Numbers are accurate as at 05/08/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 06/08/2020 09:00

Kia ora

As requested please find attached today's updated case and contact management data and case summary notes as at 06/08/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/5/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	49
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	20
Total open cases	20
Total closed cases	29

Contacts					
Close	Casual	Trfd to other Jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
42	73	1	20	26	0

**Transferred to other jurisdiction includes other PHUs, DHBs and National Focal Point*

***Case count excludes cases from other PHUs with contacts being followed up by ARPHS*

Numbers are accurate as at 06/08/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

*Subject: ARPHS Updated Case and Contact Management Information as at 07/08/2020 09:00
Kia ora*

As requested please find attached today's updated case and contact management data and case summary notes as at 07/08/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	49
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	18
Total open cases	18
Total closed cases	31

Contacts					
Close	Casual	Tfrrd to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
42	73	1	20	26	0

**Transferred to other jurisdiction includes other PHUs, DHBs and National Focal Point*

***Case count excludes cases from other PHUs with contacts being followed up by ARPHS*

Numbers are accurate as at 07/08/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 10/08/2020 09:00

Kia ora

As requested please find attached today's updated case and contact management data and case summary notes as at 10/08/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	49
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	16
Total open cases	16
Total closed cases	33

Contacts					
Close	Casual	Trfd to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
42	73	1	18	28	0

*Transferred to other jurisdiction includes other PHUs, DHBs and National Focal Point

**Case count excludes cases from other PHUs with contacts being followed up by ARPHS

Numbers are accurate as at 10/08/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

COVID-19 Case and Contact Summary for Ministry of Health

Subject: ARPHS Updated Case and Contact Management Information as at 11/08/2020 09:00

Kia ora

As requested please find attached today's updated case and contact management data and case summary notes as at 11/08/2020 09:00. Information has been generated from ARPHS Notifiable Disease and Contact Management System.

The table below provides a cumulative record of the total number of confirmed cases and probable for the Auckland region since 1/6/2020 until today's updated case and contact management data

Totals to date	
Confirmed cases	50
Probable cases	0
Current Cases	
Open cases related to clusters	0
Open cases not related to clusters	17
Total open cases	17
Total closed cases	33

Contacts					
Close	Casual	Tfrrd to other jurisdiction*	Symptom Check Required	Symptom Check Done	Close Contacts Unable to be Contacted
42	73	1	18	28	0

*Transferred to other jurisdiction includes other PHUs, DHBs and National Focal Point

**Case count excludes cases from other PHUs with contacts being followed up by ARPHS

Numbers are accurate as at 11/08/2020 09:00.

Note: Case and contact numbers are constantly being updated as more information becomes available.

Annexure B

SUBJECT COVID-19 outbreak management analysis and future planning
FROM William Rainger, ARPHS Director
TO Chief Executives of Metro Auckland DHBs
DATE 22/07/2020

Recommendations	Decision	
	Yes	No
Active surveillance testing should be considered for all frontline staff working in MIFs.	Yes	No
If there is high suspicion that a MIF itself is the source of an outbreak then the facility goes into lockdown and no further overseas arrivals can be transferred to this facility and no overseas arrivals are allowed to leave until further local transmission has been ruled out.	Yes	No
Note further work is required to formalise the processes and approach between ARPHS and NRHCC for responding to outbreaks in MIFs.	Yes	No
Note planned exercises to test outbreak management in high risk scenarios with multi-agency involvement and nominate leads to work with.	Yes	No

Glossary

ARPHS	Auckland Regional Public Health Service
ESR	Institute of Environmental Science and Research
HCW	Health care workers
MIF	Managed Isolation Facility
MQF	Managed Quarantine Facility (Jet Park)
MoH	Ministry of Health
WGS	Whole Genome Sequencing

Purpose

This paper is to brief the Chief Executives of the metro Auckland DHBs on the risk of an outbreak within, or community transmission of COVID-19 from, a managed isolation facility. It outlines the issues, scope and approach that the DHBs and ARPHS might take in relation to prevention and early detection of such an event.

Background: Managed Isolation Facilities (MIFs) in Auckland

Every person who arrives in New Zealand must be isolated from other people in New Zealand for a minimum period of 14 days; either in a managed isolation facility (if they have no symptoms), or to a quarantine facility (if they have symptoms). They must then test negative for COVID-19 twice, on day 3 and day 12 of their stay, before they can go into the community.

As at 6 July 2020, there were 26 facilities throughout the country for quarantine and managed isolation with 5,697 individuals in the facilities on that date. Two-thirds of the sites (17 sites) were in the Auckland region. Auckland sites accommodate 80% (4,557) of people in quarantine and/or managed isolation in New Zealand. Overall, there have been 35 confirmed cases in Auckland since 1 June 2020 and all of these cases have been subsequently managed at Jet Park. See attached appendix 1 on analysis of current cases identified at MIFs.

Risk analysis of community transmission arising from Managed Isolation Facilities (MIFs)

It has been over two months since a case of COVID-19 was identified in the community. Since June, all cases have been identified in returning travellers and most of these have been picked up at the day three testing stage. The majority of MIF positive results are 'old positives' around the limit of detection; this means these people most likely were infectious well before their arrival into New Zealand. Overall this means the risk of community transmission arising from MIFs remains low as long as infection control protocols are followed, returning travellers are compliant with the programme, and exemptions from managed isolation are kept to a minimum.

However, there remains a risk that Auckland could have a second wave of community transmission. The initial route of spread into the community is most likely to be from cases that are arriving at our border. The current large-scale outbreak of COVID-19 in Victoria is a clear example of the risk this poses.

The possible routes include:

- Returning traveller absconding from a MIF and infecting members of the public while they are outside the MIF.
- Returning travellers that are granted exemption for medical or other reasons not adhering to their compliance plan in the community.
- Staff working at the MIF or at the border getting infected through breaches in PPE or inadequate IPC and infecting their households or other people in the community.
 - An important subset of this group includes staff that work at both MIFs and DHB facilities; these staff could potentially get infected working at a MIF and then take the infection to DHBs and other healthcare settings.
- Additionally, there is a risk that due to breaches in PPE or inadequate IPC there is a localised outbreak of cases within a MIF involving returning travellers and/or staff working at the MIF.

Any of the above scenarios would indicate cases are occurring beyond our border. This would be of significant concern to ARPHS and identification of a case outside the usual parameters would be considered an outbreak. The most likely original source of the outbreak will be a MIF, even in the instance where a case does not appear to be epidemiologically linked to a MIF. As such, ARPHS would assess the risks and activate our outbreak response plan as described below.

Outbreak identification and associated risk

An outbreak is classified as two cases outside of a household (or travelling bubble) that are epidemiologically connected. ARPHS response and the level of risk will be defined by how an outbreak at a MIF has been detected. An outbreak may be detected through:

1. Increase in cases numbers among returning travellers at a particular facility.
2. Staff member/s at a facility returning positive results either through symptomatic swabbing or asymptomatic surveillance swabbing.
3. Case/s in the community with an epidemiological link to a MIF facility (e.g. a household member of a MIF staff member).
4. Health care worker/s with an epidemiological link to MIF cases from exposure in a healthcare setting.

5. A case in the community with no epidemiological links to a MIF facility (e.g. source unknown).

New cases should invoke a risk assessment based on three factors: setting, occupational group, and duration of symptoms. The lowest risk would be a single case based in a MIF with symptoms lasting less than three days, the highest risk a healthcare worker in a hospital setting with symptoms in excess of five days. Appendix 2 outlines the use of a risk cube to factor in the variables and their impact which may be useful in determining the response. Even in the best case scenario once a case is found in the community we are probably already five days behind the virus.¹ The cube can be utilised to determine the risk for Low- Medium-, and High-risk situations which then translates through to three levels of response.

Mitigation

Active surveillance should continue for all frontline staff working in MIFs. This includes healthcare workers, border staff, and other staff working in MIFs/MQF.

- Self-monitoring: frontline staff should be expected to self-monitor daily (if not already occurring).
 - Daily self-temperature checks could be considered, although we recognise this may not be practical.
 - Daily symptom self-monitoring. If unwell with symptoms consistent with current COVID-19 case definition, then to stay at home, inform manager, and arrange testing.
- Regular COVID testing: NRHCC have recently instituted a programme of asymptomatic screening across airport agencies and managed isolation and quarantine facilities.

Increased testing around a case could be considered when there is a new detected in a MIF, MQF, and healthcare facility in the last two weeks.

What happens if surveillance testing of staff is positive?

- Household contacts should be tested and isolated until contact tracing completed and decisions have been made regarding the contact management.
- MIF residents are placed in lockdown until contact tracing completed. Undertake assessment and testing of all staff and consider holding contacts onsite where possible until results are available. For those where this is not possible, isolate at home with mask until results are available but consider the risks and optics of this.
- Test other residents. Consider exposure opportunity and whether all or targeted testing is going to be required.
- For MQF staff and HCW cases cast a wide net, test and isolate onsite where possible (including cleaning and admin staff) until results are available and contact tracing has been completed.

Proposed response to an outbreak and/or first identified case of community transmission

In the first instance, ARPHS would stand up an outbreak team and consider escalating our response alert to 'orange'. The outbreak team will be responsible for case and contact management, investigating the outbreak source and developing the outbreak strategy.

In terms of public health response, there are a number of options for responding to the outbreak. These options depend on the risk level identified and whether we know which MIF is likely to be involved. The ARPHS preferred outbreak response is to cast the net widely in the first instance to reduce any risks of further local transmission and to target the response as new information is received. Techniques, such as Whole

¹ An identification of a case today indicates the exposure was at least five days ago (as the average incubation period is five days) and thus suggests that further undetected transmission may have occurred in those preceding five days.

Genome Sequencing (WGS) of COVID-19 samples will be useful for completing epidemiological investigation into the likely source; ARPHS is liaising with ESR to see if this will be feasible. ARPHS believes the region will be best placed to handle a MIF outbreak if there is an agreed multi-agency response with clear roles and responsibilities.

Depending on what alert level the outbreak puts ARPHS in; an IMT response may be stood up by ARPHS, or a response structure that would link into the NRHCC and ensure daily communications to support the coordinated response. We would propose that a multi-agency zoom meeting be held daily with the key agencies to coordinate the response.

When the source MIF of the outbreak is known

If a MIF outbreak is identified through an increase in un-linked cases in returning travellers at a particular facility, cases in MIF staff, or cases that are close contacts of MIF staff, then the source of the outbreak will likely be the facility involved. The options in managing this are as follows:

1. Case finding and widespread asymptomatic testing of staff at the associated facility occurs to determine whether an outbreak is occurring. Only the case and their close contacts are stood down or kept in isolation longer. Lockdown of the facility is a last resort if cases occur outside of identified close contacts in staff and other overseas travellers.
2. The facility involved goes into lockdown while further investigations and cases and contact management actions taken place. This means that no further overseas arrivals can be transferred to this facility and no overseas arrivals are allowed to leave until further local transmission has been ruled out.

ARPHS recommendation is for option two - that the facility involved should lockdown as soon as a potential outbreak is identified. While this option is most resource intensive, it allows time for widespread testing of staff to determine outbreak scale, WGS results to be returned to identify source case/s, and overall it will significantly reduce the risk of community transmission. It is assumed that the process for locking down a facility will sit with the local PHU, but clarity is being sought from the Ministry of Health as to whether this would sit within a national framework and guidelines.

When the source MIF s for the outbreak is unknown

The risk of an outbreak with unknown source is low. However, given there is no community transmission currently, if there is a case of unknown source identified in the community (e.g. scoping interviews by ARPHS case and contact management teams do not identify any link with a known case or MIF facility), it will indicate that the most likely source is from a MIF/MQF. Thus, the assumption will be that an outbreak is already occurring at MIF/MQF site. The options in managing this are as follows:

1. Continue normal surveillance testing and swabbing of overseas travellers
2. Increase surveillance testing at all MIF sites
3. Lockdown higher-risk MIFs (to be defined) and undertake extensive swabbing of staff

ARPHS will need to work more on this, including working with external partners about what is feasible. An assumption can be made that the sites that have had recent known cases are most at risk of having an unidentified outbreak.

ARPHS recognises that some of these approaches will be a resource intensive approach in terms of testing and laboratory capacity, managing and placing further overseas arrivals, and in the ARPHS operational response (e.g. the ARPHS response level will likely shift from yellow to orange to potentially red within two weeks).

ARPHS does not think it is realistic to lockdown every facility. It may be worth considering locking down certain MIFs that ARPHS consider to be at a higher risk, such as those that have had recent previous cases. This risk assessment would need to be on a pre-determined risk criteria, which needs to be developed. Genomic linkage to known cases that occurred within MIFs will be particularly helpful for cases of unknown source in order to identify the MIF where an outbreak is occurring and to determine the likely chain of transmission. When WGS results have been received it is likely the response can be scaled down to the likely MIF involved.

Next steps

ARPHS intends to run several exercises to test our planning assumptions, surge capacity, and high risk scenarios, such as an outbreak in a managed isolation facility and the maritime border. ARPHS recommends that this is a multi-agency exercise and will involve the NRHCC and other agencies as appropriate with an expectation to run the exercises by the end of August.

Appendix 3

Auckland Regional Public Health Service Cases in managed isolation and quarantine facilities

The information in this report is sourced from Episurv as of 20/07/2020 9:00am

This report may contain personally identifiable information. Please do not distribute beyond those involved in Public Health Control efforts without amending for anonymity.

Case characteristics

From 01 June 2020 to 20 July 2020 there have been 35 confirmed cases in Auckland MIQ facilities.

- 17 have had symptoms, 18 have been asymptomatic
- Two have been hospitalised
- 20 have recovered (as recorded in Episurv)
- Most cases are being picked up at the Day three surveillance testing
- Majority of the cases are 'old positives' around the limit of detection
- One case has diabetes, three cases have CVD.

Demographics

- Most cases are aged between 20 and 39 years (see Figure 1)
- 11 cases are female and 24 are male (see Figure 1)
- 69% of cases are of Asian ethnicity (see Figure 2)

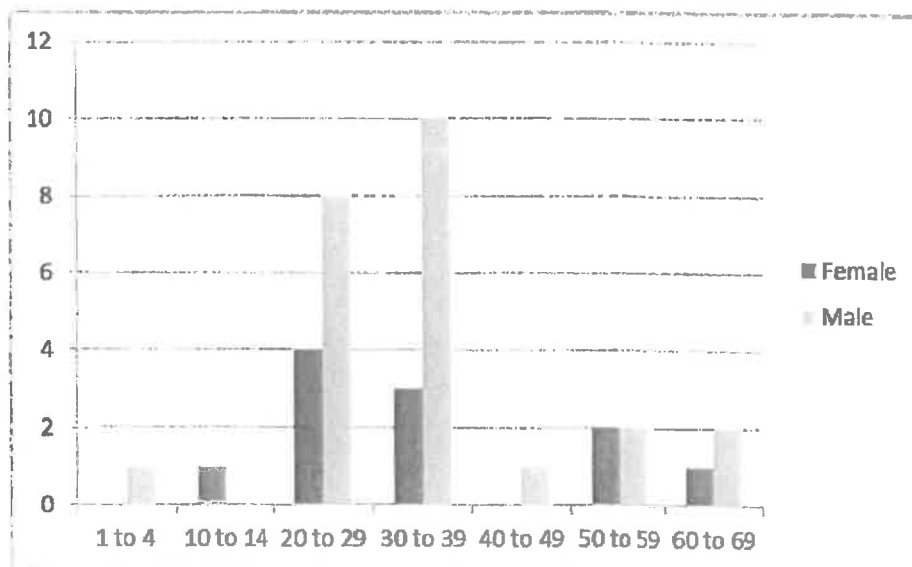


Figure 1 Age and sex distribution of cases in MIQ facilities in Auckland

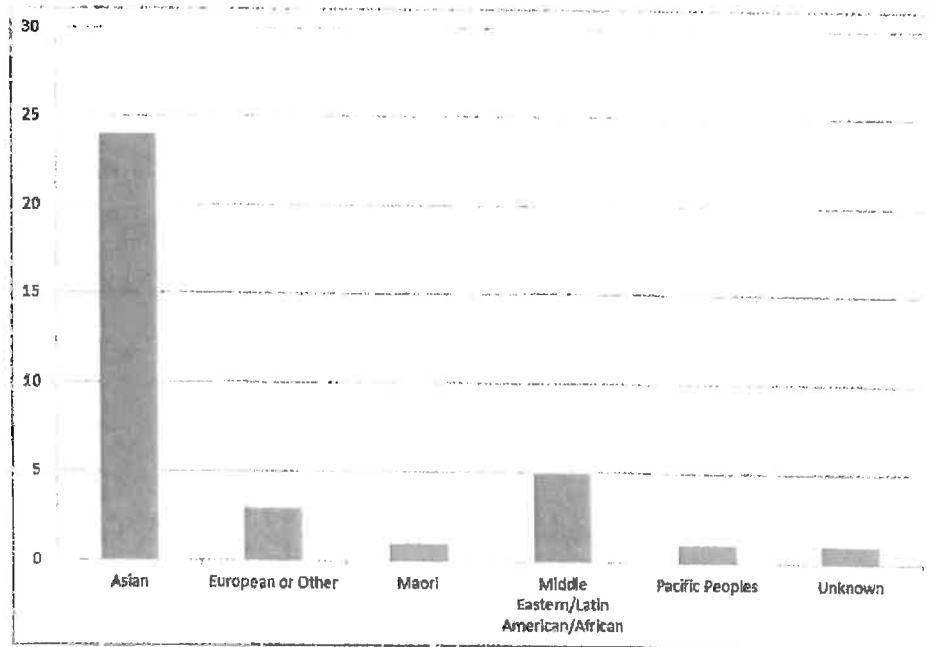


Figure 2 Prioritised ethnicity of cases in MIQ facilities

Testing

- The majority of the MIF positives are 'old positives' around the limit of detection (personal communication, Gary McAuliffe)
- Figure 3 shows most cases are picked up at the day three testing (as recorded on Episurv, 7 were blank).

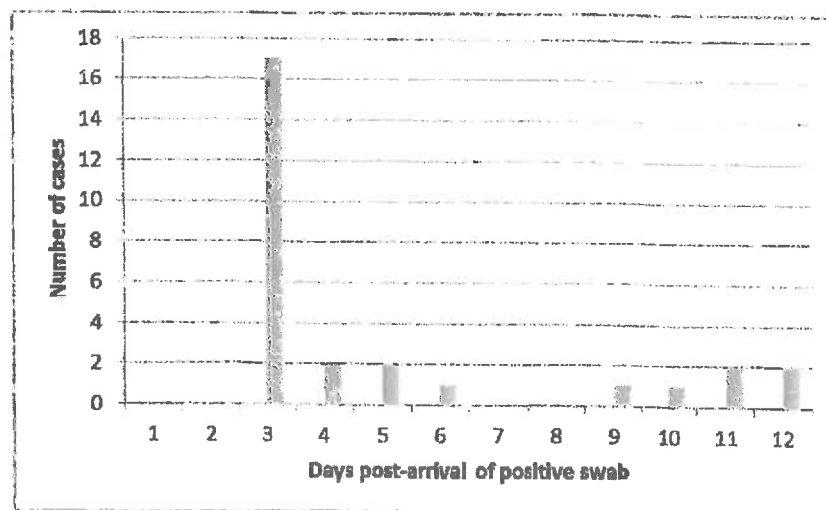


Figure 3 Days post-arrival of positive swabs for confirmed cases

Epicurve

- Cases at MIQ facilities from 1 June shown in Figure 4 by report date (first report date was 17 June).
- Routine testing was introduced in June and from 22 June 2020, people in MIQ facilities were required to return a negative test before being able to leave.

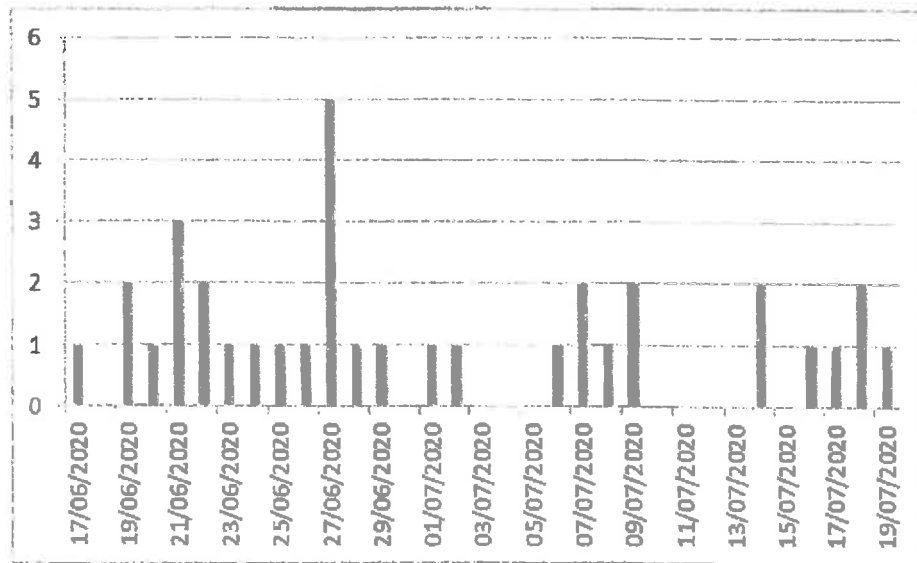


Figure 4 Number of daily cases by report date in Episurv

- Figure 5 shows where the cases were isolated prior to returning a positive result (before being transferred to Jet Park unless they were already there).

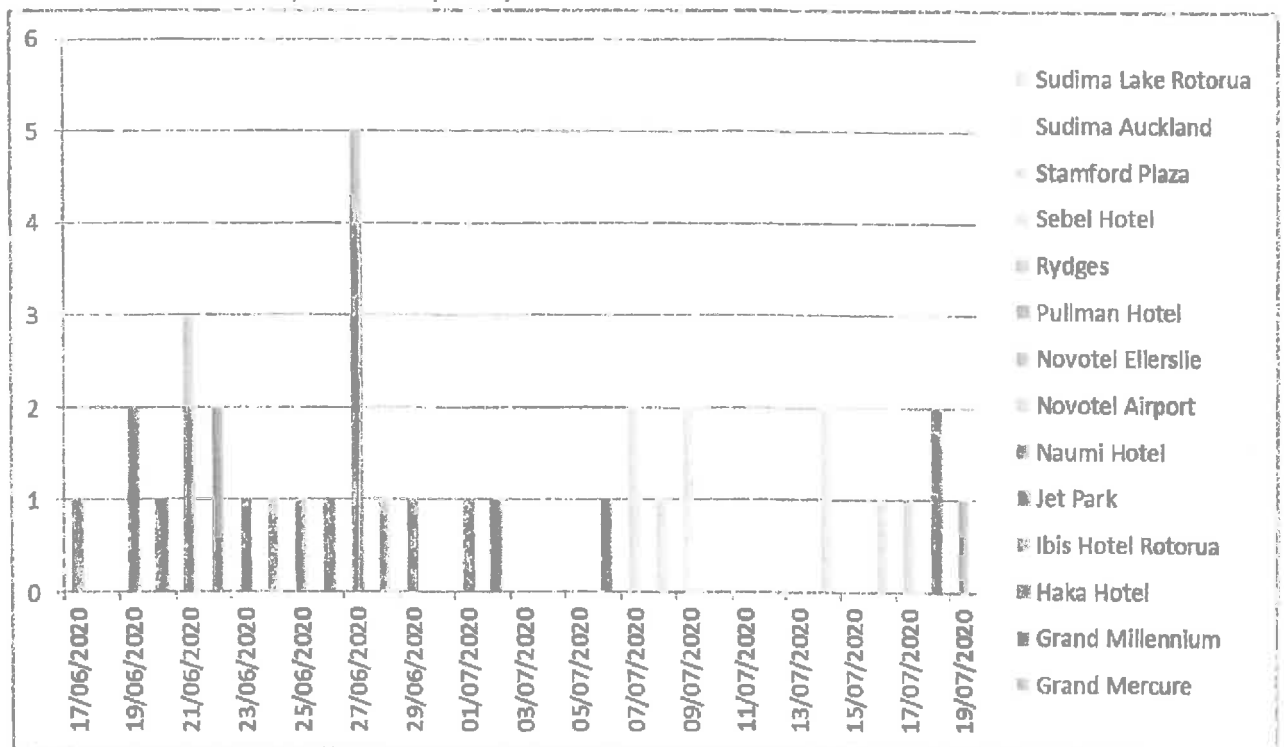


Figure 5 Number of daily cases by report date and quarantine location

Travel History

- Table 1 shows where cases had travelled from.

Table 1 Countries where cases had travelled from (original departure location, does not include stopovers)

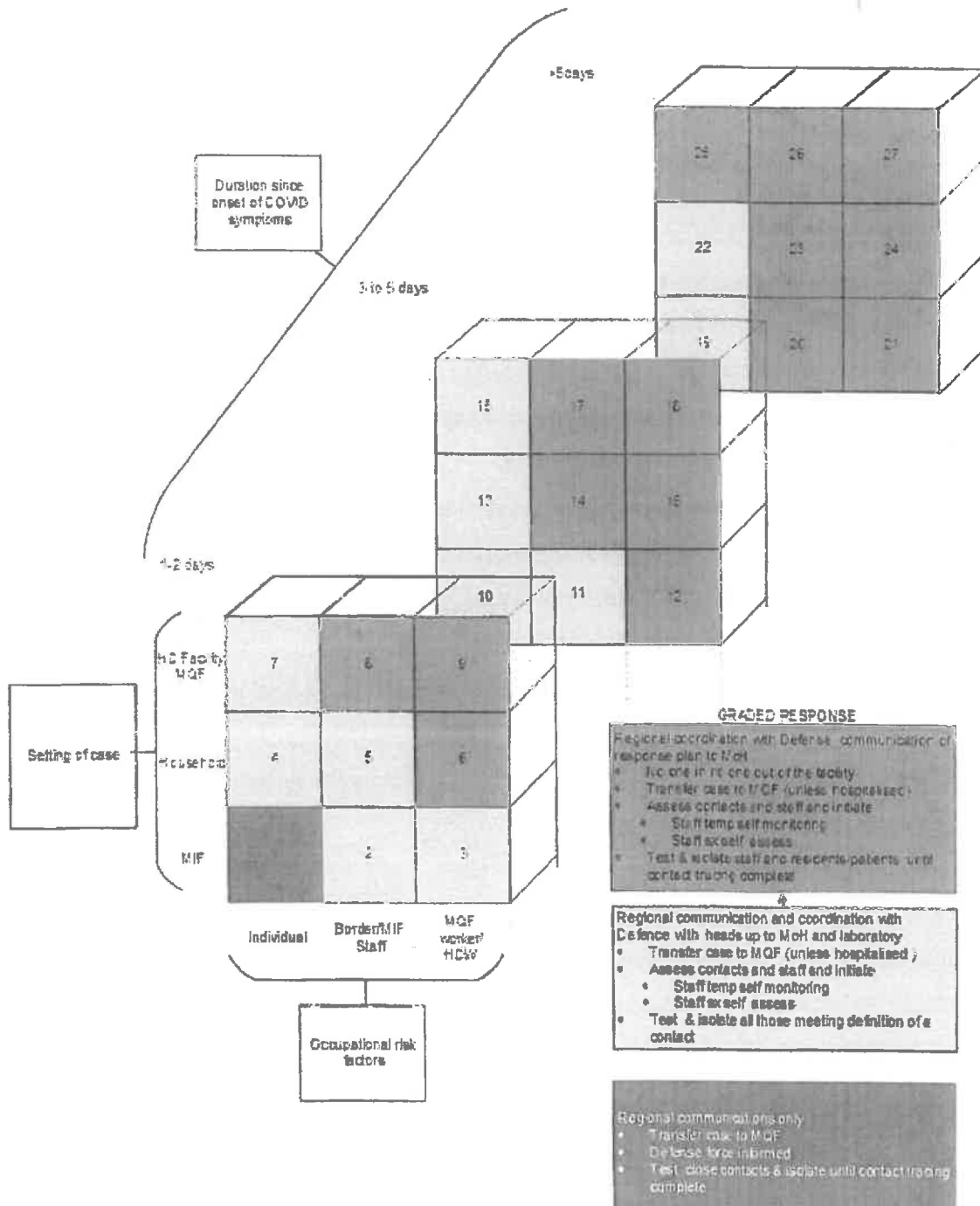
Country	Number of cases
India	17
Pakistan	5
US	3
Kenya	2
UK	2
Netherlands	1
Nepal	1
Ireland	1
Tanzania	1
Afghanistan	1
Mexico	1

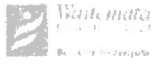
This report may contain personally identifiable information. Please do not distribute beyond those involved in Public Health Control efforts without amending for anonymity.

Appendix 2 – Risk Cube – a Graded Response

A risk cube which takes into account the three key risk factors may be useful in determining the response. This is based on the three levels of risk described above for setting, occupational group, and the duration of symptoms based on the assumption that even in the best case scenario we are probably five days behind the virus. The cube can be utilised to determine the risk for Low- Medium-, and High-risk situations which then translates through to three levels of response.

Graded Response Cube for COVID cases at Level 1





TO Margie Apa, Ailsa Clare and Dale Bramley, Auckland Regional DHBs Chief Executives

FROM William Rainger, ARPHS COVID-19 Incident Controller

DATE 31/07/2020

SUBJECT ARPHS COVID-19 Surge Workforce Regional Arrangements

Recommendations

1. **Agree** the surge workforce model developed by ARPHS to resource the COVID-19 Response Unit (CRU) to be able to meet the capacity expectations set out by the Ministry of Health.
2. **Note** that ARPHS' COVID-19 surveillance system includes early warning indicators, which will be used to guide decisions around response escalation/de-escalation.
3. **Note** that any response escalation would require approval from the DHB CEs, in the form of a recommendation paper from ARPHS' Director.
4. **Endorse** the indicative workforce required at each level of operational response, and in particular the indicative workforce that will need to be sourced from external agencies such as DHBs.
5. **Identify** a key contact for each DHB who will work with ARPHS to identify DHB staff to fulfil the required positions, in the event of a response escalation.
6. **Approve** the planned release of identified staff to take part in 2-3 days' training, prior to any response escalation when they would be required.
7. **Agree** to releasing DHB surge staff within 48 hours, if required to support the Auckland regional COVID-19 public health incident response.

Executive summary

The purpose of this memo is to agree surge arrangements between the Auckland region DHBs in support of the ARPHS CRU to be able to meet the capacity expectations set out by the Ministry of Health¹. This memo focuses on workforce arrangements, as the most resource-intensive requirement of surge.

The CRU needs to be agile, in order to sustainably manage the changing demand for case and outbreak management and contact tracing. The nature and level of the CRU activities and resources needs to rapidly increase (and decrease) according to the scale and complexity of the case notifications.

¹ National Contact Tracing Preparedness Plan, Ministry of Health, May 2020

At all levels of response there is a need to ensure equity. Within operational surge planning, this includes ensuring capacity for providing culturally safe and appropriate case navigation and whānau support, which is delivered through Pae Ora and Pacific case models.

The CRU maintains a core rostered staff and expertise to manage low levels of simple COVID-19 case notifications arising from border screening and managed isolation facilities (MIF); this capacity is up to 20 cases per day. This provides the basis for a scaled-up response as required.

Additional ARPHS staff would be deployed to the CRU through activation of the Business Continuity Plan (BCP); this would enable a week of managing up to 40 MIF cases per day, including an instance of community transmission. If cases numbers remain above 20 per day or in the event of further community transmission, the DHBs play a key role in supporting the CRU's ability to scale up through agreeing to surge clinical and other staff when there is a need to rapidly increase the CRU's operational response.

A surge framework has been developed to respond to this agility and forecasting requirement, by setting out organisational alert levels and associated triggers for escalation/de-escalation, and the response requirements at each phase.

The specific workforce surge staffing requests to DHBs may depend on the nature of the operational response required; any deviation from planning assumptions would be indicated at the time of a surge request. This plan sets out an indicative requirement at each alert level, in order for ARPHS CRU to prepare and train staff across the sector, and so that the DHB staff and their managers can plan for the possible deployment of identified staff to the CRU.

Background

Regional DHBs' support for ARPHS has been invaluable in the COVID-19 response to date, and this includes assistance with the significant staffing requirements in the March-April outbreak period.

The Government's policy continues to be to eliminate COVID-19, which means maintaining a strong 'Keep it Out' stance along with rapid and effective 'Stamp it Out' response to sporadic cases and clusters. ARPHS, therefore, is required to maintain a ready, trained and highly agile workforce that can respond to the fluctuating case and contact numbers and contain any outbreaks. It would not be cost-effective nor an efficient use of expertise and resources to maintain a large CRU workforce on an on-going basis.

A core workforce is now in place within the CRU. An escalated response requires a regional workforce, comprising ARPHS staff as well as a wider surge workforce to be agreed and identified in collaboration with the three DHBs.

Strategic Assumptions

The following strategic assumptions, most of which have already been seen by in ARPHS/DHB papers, are the basis for this model:

1. The Ministry expectation is that ARPHS has the capacity to manage 124 new cases per day, with the ability to scale up within 3 to 4 days to manage 177 new cases per day.
2. There is an upper limit to the scale which ARPHS cannot exceed determined by:
 - a. ARPHS capacity to manage at very significantly increased scale and complexity
 - b. accommodation and the need for the response teams to be co-located, and
 - c. availability of public health physicians required for key technical and leadership roles.
3. 50% of case and contacts in Auckland are likely to be complex ².
4. ARPHS would rely on referral to other PHUs and/or the National Investigation and Tracing Centre to assist case and contact management once operating at more than 40 cases per day.
5. On average, a case investigator can effectively manage 2-3 cases per day in a 'stamp it out' scenario.

Surge planning

The nature of the COVID-19 pandemic means that the caseload is difficult to predict, i.e. the disease is highly infectious and can be infectious without symptoms, there is very low population immunity, and there continues to be on-going new importations from overseas. There is a requirement for immediate containment if community transmission occurs, because of the risks of the disease spreading quickly.

Whilst case increases and outbreaks are hard to forecast over the longer term, any increases do follow a predictable pattern. We will therefore likely have some warning about an imminent surge, during which resources will need to be mobilised, including deploying appropriate surge staff to outbreak / case management and contact tracing.

The surge response model

The surge workforce model provides a regional overview of how to plan escalation and de-escalation activities and resources in a flexible way. The model has been developed in collaboration with operational staff experienced in COVID-19 incident management, taking into account the knowledge and efficiencies gained, and the improved systems and processes in place in the CRU as well as NCTS implementation.

Progress to date has focused on:

- compiling an early warning indicator suite which can be monitored continually, and aligns with planned triggers for escalation and de-escalation between ARPHS COVID-19 response levels, and
- setting out specific response requirements at different levels, with indicative staffing numbers.

Following agreement with the DHBs, the model will be further developed by the CRU. This will include on-going refinement and use for rosters, planning for various volume and outbreak scenarios. Surge staff across

² 50% complex has been stated in earlier ARPHS plans. Note that it differs from Ministry of Health assumption of 70% simple / 30% complex.

the sector will be invited to attend ARPHS COVID-19 Response Introductory training. Reporting of surveillance indicators and associated recommendations for changing response level and workforce surge will become embedded as CRU management activity.

The Incident Response Plan forms the basis of the surge framework, with a framework for escalation in response according to the yellow – black levels.

At 'yellow', the CRU manages a small number of cases (in MIF and detected at the border) and contact trace requirements, using CRU and ARPHS staff. This is the time to frontload identification and training of staff across the sector in readiness for increasing the workload in the orange and later levels. A 7 day per week roster is required to deliver case and contact management response, and this has been taken into account when calculating the FTE requirements. The public health response will likely change as we progress through the levels, based on TAG advice on the most effective approach with the resources and expertise available.

Surge workforce model

Alert Level	Yellow CRU default	Orange Transition phase		Red	Black
Situation	Small number of cases <20 (in MIF / detected at border)	Increasing case numbers 21-40, or a case or cluster notification from the community		Significant increase in case and contact numbers, 41-80 new cases per day, and/or multiple clusters	Significant outbreak Case numbers exceeding ARPHS' capacity (>80/day), expectation of national coordination
Operational Teams	2	4	6	8	10
Response	CRU manages response	ARPHS staff rostered into the CRU to assist with response Recommendation to DHBs to change alert level and mobilise surge staff ³	Regional staff support ARPHS CRU response Recommendation to DHBs to change alert level and mobilise surge staff	Coordinated regional response, ARPHS IMT liaising with NRHCC CRU coordinating management of cases/clusters including offloading to national systems Recommendation to DHBs to change alert level and mobilise surge staff	Ministry of Health providing advice and direction Full IMT in place with EOC activated ARPHS contacting all cases and aiming to provide limited case management, and contact management to priority situations only.
Aim	intensive case management of simple cases in managed isolation	intensive outbreak and case and contact tracing and management	intensive outbreak and case and contact tracing and management	complex outbreak and case management, coordination of contact tracing,	narrow scope of case and contact management

³ Expectation DHB surge staff released within 2 days to allow for 2-3 days' training prior to being rostered to COVID response within 1 week

Culturally appropriate case management

Māori cases and their whānau will be supported where possible by the Pae Ora team, comprised of Māori staff members. Pacific staff will join in delivering the Pacific case model, working as part of a Pacific multidisciplinary team with clinical and Pacific language skills. Both the Pae Ora and Pacific teams will be trained to 14FTE capacity, with assumed deployment for red/black levels and potential deployment at earlier phases as required. Training and rotation of these staff will require rostering in general case teams at times during yellow/orange response levels.

Surveillance Indicators for Alert Levels

Indicators

The ARPHS CRU will monitor key indicators at least three times weekly, across 4 categories: COVID cases, COVID close contact/cluster numbers, response workload, and associated workloads (for example, phone calls into ARPHS relating to COVID). Workload-sensitive indicators within those 4 categories will be aligned with response levels, to enable a recommendation on a surge response to be led by quantitative evidence. The CRU Manager will make a global assessment on the need to move response level, based on the indicators set out in the Surveillance Indicator Report in Appendix 1.

Changing Alert Levels

Decisions to change alert levels will be made by the CEs, based on recommendation from the ARPHS Director. The decision-making process for escalating alert levels is outlined in Appendix 2.

ARPHS and DHB/external stakeholders will receive communications on change in response level according to ARPHS communications plan. Lead times will enable external agencies to anticipate workforce requests. In addition, regular communications to DHB/external agencies will facilitate awareness of the current response level and any need to be on standby for workforce surge. The frequency of communication will vary according to the response level.

What it means for DHBs

Outline of DHB Involvement

The surge workforce model identifies positions to be filled, when required. DHBs are requested to identify named individuals who could deploy to these positions, to allow for preparation and training. The model anticipates equitable sharing of resourcing across the DHBs. It is expected that surge staff will primarily be DHB employees, although might be an option to draw from primary care. Vulnerable health staff who may need to be shifted from frontline clinical/community interface roles could be deployed into CRU surge.

The following will apply to surge staff:

- Public health knowledge desirable; training will be provided by CRU

- Staff remain employed by their DHB, domiciled in ARPHS for the agreed duration of their surge
- ARPHS will allocate staff to teams according to operational need; there is an option to match any DHB-specific surge with staff from that DHB that may be able to be accommodated but the priority will be ensuring an appropriate skill mix in each case management team.
- 7 day per week operational response is assumed
- The model has not assumed shift work such as early/late shifts.

Surge staff requirements

The following staff will be required at the various alert levels. Note that numbers do not always tally with 100% accuracy because we have compressed categories to show a high-level view.

Staff required (FTE)	Orange			Red			Black		
	Demand	Supply		Demand	Supply		Demand	Supply	
		ARPHS	Non-ARPHS ⁴		ARPHS	Non-ARPHS		ARPHS	Non-ARPHS
Case investigators ⁵	46	22	24 ⁶	62	22	40	77	22	55 ⁷
Registered nurses	39	12	27	40	14	26	28	9	19
Non-public health doctor	14	5	9 ⁸	20	5	15	23 ⁹	5	18
Public health Physician ¹⁰	12	8	4	14	8	6	16	8	8
Other roles (admin, policy, project, HR, OD, finance, managers etc)	65	40	25	96	50	46	96	50	46
TOTAL FTE	176	87	89	232	99	133	240	94	146

Lead time

⁴ Non-ARPHS surge staff will primarily be met by DHBs, but also includes other agencies such as NRA, primary/urgent care, universities, retired staff, and other potential workforces currently being identified.

⁵ Includes a variety of professional types such as nurses, non-public health doctors, health promoters

⁶ Tentatively agreed with DHBs as: Starship community nurses, WDHB resource nurses, ADHB resource nurses, CMH nurses

⁷ 34 nurses plus 17FTE Auckland Council EHOs + 4-10 CMH smokefree team

⁸ Approx 6 'other doctor' FTE agreed with surge contracts/arrangements (mostly individual contracts); remaining FTE yet to be agreed

⁹ See footnote 7

¹⁰ Indicative public health physician FTE. Totals required will increase if ARPHS is managing multiple outbreaks or undertaking regional/national roles that remove FTE from its usual supply.

When agreement is reached on the need to mobilise surge workforce, lead times are anticipated to be 1 week from request to being rostered. This provides 2 days to enable DHB release, and up to 3 days for refresher training / upskilling.

Implications for workforce readiness, training and secondment

ARPHS CRU has a training plan to ensure workforce readiness. All core and surge staff will be trained in case and contact management, familiar with ARPHS' workplace and the COVID response model including IT applications. Between March-July, ARPHS has trained 203 (internal and external) staff in basic case and contact management.

Training is modular and has online, pre-reading and face-to-face components. To enable workforce surge within 1 week of a response level change, surge staff will be pre-trained in some modules, leaving 'shadowing' and any training updates (e.g. NCTS training) to be delivered in the 3 days before being rostered. Surge staff have access to the ARPHS CRU intranet to stay informed about developments and changes to the response.

To ensure appropriate management, supervision and on-boarding, DHB HR and people management support will be requested from ARPHS as part of the FTE requests at specific response levels. This is anticipated to continue the range of agreements that were put in place earlier in 2020.

Risks

From the project risk register the following have been identified as relevant at this stage:

Risk	Mitigation
Surge workforce training incomplete at the time we need to surge	DHBs prioritise identifying and releasing surge staff for pre-training. ARPHS fully resources workforce development team in Yellow response level.
Forecasting requirements is difficult due to the wide number of unknowns on the scale and nature of possible future outbreaks	Communicate the need for flexibility, any surge workforce request (expertise/skillsets, numbers of staff) will be based on actual need.
Planned surge workforce may not be available when requested	Contingency planning underway to identify supplementary non-health workforces as well as DHB staff.

APPENDIX 1: Triggers indicators report- mock-up¹¹

COVID-19 Daily Surveillance Report [DRAFT 0.3]

Auckland Regional Public Health Service

ARPHS Intel Team

29 July 2020 15:05

Definitions

Cases in the last 24hrs are counted as of the report update time. Imported includes import related cases (travellers and their associates), local includes locally acquired cases, and source unknown all case where the source isn't able to be identified. Confirmed and probable cases are included on the basis of the time they were first defined as confirmed or probable in NDCMS. Under investigation cases are identified as of the time of notification. Close exposed contacts are identified via their create date (not parent case report date).

The performance chart shows the current 24hr's data as the dark bar, the 7 day mean as the lighter area, and the red line as the trigger level. Change is percent change of current data from previous 7 day mean (small numbers are suppressed). Triggers are currently arbitrary selected for testing. The trend line is the current period plus the previous 7 days

Active clusters are those with active cases or exposed contacts. Active cases defined as open and not recovered or with active contacts. Active contacts are contacts that have not yet completed follow up. Community test totals exclude MIF tests and same day (repeat) tests, MIF test count are by individuals tested not total tests. The total in MIF is an current count estimated from the number of unique NHI tested in MIF over the last 12 days.

The MoH KPI indicators are public health system resource capacity measures as per Version 1.1 of the Provisional COVID-19 Disease Indicators. KPI figures are from the last 7 days. P001 measures the timeliness of case investigation and is defined as the time from when a case first becomes confirmed/probable to the initial case interview, with a target of 80% within 24hrs. P002 measures the timeliness of close contact quarantine and is defined as the time from when a case first becomes confirmed/probable to the time a close exposed contact is quarantined, with a target of 80% within 48hrs. *Nb* Not all cases and contacts notified to ARPHS are exclusively managed by ARPHS, cases and contacts not interviewed are likely transferred from or managed by other agencies.

Group A: Case indicators

Indicator		Level			7 day mean	Change
Total conf/prob cases	1				0.5	█
Imported cases	1				0.5	█
Local cases	0				0.0	█
Cases unknown source	0				0.0	█

¹¹ Note that these numbers are indicative only, and show conditional formatting for non-met KPIs.

Group B: Contact and Cluster indicators

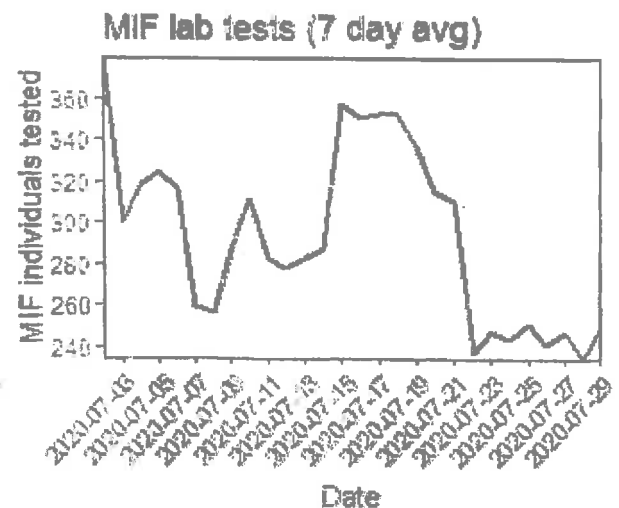
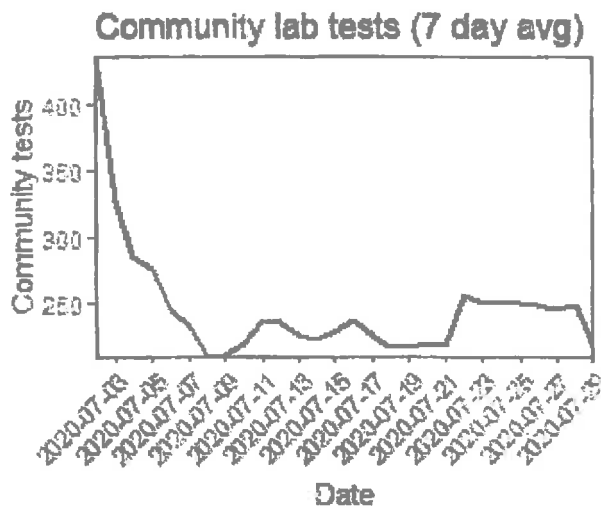
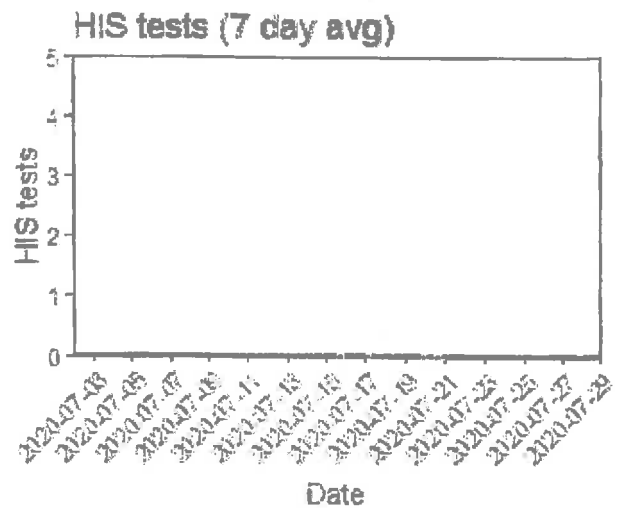
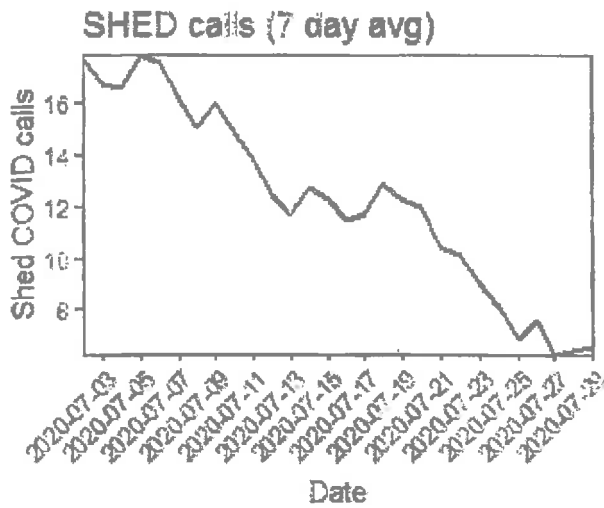
Indicator		Level			7 day mean	Change
Close contacts	2				1.6	—
Clusters	0				0.0	—

Group C: Response indicators¹²

Indicators	Level			
Staff illness				
Overtime				

¹² These indicators are under development and will be finalised after ARPHS has moved to the NCTS platform in the week beginning 3 August.

Group D: Monitoring indicators



Group E: MoH KPIs (7 day aggregate)

Cases	Time to case interview (P001)	Cases not interviewed	Contacts	Time to contact interview (P002)	Contacts not interviewed
4	50%	2	12	8%	2

Group F: Cases by ethnic group and MIF (7 day aggregate)

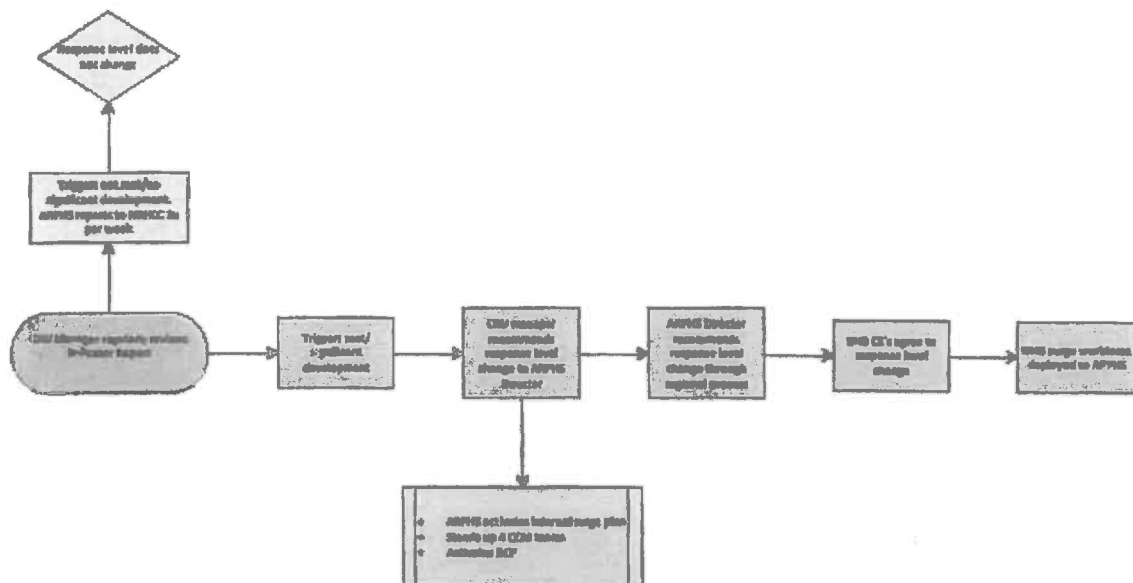
In facility	Maori	Pacific	Other
Yes	1	0	3
No	0	0	0

Est. current individuals in MIF 2963

APPENDIX 2: Decision-making process for changing response levels

The CRU Response Manager will make a recommendation to the ARPHS Director when there is a need to change response levels, escalation and de-escalation, based on a global assessment of the indicators. A recommendation for change in response level will be made by the ARPHS Director to the CEs through regional processes (NRHCC) for decision.

Decision-making process - Yellow to Orange



Example scenario

CRU is operating in 'yellow', managing a small number of simple cases in managed isolation facilities. A male security guard at a MIF, aged 42, tests positive for COVID-19 following routine testing. As well as working in the MIF, for the past 4 weeks the guard has recently worked part time providing door security different hotels in the city. At the facility, the guard supervises the Smoking Area, a space which is shared with guests (and has been seen on CCTV as having removed PPE when smoking). The security guard, male, aged 42, is isolating at home in Papatoetoe. The man has five close contacts (family) in self isolation at home, none are showing symptoms. On weekends the man volunteers at the free kitchen at a Sikh Temple which provides meals to 1,500 people each week. In this scenario the CRU would recommend an alert level escalation to 'orange'.



NRHCC COVID-19 Information Paper

Email your completed NRHCC Information Paper to nrhcceocm@adhb.govt.nz

(Issue, Recommendation and Outcome to be entered in the NRHCC Decision Tracker)

NRHCC Function Group:	Planning & Intelligence		
Submitted by:	Andrew Old		
Date:	8 July 2020	Paper Number (EOCM to add)	
Issue:	<p>The Ministry of Health has requested the metro-Auckland DHBs undertake asymptomatic testing of workers in border environments – both Auckland International Airport and Managed Isolation & Quarantine Facilities.</p> <p>This paper presents the plan that has been submitted to the Ministry on 8 July, to begin on 10 July.</p>		
Recommendation and Request:	<ol style="list-style-type: none"> NOTE the asymptomatic testing plan that has been submitted to the Ministry of Health on 8 July as required NOTE that the plan was approved by the Incident Controller and Lead CEO given the Ministry deadline NOTE that the plan is for three months with a review at that point, and that the delivery system will change in line with other changes to testing from 1 August (or thereabouts) when the DHBs assume responsibility for the MIFs. 		
Does this recommendation incur a financial cost?	Indirect (existing mobile units)		
<i>If yes, what is the estimated total cost that will be charged to COVID-19 RC split by Capex and Opex?</i>	Capex	Opex	
Interdependencies with other Functions: <i>(Ensure recommendation is agreed by other Function team prior to submission)</i>	Primary Care		
NHRCC IC:			
Decision: <i>(Approved / Declined / Comment)</i>			
Date of Decision:			



COVID-19 Auckland border testing plan: Airport and Managed Isolation and Quarantine Facilities 10 July – 30 September 2020

Purpose

This plan has been requested by the Ministry of Health to provide a level of assurance that there is not undetected COVID-19 in areas of exposure to returning travelers related to the Auckland airport border, which could lead to community transmission. It is considered that the border includes both Auckland International Airport and the Managed Isolation and Quarantine Facilities (MIFs). The plan outlines the elements of the testing process to be considered, with options and recommendations where relevant. Relevant risks and issues are identified. The Ministry of Health has directed that such testing is available onsite at the airport and MIFs, rather than solely via CBACs or other community testing options. It's important to note that this plan is aimed at asymptomatic workers. Any workers that are concerned or have symptoms should seek testing through usual channels.

Border testing already conducted

Auckland Airport staff and aircrew were offered testing in April-May as part of the Asymptomatic Surveillance Testing Plan requested by the Ministry of Health.

More recently two offers of testing have been undertaken by the border operations team at the request of the Ministry of Health.

1. AirNZ agreed mandatory testing of specific staff identified as high risk (policy is [here](#)).
2. Voluntary offer of testing to Auckland Airport border agencies considered at high risk of exposure over the last week of June and first week of July.

Table 1. Numbers of border related tested by day 1 June to 3 July 2020

	1-7 June	8-14 June	15-21 June	22-28 June	29 June to 3 July (part week)	Subtotal
Air NZ flight crew (high risk – USA)	0	1	1	29	25	56
Air NZ – other	18	32	45	57	44	196
Auckland airport staff	0	0	6	8	11	25
Aviation Security	0	0	0	0	1	1
Border - other	0	0	1	2	4	7
Mobile CBAC workers	0	1	2	2	0	5
Medical Officer requested ASx tests (MIF)	0	0	11	0	0	11
Totals 1 June to 3 July	18	34	66	98	85	301

Note: Metro Auckland tests only (note that mandatory flight crew testing does not require staff to be tested in Auckland, therefore we cannot count tests taken out of area). Reported data where there is a submitted SURV codes and linkage of e-notification to Labtest where SURV code (or variation) exists in GP notes but not in LabTest record



Proposal

Starting this week a rolling offer testing approach will be undertaken across the Airport and MIFs.

1. Test type will be nasopharangeal PCR testing. Serology is being investigated further by the Ministry of Health in a separate process.
2. The population to be offered testing are:

Table 2. Population risk groups to offer voluntary testing

Airport	MIF	Frequency of testing availability
Higher risk* <ul style="list-style-type: none"> • Frontline arrivals and other staff with direct traveller interactions from airlines and airport • Aviation Security • Immigration • MPI • Customs • Airport Police 	Higher risk <ul style="list-style-type: none"> • Staff conducting health checks (Nursing/GP) • Frontline hotel staff and/or staff with direct traveller contact • Security staff • Traveller transport providers 	3 weekly
Lower risk <ul style="list-style-type: none"> • Cleaners • Ground handling crew • Baggage Handlers • Non-Air NZ crew (Cargo / Grooms etc) 	Lower risk <ul style="list-style-type: none"> • Site management teams (Defence, Health) • CBAC testing staff • Cleaners 	4 weekly
Minimal risk <ul style="list-style-type: none"> • Departures staff • Staff without direct traveller contact • Airport company staff and vendors 	Minimal risk <ul style="list-style-type: none"> • Food prep staff • Staff without direct traveller contact 	4 weekly

** Note: Risk categories are as assigned by the border response interagency group. Higher risk category excludes flight crew already risk assessed via Air NZ policy and undertaking mandatory testing. The high risk group identified by AirNZ are: Flew internationally with Landside overnight stay for longer than two nights, OR Landside overnight for two nights or less AND accommodation less tightly controlled and/or no dedicated crew transport. Other flight crew follow the appropriate risk path, health checks and instructions as per the policy. Testing is offered if symptomatic for these groups. If they wish to be tested via planned asymptomatic testing then they may be under this testing plan, in discussion with AirNZ.*

The risk categories for MIF are based on comparable occupational group categories used by the border response interagency group for Airport staff. For the initial offer of testing the risk categories are proposed to be used to monitor number of tests completed.



For further rounds of testing the frequency of testing is proposed to vary depending on risk group. The current proposal is rolling 3 weekly for higher risk and 4 weekly onsite testing opportunities for lower and minimal risk groups. Rolling testing is proposed in order to smooth the impact on the testing teams and laboratories.

3. A schedule of offer of testing will be generated based on risk group and facility (see Table 3). Uptake of testing will be monitored and the schedule adjusted if required.

Table 3. Example rolling testing schedule

Week	1	2	3	4	5	6	7	8	9	10	11	12
MIF Group 1*	█			█			█			█		
MIF Group 2*		█			█			█			█	
MIF Group 3*			█			█			█			█
Higher risk Airport	█			█			█			█		
Lower & Minimal risk Airport		█				█				█		

* refer Appendix 1 for the MIF groups

4. Communications will be provided to Border agencies and sector partners to encourage participation in the plan.
5. The testing approach will be via mobile testing teams onsite, supplemented by the provision of referrals for accessing testing via CBACs where that is more convenient and to ensure good coverage of shift workers. Post 1 August, DHB led MIF health response may offer additional testing access to hotel staff at MIF sites as well as travellers.
6. Regular weekly reporting can be generated on the number of tests taken using specific surveillance codes. Coding will be adjusted to match the higher level risk categories above for the airport. For the MIF facilities, where it is likely there will be a request for results to be reported to the site managers we propose to generate specific SURV codes for each group – this requires further development.
7. Report coverage and a regular process for reviewing the results of the tests and prioritisation of groups to manage testing capacity will be agreed with the Ministry



Risks and Issues

Description	Comment	Responsible owner
Mandatory or voluntary testing	<p>AirNZ has a worked up Occ Health endorsed policy developed with the Ministry of Health for mandatory testing for only high risk flight crew, and appropriate pathways to assess risk and take actions. It is unlikely that there is sufficient occ health expertise or resource for other border organisations including MIF. Since asymptomatic testing is essentially screening we recommend all other testing is voluntary.</p> <p>If other airlines wish to undertake mandatory testing that should be discussed directly with the Ministry of Health</p>	<p>Ministry of Health</p> <p>NRHCC – tailored pack – cover sheet, info sheet, SURV code voucher and CBAC locations (complete).</p>
Under-testing due to employment concerns	<p>Concerns about the potential impact of a positive COVID-19 test on employment conditions and other workplaces (if working multiple jobs) might put people off both taking up the offer of asymptomatic testing and/or appropriate testing if they develop symptoms.</p> <p>We saw the same concerns raised by ARC workers (and some HCW) about employment, being required to take leave or stood down without pay. Some groups (eg cleaners) have already expressed these concerns and are unlikely to present.</p>	<p>Ministry of Health with the responsible organisations at airport and border – appropriate protocols and assurances to allay fears</p> <p>Ministry and NRHCC to consider augmented testing approach for specific groups eg cleaners (eg a dedicated time at CBAC or a mobile team) alongside comms/ assurances</p>
Symptomatic border staff not presenting to be tested	<p>Asymptomatic testing may generate a dislike for testing, and/or employment concerns outlined above may put people off.</p> <p>We want no barriers to testing (ie low threshold testing for any symptoms) for border workers, in the same we did for ARC and HCW. Will need communication with CBACs and primary care to ensure low threshold is applied.</p>	<p>NRHCC Border team Ministry of Health</p> <p>Testing plan/comms to the sector could these emphasis clinical judgement/low threshold for this group of workers?</p>
Identification of people being tested to employers/organisations	<p>As this is voluntary, we do not propose to identify to employers or organisations at the airport (outside of AirNZ) who is being tested or how often. We propose instead to report by risk group (see Table 2) as this is less identifiable and more relevant for a risk reduction approach.</p>	<p>Ministry of Health RIQ/MIF NRHCC (for CBAC workers and HCW)</p>
Reporting a level of 'coverage' of people tested from specific border organisations or specific occupations	<p>If the Ministry requires 'coverage' type reporting we could request a total number of employees or average weekly staff as</p>	<p>May need occ health, employers and legal input</p>



Description	Comment	Responsible owner
	<p>context – however the numbers for some groups are very small (<10) vs other organisations with 50+ staff.</p> <p>However for MIF, where there are government and health staff and high level concerns, we do propose to report who is being tested to the site team (or other agreed regional approach) in order to flag testing early and detect any patterns at a site. This will require clear information to employees, an occ health/HR process, disclosure and agreement of the person being tested and development of a reporting approach to support via SURV codes or e-notification modification.</p>	
<p>Communication with CBACs and primary care about restarting asymptomatic testing for the Border</p>	<p>In the context of HIS criteria currently some primary care confusion regarding the term 'surveillance' in various documents</p>	<p>Ministry of Health NRHCC</p>
<p>Testing capacity comes under pressure if community demand for testing increases unexpectedly</p>	<p>Prioritisation of groups on any given day where testing capacity comes under pressure and demand increases unexpectedly (i.e. inaccurate information from MIF, community demand increases in response to media). Prioritisation of groups is agreed with MoH to reschedule and/or rephrase testing for asymptomatic people</p>	<p>Ministry of Health (prioritisation agreed) NRHCC to escalate</p>
<p>Testing in MIF and at border alone does not prevent spread.</p>	<p>All MIF and airport infection prevention and control strategies must continue to be actioned.</p>	<p>Ministry of Health guidance. Airport and MIF facilities</p>



Appendix 1: Managed Isolation/Quarantine Facility Groups

#	Facility Name	Testing Group
1	Sebel Manukau	Group 1
2	Sudima Airport	
3	Novotel Airport	
4	Holiday Inn Airport	
5	Naumi Airport	
6	Jet Park	
7	Pullman City	Group 2
8	Rydges Auckland	
9	SO Hotel City	
10	Novotel Ellerslie	
11	Waipuna	
12	Crown Plaza Auckland	Group 3
13	Four Points	
14	Grand Mercure City	
15	Grand Millennium	
16	Stamford Plaza	
17	M-Social	

COVID-19 Auckland border testing plan: Airport and Managed Isolation and Quarantine Facilities 10 July – 30 September 2020

Purpose

This plan has been requested by the Ministry of Health to provide a level of assurance that there is not undetected COVID-19 in areas of exposure to returning travellers related to the Auckland airport border, which could lead to community transmission. It is considered that the border includes both Auckland International Airport and the Managed Isolation and Quarantine Facilities (MIFs). The plan outlines the elements of the testing process to be considered, with options and recommendations where relevant. Relevant risks and issues are identified. The Ministry of Health has directed that such testing is available onsite at the airport and MIFs, rather than solely via CBACs or other community testing options. It's important to note that this plan is aimed at asymptomatic workers. Any workers that are concerned or have symptoms should seek testing through usual channels.

Border testing already conducted

Auckland Airport staff and aircrew were offered testing in April-May as part of the Asymptomatic Surveillance Testing Plan requested by the Ministry of Health.

More recently two offers of testing have been undertaken by the border operations team at the request of the Ministry of Health.

1. AirNZ agreed mandatory testing of specific staff identified as high risk (policy is [here](#)).
2. Voluntary offer of testing to Auckland Airport border agencies considered at high risk of exposure over the last week of June and first week of July.

Table 1. Numbers of border related tested by day 1 June to 3 July 2020

	1-7 June	8-14 June	15-21 June	22-28 June	29 June to 3 July (part week)	Subtotal
Air NZ flight crew (high risk – USA)	0	1	1	29	25	56
Air NZ – other	18	32	45	57	44	196
Auckland airport staff	0	0	6	8	11	25
Aviation Security	0	0	0	0	1	1
Border - other	0	0	1	2	4	7
Mobile CBAC workers	0	1	2	2	0	5
Medical Officer requested ASx tests (MIF)	0	0	11	0	0	11
Totals 1 June to 3 July	18	34	66	98	85	301

Note: Metro Auckland tests only (note that mandatory flight crew testing does not require staff to be tested in Auckland, therefore we cannot count tests taken out of area). Reported data where there is a submitted SURV codes and linkage of e-notification to Labtest where SURV code (or variation) exists in GP notes but not in LabTest record

Proposal

Starting this week a rolling offer testing approach will be undertaken across the Airport and MIFs.

1. Test type will be nasopharangeal PCR testing. Serology is being investigated further by the Ministry of Health in a separate process.
2. The population to be offered testing are:

Table 2. Population risk groups to offer voluntary testing

Airport	MIF	Frequency of testing availability
Higher risk* <ul style="list-style-type: none"> • Frontline arrivals and other staff with direct traveller interactions from airlines and airport • Aviation Security • Immigration • MPI • Customs • Airport Police 	Higher risk <ul style="list-style-type: none"> • Staff conducting health checks (Nursing/GP) • Frontline hotel staff and/or staff with direct traveller contact • Security staff • Traveller transport providers 	3 weekly
Lower risk <ul style="list-style-type: none"> • Cleaners • Ground handling crew • Baggage Handlers • Non-Air NZ crew (Cargo / Grooms etc) 	Lower risk <ul style="list-style-type: none"> • Site management teams (Defence, Health) • CBAC testing staff • Cleaners 	4 weekly
Minimal risk <ul style="list-style-type: none"> • Departures staff • Staff without direct traveller contact • Airport company staff and vendors 	Minimal risk <ul style="list-style-type: none"> • Food prep staff • Staff without direct traveller contact 	4 weekly

** Note: Risk categories are as assigned by the border response interagency group. Higher risk category excludes flight crew already risk assessed via Air NZ policy and undertaking mandatory testing. The high risk group identified by AirNZ are: Flew internationally with Landside overnight stay for longer than two nights, OR Landside overnight for two nights or less AND accommodation less tightly controlled and/or no dedicated crew transport. Other flight crew follow the appropriate risk path, health checks and instructions as per the policy. Testing is offered if symptomatic for these groups. If they wish to be tested via planned asymptomatic testing then they may be under this testing plan, in discussion with AirNZ.*

The risk categories for MIF are based on comparable occupational group categories used by the border response interagency group for Airport staff. For the initial offer of testing the risk categories are proposed to be used to monitor number of tests completed.

For further rounds of testing the frequency of testing is proposed to vary depending on risk group.

The current proposal is rolling 3 weekly for higher risk and 4 weekly onsite testing opportunities for lower and minimal risk groups. Rolling testing is proposed in order to smooth the impact on the testing teams and laboratories.

3. A schedule of offer of testing will be generated based on risk group and facility (see Table 3). Uptake of testing will be monitored and the schedule adjusted if required.

Table 3. Example rolling testing schedule

Week	1	2	3	4	5	6	7	8	9	10	11	12
MIF Group 1*												
MIF Group 2*												
MIF Group 3*												
Higher risk Airport												
Lower & Minimal risk Airport												

* refer Appendix 1 for the MIF groups

4. Communications will be provided to Border agencies and sector partners to encourage participation in the plan.
5. The testing approach will be via mobile testing teams onsite, supplemented by the provision of referrals for accessing testing via CBACs where that is more convenient and to ensure good coverage of shift workers. Post 1 August, DHB led MIF health response may offer additional testing access to hotel staff at MIF sites as well as travellers.
6. Regular weekly reporting can be generated on the number of tests taken using specific surveillance codes. Coding will be adjusted to match the higher level risk categories above for the airport. For the MIF facilities, where it is likely there will be a request for results to be reported to the site managers we propose to generate specific SURV codes for each group – this requires further development.
7. Report coverage and a regular process for reviewing the results of the tests and prioritisation of groups to manage testing capacity will be agreed with the Ministry

Risks and Issues

Description	Comment	Responsible owner
Mandatory or voluntary testing	AirNZ has a worked up Occ Health endorsed policy developed with the Ministry of Health for mandatory testing for only high risk flight crew, and appropriate pathways to assess risk and take actions. It is unlikely that there is sufficient occ health expertise or resource for other border organisations including MIF. Since asymptomatic testing is essentially screening we recommend all other testing is voluntary. If other airlines wish to undertake mandatory testing that should be discussed directly with the Ministry of Health	Ministry of Health NRHCC – tailored pack – cover sheet, info sheet, SURV code voucher and CBAC locations (complete).
Under-testing due to employment concerns	Concerns about the potential impact of a positive COVID-19 test on employment conditions and other workplaces (if working multiple jobs) might put people off both taking up the offer of asymptomatic testing and/or appropriate testing if they develop symptoms. We saw the same concerns raised by ARC workers (and some HCW) about employment, being required to take leave or stood down without pay. Some groups (eg cleaners) have already expressed these concerns and are unlikely to present.	Ministry of Health with the responsible organisations at airport and border – appropriate protocols and assurances to allay fears Ministry and NRHCC to consider augmented testing approach for specific groups eg cleaners (eg a dedicated time at CBAC or a mobile team) alongside comms/ assurances
Symptomatic border staff not presenting to be tested	Asymptomatic testing may generate a dislike for testing, and/or employment concerns outlined above may put people off. We want no barriers to testing (ie low threshold testing for any symptoms) for border workers, in the same we did for ARC and HCW. Will need communication with CBACs and primary care to ensure low threshold is applied.	NRHCC Border team Ministry of Health Testing plan/comms to the sector could these emphasis clinical judgement/low threshold for this group of workers?
Identification of people being tested to employers/organisations	As this is voluntary, we do not propose to identify to employers or organisations at the airport (outside of AirNZ) who is being tested or how often. We propose instead to report by risk group (see Table 2) as this is less identifiable and more relevant for a risk reduction approach.	Ministry of Health RIQ/MIF NRHCC (for CBAC workers and HCW)
Reporting a level of 'coverage' of people tested from specific		May need occ health, employers and legal input

Description	Comment	Responsible owner
border organisations or specific occupations	<p>If the Ministry requires 'coverage' type reporting we could request a total number of employees or average weekly staff as context – however the numbers for some groups are very small (<10) vs other organisations with 50+ staff.</p> <p>However for MIF, where there are government and health staff and high level concerns, we do propose to report who is being tested to the site team (or other agreed regional approach) in order to flag testing early and detect any patterns at a site. This will require clear information to employees, an occ health/HR process, disclosure and agreement of the person being tested and development of a reporting approach to support via SURV codes or e-notification modification.</p>	
Communication with CBACs and primary care about restarting asymptomatic testing for the Border	In the context of HIS criteria currently some primary care confusion regarding the term 'surveillance' in various documents	Ministry of Health NRHCC
Testing capacity comes under pressure if community demand for testing increases unexpectedly	<p>Prioritisation of groups on any given day where testing capacity comes under pressure and demand increases unexpectedly (i.e. inaccurate information from MIF, community demand increases in response to media). Prioritisation of groups is agreed with MoH to reschedule and/or rephrase testing for asymptomatic people</p>	<p>Ministry of Health (prioritisation agreed)</p> <p>NRHCC to escalate</p>
Testing in MIF and at border alone does not prevent spread.	All MIF and airport infection prevention and control strategies must continue to be actioned.	<p>Ministry of Health guidance.</p> <p>Airport and MIF facilities</p>

Appendix 1: Managed Isolation/Quarantine Facility Groups

#	Facility Name	Testing Group
1	Sebel Manukau	Group 1
2	Sudima Airport	
3	Novotel Airport	
4	Holiday Inn Airport	
5	Naumi Airport	
6	Jet Park	
7	Pullman City	Group 2
8	Rydges Auckland	
9	SO Hotel City	
10	Novotel Ellerslie	
11	Waipuna	
12	Crown Plaza Auckland	Group 3
13	Four Points	
14	Grand Mercure City	
15	Grand Millennium	
16	Stamford Plaza	
17	M-Social	

NRHCC Testing Report Novel Coronavirus (COVID-19) Issued: 1400 14 August 2020

Prepared by: NRHCC Planning & Intelligence Team	Contact email: NRHCCintelligence1@adhb.govt.nz
Approved by: NRHCC Incident Controller	nrhccic@adhb.govt.nz

Key points:

- Total swabs received in laboratories in the Northern Region from 00:00 12 August 2020 to 00:00 13 August 2020 is **8,920** (at 1300)
- Total swabs received in laboratories in the Northern Region from 00:00 13 August 2020 to 00:00 14 August 2020 is **7,378** (at 1300)
- Regional lab capacity is 7,000 – 8,000 so both days are likely to exceed capacity to process and report results in a timely way
- Occupational group for border workers relies on manual data entry which is behind due to significant volume pressure. We are working with agencies to get employee lists to do reconciliations.

Table 1. Totals tests received from 12, 13, 14 August 2020, by ethnicity (as at 1pm)

	12/08/2020	13/08/2020	14/08/2020*	Grand Total
Asian	1433	1271	53	2757
Maori	1436	1396	231	3063
Other	4573	3028	265	7866
Pacific	1328	1560	67	2955
Unknown	150	123	23	296
Grand Total	8920	7378	639*	16937

* 14/8 day still in progress

Note: Numbers for 12/8 are near final, both 13/8 and 14/8 will continue to increase

Table 2. Total Tests received in last 24 hours by site (as at 1pm 14 August)

Ethnicity	CTC	Non-CTC	Total
Māori	595	787	1382
Pacific	259	1107	1366
Asian	462	735	1197
Other	1516	1394	2910
Unknown	41	103	144
Total	2873	4126	6999

*Swab taken in last 24 hours taken between midnight and midnight, may have been received and reported later than this; tests only included if coded and received and acknowledged by lab, result not required

Includes GP clinics, Urgent Care Centres, Designated practices

Table 3. Estimated tests taken 12, 13, 14 August 2020, based on manual site reports (Subject to change)

Site		12 August 2020	13 August 2020	14 August 2020*
MIQ	Staff	349	850	332*
Border	Airport	175	532	401*
	Port	No testing	290	170*
Outbreak related	Contacts of cases		622	underway

* 14/8 day still in progress

Table 4: Estimated tests taken at Metro Auckland CTCs, 12, 13, 14 August 2020, based on manual site reports

Site	12 August 2020	13 August 2020	14 August 2020*
Airport Oaks	Not open as CTC	265	153
Botany CTC	150	270	107
Coast to Coast Warkworth	66	92	33
Coast to Coast Wellsford	33	68	22
Eventfinda Stadium	134	563	217
Health New Lynn	700	812	250
Henderson	Not open as CTC	288	157
Mangere Town Centre	Not open as CTC	Not open as CTC	20
Otara CTC	556	718	340
St Lukes	106	309	176
Takanini Urgent Care	231	480	300
Waiheke Medical Centre	85	87	34
Whanau House	707	552	320
Whanau Ora - Central		385	82
Whanau Ora - North	1,714	427	95
Whanau Ora - South		618	310
Total	4,482	5,934	2,616*

* 14/8 day still in progress

NRHCC Testing Report Novel Coronavirus (COVID-19) Issued: 1330 15 August 2020

Prepared by: NRHCC Planning & Intelligence Team	Contact email: NRHCCintelligence1@adhb.govt.nz
Approved by: NRHCC Incident Controller	nrhccic@adhb.govt.nz

Key points:

- Total swabs received in laboratories in the Northern Region from 00:00 12 August 2020 to 00:00 13 August 2020 is **11,115** (at 1300)
- Total swabs received in laboratories in the Northern Region from 00:00 13 August 2020 to 00:00 14 August 2020 is **11,004** (at 1300)
- Total swabs received in laboratories in the Northern Region from 00:00 14 August 2020 to 00:00 15 August 2020 is **7,696** (at 1300)
- Regional lab capacity is 7,000 – 8,000 so both days have exceeded capacity to process and report results in a timely way
- Occupational group for border workers relies on manual data entry which is behind due to significant volume pressure. We are working with agencies to get employee lists to do reconciliations.

Table 1. Totals tests received from 12-15 August 2020, by ethnicity (as at 1pm)

	12/08/2020	13/08/2020	14/08/2020	15/08/2020*	Grand Total
Asian	1709	1978	1246	53	4986
Maori	1716	1872	1419	31	5038
Other	5972	4901	2872	110	13855
Pacific	1563	2160	1956	51	5730
Unknown	155	93	203	12	463
Grand Total	11115	11004	7696	257	30072

* 15/8 day still in progress

Note: Numbers for 12/8 & 13/8 are near final, both 14/8 and 15/8 will continue to increase

Table 2. Total Tests received in last 24 hours by site (as at 1pm 15 August)

Ethnicity	CTC	Non-CTC	Total
Māori	627	437	1064
Pacific	567	1044	1611
Asian	653	485	1138
Other	1717	775	2492
Unknown	41	154	195
Total	3605	2895	6500

*Swab taken in last 24 hours taken between midnight and midnight, may have been receipted and reported later than this; tests only included if coded and received and acknowledged by lab, result not required

Includes GP clinics, Urgent Care Centres, Designated practices

Table 3. Estimated tests taken 12-15 August 2020, based on manual site reports (Subject to change)

Site		12 August 2020	13 August 2020	14 August 2020	15 August 2020*
MIQ	Staff	349	850	575	93
Border	Airport	175	532	832	265*
	Port	No testing	290	270	262*
Outbreak related	Contacts of cases		622	underway	underway

* 15/8 day still in progress

Table 4: Estimated tests taken at Metro Auckland CTCs, 12-15 August 2020, based on manual site reports

Site	12 August 2020	13 August 2020	14 August 2020	15 August 2020*
Airport Oaks	Not open as CTC	265	409	92
Botany CTC	150	270	260	127
Coast to Coast Warkworth	66	92	92	26
Coast to Coast Wellsford	33	68	61	6
Eventfinda Stadium	134	563	620	198
Health New Lynn	700	812	550	200
Henderson	Not open as CTC	288	321	77
Mangere Town Centre	Not open as CTC	Not open as CTC	609	291
Northcare A&M	Not open as CTC	Not open as CTC	Not open as CTC	50
Otara CTC	556	718	781	409
St Lukes	106	309	356	134
Takanini Urgent Care	231	480	425	250
Waiheke Medical Centre	85	87	63	18
Whanau House	707	552	570	200
Whanau Ora - Central		385	400	162
Whanau Ora - North	1,714	427	333	113
Whanau Ora - South		618	708	161
Total	4,482	5,934	6,558	2,514

* 14/8 day still in progress

NRHCC Testing Report & Plan Novel Coronavirus (COVID-19) Issued: 1730, 15 August 2020

Prepared by: NRHCC Planning & Intelligence Team	Contact email: NRHCCintelligence1@adhb.govt.nz
Approved by: NRHCC Incident Controller	nrhccic@adhb.govt.nz

Key points:

- Total swabs received in laboratories in the Northern Region from 00:00 12 August 2020 to 00:00 13 August 2020 is **11,123** (at 1700)
- Total swabs received in laboratories in the Northern Region from 00:00 13 August 2020 to 00:00 14 August 2020 is **11,811** (at 1700)
- Total swabs received in laboratories in the Northern Region from 00:00 14 August 2020 to 00:00 15 August 2020 is **9,323** (at 1700)
- Regional lab capacity is 7,000 – 8,000 so both days have exceeded capacity to process and report results in a timely way
- Occupational group for border workers relies on manual data entry which is behind due to significant volume pressure. We are working with agencies to get employee lists to do reconciliations.

Table 1. Totals tests received from 12-15 August 2020, by ethnicity (as at 5pm)

	12/08/2020	13/08/2020	14/08/2020	15/08/2020*	Grand Total
Asian	1709	2082	1513	254	5558
Maori	1717	1969	1657	235	5578
Other	5978	5351	3664	675	15668
Pacific	1564	2314	2303	403	6584
Unknown	155	95	186	92	528
Grand Total	11123	11811	9323	1659	33916

* 15/8 day still in progress

Note: Numbers for 12/8 are near final, both 13/8 and 14/8 will continue to increase

Table 2. Total Tests received in last 24 hours by site (as at 5pm 15 August)

Ethnicity	CTC	Non-CTC	Total
Māori	507	378	885
Pacific	450	917	1367
Asian	581	443	1024
Other	1617	856	2473
Unknown	143	102	245
Total	3298	2696	5994

*Swab taken in last 24 hours taken between midnight and midnight, may have been receipted and reported later than this; tests only included if coded and received and acknowledged by lab, result not required

Includes GP clinics, Urgent Care Centres, Designated practices

Table 3. Estimated tests taken 12-15 August 2020, based on manual site reports (Subject to change)

Site		12 August 2020	13 August 2020	14 August 2020	15 August 2020*
MIQ	Staff	349	850	575	179
Border	Airport	175	532	832	353*
	Port	No testing	290	270	505*
Outbreak related	Contacts of cases		622	underway	underway

* 15/8 day still in progress

Table 4: Estimated tests taken at Metro Auckland CTCs, 12-15 August 2020, based on manual site reports at 5pm

Site	12 August 2020	13 August 2020	14 August 2020	15 August 2020*
Airport Oaks	Not open as CTC	265	409	328
Botany CTC	150	270	260	241
Coast to Coast Warkworth	66	92	92	26
Coast to Coast Wellsford	33	68	61	6
Eventfinda Stadium	134	563	620	332
Health New Lynn	700	812	550	307
Henderson	Not open as CTC	288	321	189
Mangere Town Centre	Not open as CTC	Not open as CTC	609	585
Northcare A&M	Not open as CTC	Not open as CTC	Not open as CTC	50
Otara CTC	556	718	781	603
St Lukes	106	309	356	331
Takanini Urgent Care	231	480	425	410
Waiheke Medical Centre	85	87	63	26
Whanau House	707	552	570	370
Whanau Ora - Central		385	400	326
Whanau Ora - North	1,714	427	333	211
Whanau Ora - South		618	708	366
Total	4,482	5,934	6,558	2,514

* 15/8 day still in progress

Table 5: Contact Testing Update

	Number in List	With NHI	Tested (NHI linked to labtest)	% Tested	Positive	Negative	Pending
Americold (Airport)	41	41	41	100.0%	0	41	0
Americold (Mt Wellington)	35	26	26	74.3%	8	17	1
Connect NZ	38	35	30	78.9%	0	29	1
Finance Now (Staff)	158	145	136	86.1%	5	119	12
Finance Now (Family contacts)	31	31	28	90.3%	0	28	0
Glamorgan School	33	25	8	24.2%	0	0	8

Notes for Finance now:

- All 158 report being tested via text survey.
- Number of NHIs missing so cannot be automatically reconciled with labs
- Manual lookup of outstanding by labs staff identified some samples still being tested
- We have identified 10 individuals that may require a retest as manual search did not turn up a swab
- Original list contained 161 but 3 deemed to not need a test (Not in office since July and on Maternity leave)

NRHCC - High Level Testing Plan (as at 1600, 15 August 2020)

Area	Categories	Today (15/8)	Sunday (16/8)	Monday (17/8)	Comments
Symptomatic community testing (demand)		17 sites operational extended hours	17 sites operational extended hours		Additional testing site scoping for Glen Innes, Albany North Shore, and Pukekohe
		Publicising the 39 designated practices	Review volumes		
Symptomatic close contacts	As determined and referred by ARPHS	Continue dedicated mobile team	Continue dedicated mobile team	Continue dedicated mobile team	Family and workplace contacts Priority rapid analyser at lab to avoid delays
	Health facilities		Mt Wellington GP practice close contacts (78) and 2 weeks prior clinic patients (approx. 280) to be referred to Waipuna	Rest of worksite for OneLink to arrange on site testing Mon/Tues	Currently 2 new CTC sites (1 recent MIF Staff pop up sites at Waipuna hotel and one new at Scout Camp Portage Road West Auckland) specific for close contacts or priority groups/settings
New process Non-public specific CTC x2 sites	Churches	Samoan Methodist referred to Waipuna site	Otahuhu Halleluiah considering on site option Sun/Mon		With ARPHS undertaking reconciliation lists for Americold contractors and technical, Finance Now, Connect, Styromax, MPI workers, any schools – separate report on this
	Workplaces	Americold Wiri site 1 mobile on site	Mangere Congregational Church awaiting referral	Americold Wiri site 1 and site 2 mobile on site	New school identified on Sat being scoped
Mobiles available if required	Educational facilities	Christian ECE current process	Otahuhu Primary referred to Waipuna site		
		Glamorgan close contacts (45) mobile on site			

Area	Categories	Today (15/8)	Sunday (16/8)	Monday (17/8)	Comments
MIFs		Southern Cross referred to Waipuna site MAGS close contacts current process (NITC may have also advised casual contacts to be tested)			
	Staff	Continue – likely to be complete (and changing sites over on Sat from MIF staff to Waipuna non-public close contact CTCs)	May continue		Anticipating with compulsory testing orders approx. 2500 staff over 2-3 days
	Guests	Expecting 500 volume	Expecting 500 volume	Expecting 500 volume	
Border	Airport	On site deployment to continue No additional mobile capacity needed at this time	On site deployment to continue Overnight shift being finalised	On site deployment may continue	Anticipation of 2000-4000 tests
	Port	On site deployment to continue late night to capture shift workers	On site deployment to continue		
DHB Staff testing					No exposure concern but management of sick calls and timeliness of testing Consideration of a pop up staff testing site eg Alexandra Park – working through with DHB ICs and Occ Health

NRHCC Testing Report Novel Coronavirus (COVID-19) Issued: 1345 16 August 2020

Prepared by: NRHCC Planning & Intelligence Team	Contact email: NRHCCintelligence1@adhb.govt.nz
Approved by: NRHCC Incident Controller	nrhccic@adhb.govt.nz

Key points:

- Regional lab capacity is 7,000 – 8,000 so last three days have exceeded capacity to process and report results in a timely way
- Occupational group for border workers relies on manual data entry which is behind due to significant volume pressure. We are working with agencies to get employee lists to do reconciliations.

Table 1. Totals tests received from 12-16 August 2020, by ethnicity (as at 1pm)

	12/08/2020	13/08/2020	14/08/2020	15/08/2020	16/08/2020*	Grand Total
Asian	1710	2265	2027	884	28	6914
Maori	1730	2196	2207	781	27	6941
Other	5967	6058	5687	1979	81	19772
Pacific	1564	2565	3011	1546	51	8737
Unknown	152	91	189	173	29	634
Grand Total	11123	13175	13121	5363	216	42998

* 16/8 day still in progress

Note: Numbers for 15/8 will continue to increase

Table 2. Total Tests received in last 24 hours by site (as at 1pm 16 August)

Ethnicity	CTC	Non-CTC	Total
Māori	467	279	746
Pacific	585	928	1513
Asian	526	307	833
Other	1344	522	1866
Unknown	111	71	182
Total	3033	2107	5140

*Swab taken in last 24 hours taken between midnight and midnight, may have been received and reported later than this; tests only included if coded and received and acknowledged by lab, result not required

Includes GP clinics, Urgent Care Centres, Designated practices

Table 3. Estimated tests taken 12-15 August 2020, based on manual site reports (Subject to change)

Site		12 August 2020	13 August 2020	14 August 2020	15 August 2020	16 August 2020*
MIQ	Staff	349	850	575	179	29
	Guests	467	458	838	667	542 (sch)
Border	Airport	175	532	832	353	105
	Port	No testing	290	270	602	360
Outbreak related	Contacts of cases		622			

* 16/8 day still in progress

Table 4: Estimated tests taken at Metro Auckland CTCs, 12-16 August 2020, based on manual site reports at 1pm

Site	12 August 2020	13 August 2020	14 August 2020	15 August 2020	16 August 2020*
Airport Oaks	Not open	265	409	328	79
Auckland Netball Centre	Not open	Not open	Not open	Not open	107
Botany CTC	150	270	260	241	150
Coast to Coast Warkworth	66	92	92	26	11
Coast to Coast Wellsford	33	68	61	6	8
Eventfinda Stadium	134	563	620	320	130
Health New Lynn	700	812	550	324	71
Henderson	Not open	288	321	189	75
Mangere Town Centre	Not open	Not open	609	585	343
Northcare A&M	Not open	Not open	Not open	115	81
Otara CTC	556	718	781	603	325
St Lukes	106	309	356	331	171
Takanini Urgent Care	231	480	425	410	300
Waiheke Medical Centre	85	87	63	26	35
Whanau House	707	552	570	419	140
Whanau Ora - Central	1,714	385	400	410	89
Whanau Ora - North		427	333	235	99
Whanau Ora - South		618	708	404	
Waipuna Targeted Site	Not open	Not open	Not open	19	50
Total	4,482	5,934	6,558	5,040	2,264

* 16/8 day still in progress

NRHCC Testing Report Novel Coronavirus (COVID-19) Issued: 1745 16 August 2020

Prepared by: NRHCC Planning & Intelligence Team	Contact email: NRHCCintelligence1@adhb.govt.nz
Approved by: NRHCC Incident Controller	nrhccic@adhb.govt.nz

Key points:

- Regional lab capacity is 7,000 – 8,000 so last three days have exceeded capacity to process and report results in a timely way
- Occupational group for border workers relies on manual data entry which is behind due to significant volume pressure. We are working with agencies to get employee lists to do reconciliations.

Table 1. Totals tests received from 12-16 August 2020, by ethnicity (as at 5pm)

	12/08/2020	13/08/2020	14/08/2020	15/08/2020	16/08/2020*	Grand Total
Asian	1710	2265	2089	1024	266	7354
Maori	1730	2196	2276	927	244	7373
Other	5964	6060	5916	2477	663	21080
Pacific	1564	2565	3092	1753	522	9496
Unknown	152	91	188	181	134	746
Grand Total	11120	13177	13561	6362	1829	46049

* 16/8 day still in progress

Note: Numbers for 15/8 will continue to increase

Table 2. Total Tests received in last 24 hours by site (as at 5pm)

Ethnicity	CTC	Non-CTC	Total
Māori	393	343	736
Pacific	527	1012	1539
Asian	458	365	823
Other	1176	687	1863
Unknown	118	138	256
Total	2672	2545	5217

*Swab taken in last 24 hours taken between midnight and midnight, may have been received and reported later than this; tests only included if coded and received and acknowledged by lab, result not required

Includes GP clinics, Urgent Care Centres, Designated practices

Table 3. Estimated tests taken 12-16 August 2020, based on manual site reports at 5pm

Site		12 August 2020	13 August 2020	14 August 2020	15 August 2020	16 August 2020*
MIQ	Staff	349	850	575	179	137
	Guests	467	458	838	667	542
Border	Airport	175	532	832	353	198
	Port	No testing	290	270	602	517
Outbreak related	Contacts of cases		622			

* 16/8 day still in progress

Table 4: Estimated tests taken at Metro Auckland CTCs, 12-16 August 2020, based on manual site reports at 5pm

Site	12 August 2020	13 August 2020	14 August 2020	15 August 2020	16 August 2020*
Airport Oaks	Not open	265	409	328	146
Auckland Netball Centre	Not open	Not open	Not open	Not open	188
Botany CTC	150	270	260	241	230
Coast to Coast Warkworth	66	92	92	26	25
Coast to Coast Wellsford	33	68	61	6	19
Eventfinda Stadium	134	563	620	320	163
Health New Lynn	700	812	550	324	217
Henderson	Not open	288	321	189	142
Mangere Town Centre	Not open	Not open	609	585	554
Northcare A&M	Not open	Not open	Not open	115	138
Otara CTC	556	718	781	603	544
St Lukes	106	309	356	331	171
Takanini Urgent Care	231	480	425	410	340
Waiheke Medical Centre	85	87	63	26	51
Whanau House	707	552	570	419	250
Whanau Ora - Central	1,714	385	400	410	216
Whanau Ora - North		427	333	235	191
Whanau Ora - South		618	708	404	146
Waipuna Targeted Site	Not open	Not open	Not open	19	84
Total	4,482	5,934	6,558	5,040	3,910

* 16/8 day still in progress

NRHCC Testing Report Novel Coronavirus (COVID-19) Issued: 1300 17 August 2020

Prepared by: NRHCC Planning & Intelligence Team	Contact email: NRHCCintelligence1@adhb.govt.nz
Approved by: NRHCC Incident Controller	nrhccic@adhb.govt.nz

Key points:

- Regional lab capacity is 7,000 – 8,000 so last four days have exceeded capacity to process and report results in a timely way
- Occupational group for border workers relies on manual data entry which is behind due to significant volume pressure. We are working with agencies to get employee lists to do reconciliations.

Table 1. Metro Auckland Summary Total of Testing for 17 August 2020

	Community	MIQ staff	MIQ guests	Airport	Maritime port	TOTAL
1:00pm	1,983	73	335 (sch)	167	371	2,929

Table 2. Totals tests received from 12-17 August 2020, by ethnicity (as at 1pm)

	12/08	13/08	14/08	15/08	16/08	17/08*	Grand Total
Asian	1711	2266	2447	1609	1089	39	9161
Maori	1730	2197	2644	1343	978	82	8974
Other	5966	6061	7157	3877	2659	167	25887
Pacific	1566	2571	3507	2567	2336	58	12605
Unknown	152	91	185	163	182	7	780
Grand Total	11125	13186	15940	9559	7244	353	57407

* 17/8 day still in progress

Note: Numbers for 15/8 and 16/8 will continue to increase

Table 3. Total Tests received in last 24 hours by site (as at 1pm)

Ethnicity	CTC	Non-CTC	Total
Māori	539	485	1024
Pacific	1058	1270	2328
Asian	517	530	1047
Other	1255	1337	2592
Unknown	84	105	189
Total	3453	3727	7180

*Swab taken in last 24 hours taken between midnight and midnight, may have been received and reported later than this; tests only included if coded and received and acknowledged by lab, result not required

Includes GP clinics, Urgent Care Centres, Designated practices

Table 4. Estimated tests taken 12-17 August 2020, based on manual site reports at 12pm

Site		12/08	13/08	14/08	15/08	16/08	17/08*
MIQ	Staff	349	850	575	179	137	73
	Guests	467	458	838	667	542	335 (sch)
Border	Airport	175	532	832	353	237	167
	Port	No testing	290	270	510	517	371

* 17/8 day still in progress

Table 5: Estimated tests taken at Metro Auckland CTCs, 12-17 August 2020, based on manual site reports at 12pm

Site	12/08	13/08	14/08	15/08	16/08	17/08*
Airport Oaks	Not open	265	409	328	146	110
Auckland Netball Centre	Not open	Not open	Not open	Not open	192	76
Botany CTC	150	270	260	241	230	91
Coast to Coast Warkworth	66	92	92	26	25	11
Coast to Coast Wellsford	33	68	61	6	19	23
Eventfinda Stadium	134	563	620	320	163	129
Health New Lynn	700	812	550	324	217	11
Henderson	Not open	288	321	189	142	104
Mangere Town Centre	Not open	Not open	609	585	554	190
Northcare A&M	Not open	Not open	Not open	115	138	
Otara CTC	556	718	781	603	563	179
St Lukes	106	309	356	331	171	162
Takanini Urgent Care	231	480	425	410	340	210
Waiheke Medical Centre	85	87	63	26	51	25
Whanau House	707	552	570	419	250	200
Whanau Ora - Central	1,714	385	400	410	258	53
Whanau Ora - North		427	333	235	206	62
Whanau Ora - South		618	708	404	246	94
Waipuna Targeted Site	Not open	Not open	Not open	19	124	103
Blockhouse Bay Targeted Site	Not open	Not open	Not open	Not open	Not open	50
Total	4,482	5,934	6,558	5,040	4,130	1,983

* 17/8 day still in progress

NRHCC Testing Report Novel Coronavirus (COVID-19) Issued: 1700 17 August 2020

Prepared by: NRHCC Planning & Intelligence Team	Contact email: NRHCCintelligence1@adhb.govt.nz
Approved by: NRHCC Incident Controller	nrhccic@adhb.govt.nz

Key points:

- Regional lab capacity is 7,000 – 8,000 so last four days have exceeded capacity to process and report results in a timely way
- Occupational group for border workers relies on manual data entry which is behind due to significant volume pressure. We are working with agencies to get employee lists to do reconciliations.

Table 1. Metro Auckland Summary Total of Testing for 17 August 2020

	Community	MIQ staff	MIQ guests	Airport	Maritime port	TOTAL
1:00pm	1,983	73	335 (sch)	167	371	2,929
5:00pm	4,339	141	415	278	607	5,780

Table 2. Totals tests received in a laboratory from 12-17 August 2020, by ethnicity (as at 5pm)

	Last 24 Hours*	%	Total since 12/8 *	%
Asian	959	15.3%	9542	16.0%
Maori	986	15.8%	9380	15.7%
Other	2555	40.9%	26827	44.9%
Pacific	1467	23.5%	13064	21.9%
Unknown	284	4.5%	912	1.5%
Grand Total	6251		59725	

* 17/8 day still in progress

Table 3. Total Tests received in a laboratory last 24 hours by site (as at 5pm)

Ethnicity	CTC	Non-CTC [#]	Total
Asian	436	523	959
Māori	469	517	986
Other	1229	1326	2555
Pacific	553	914	1467
Unknown	120	164	284
Total	2807	3444	6251

*Swab taken in last 24 hours taken between midnight and midnight, may have been received and reported later than this; tests only included if coded and received and acknowledged by lab, result not required

[#] Includes GP clinics, Urgent Care Centres, Designated practices

Table 4. Estimated swabs taken 12-17 August 2020, based on manual site reports at 4pm

Site		12/08	13/08	14/08	15/08	16/08	17/08*
MIQ	Staff	349	850	575	221	137	141
	Guests	467	458	838	667	542	415
Border	Airport	175	532	832	353	237	278
	Port	No testing	290	270	510	518	607

* 17/8 day still in progress

Table 5: Estimated swabs taken at Metro Auckland CTCs, 12-17 August 2020, based on manual site reports at 4pm

Site	12/08	13/08	14/08	15/08	16/08	17/08*
Airport Oaks	Not open	265	409	328	146	192
Auckland Netball Centre	Not open	Not open	Not open	Not open	192	204
Botany CTC	150	270	260	241	230	200
Coast to Coast Warkworth	66	92	92	26	25	27
Coast to Coast Wellsford	33	68	61	6	19	42
Eventfinda Stadium	134	563	620	320	163	175
Health New Lynn	700	812	550	324	217	391
Henderson	Not open	288	321	189	142	182
Mangere Town Centre	Not open	Not open	609	585	554	391
Northcare A&M	Not open	Not open	Not open	115	138	99
Otara CTC	556	718	781	603	563	425
St Lukes	106	309	356	331	171	270
Takanini Urgent Care	231	480	425	410	340	380
Waiheke Medical Centre	85	87	63	26	51	51
Whanau House	707	552	570	419	250	370
Whanau Ora - Central	1,714	385	400	410	258	204
Whanau Ora - North		427	333	235	206	158
Whanau Ora - South		618	708	404	246	305
Waipuna Targeted Site	Not open	Not open	Not open	19	124	223
Blockhouse Bay Targeted Site	Not open	Not open	Not open	Not open	Not open	50
Total	4,482	5,934	6,558	5,040	4,130	4,339

* 17/8 day still in progress

NRHCC Testing Report Novel Coronavirus (COVID-19) Issued: 1300 18 August 2020

Prepared by: NRHCC Planning & Intelligence Team	Contact email: NRHCCintelligence1@adhb.govt.nz
Approved by: NRHCC Incident Controller	nrhccic@adhb.govt.nz

Key points:

- Regional lab capacity is 7,000 – 8,000 so last four days have exceeded capacity to process and report results in a timely way
- Occupational group for border workers relies on manual data entry which is behind due to significant volume pressure. We are working with agencies to get employee lists to do reconciliations.

Table 1. Metro Auckland Summary Total of Testing for 18 August 2020

	Community	MIQ staff	MIQ guests	Airport	Maritime port	TOTAL
1:00pm	1,664	26	625 (sch)	196	60	2,571

Table 2. Totals tests received from 12-18 August 2020, by ethnicity (as at 1pm)

	Last 24 Hours	%	Total since 12/8*	%
Asian	1544	17.4%	11206	16.1%
Māori	1391	15.7%	10899	15.7%
Other	3411	38.4%	30193	43.4%
Pacific	2431	27.4%	16336	23.5%
Unknown	101	1.1%	859	1.2%
Grand Total	8878		69493	

* 18/8 day still in progress

Table 3. Total Tests received in last 24 hours by site (as at 1pm)

Ethnicity	CTC	Non-CTC	Total
Asian	840	704	1544
Māori	764	627	1391
Other	1819	1592	3411
Pacific	1114	1317	2431
Unknown	32	69	101
Total	4569	4309	8878

*Swab taken in last 24 hours taken between midnight and midnight, may have been received and reported later than this; tests only included if coded and received and acknowledged by lab, result not required

*Includes GP clinics, Urgent Care Centres, Designated practices

Table 4. Estimated tests taken 12-18 August 2020, based on manual site reports at 12pm

Site		12/08	13/08	14/08	15/08	16/08	17/08	18/08*
MIQ	Staff	349	850	575	221	137	141	26 [#]
	Guests	467	458	838	667	542	415	625 (sch)
Border	Airport	175	532	832	353	237	278	196
	Port	No testing	290	270	510	518	607	60

* 18/8 day still in progress

Missing reporting from two sites.

Table 5: Estimated tests taken at Metro Auckland CTCs, 12-18 August 2020, based on manual site reports at 12pm

Site	12/08	13/08	14/08	15/08	16/08	17/08	18/08*
Airport Oaks	Not open	265	409	328	146	192	68
Auckland Netball Centre	Not open	Not open	Not open	Not open	192	204	80
Botany CTC	150	270	260	241	230	200	101
Coast to Coast Warkworth	66	92	92	26	25	27	6
Coast to Coast Wellsford	33	68	61	6	19	42	7
Eventfinda Stadium	134	563	620	320	163	175	55
Health New Lynn	700	812	550	324	217	391	117
Henderson	Not open	288	321	189	142	182	90
Mangere Town Centre	Not open	Not open	609	585	554	391	223
Northcare A&M	Not open	Not open	Not open	115	138	125	42
Otara CTC	556	718	781	603	563	489	232
St Lukes	106	309	356	331	171	270	100
Takanini Urgent Care	231	480	425	410	340	380	153
Waiheke Medical Centre	85	87	63	26	51	51	14
Whanau House	707	552	570	419	250	396	160
Whanau Ora - Central	1,714	385	400	410	258	247	57
Whanau Ora - North		427	333	235	206	184	30
Whanau Ora - South		618	708	404	246	347	86
Waipuna Targeted Site	Not open	Not open	Not open	19	124	223	24
Blockhouse Bay Targeted Site	Not open	Not open	Not open	Not open	Not open	50	19
Total	4,482	5,934	6,558	5,040	4,130	4,566	1,664

* 18/8 day still in progress

NRHCC Testing Report Novel Coronavirus (COVID-19) Issued: 1700 18 August 2020

Prepared by: NRHCC Planning & Intelligence Team	Contact email: NRHCCintelligence1@adhb.govt.nz
Approved by: NRHCC Incident Controller	nrhccic@adhb.govt.nz

Key points:

- Regional lab capacity is 7,000 – 8,000 so last four days have exceeded capacity to process and report results in a timely way
- Occupational group for border workers relies on manual data entry which is behind due to significant volume pressure. We are working with agencies to get employee lists to do reconciliations.

Table 1. Metro Auckland Summary Total of Testing for 18 August 2020

	Community	MIQ staff	MIQ guests	Airport	Maritime port	TOTAL
1:00pm	1,664	26	625 (sch)	196	60 est	2,571
5:00pm	3,453	117	625	301	34 final	4,530

Table 2. Totals tests received from 12-18 August 2020, by ethnicity (as at 5pm)

	Last 24 Hours	%	Total since 12/8*	%
Asian	1225	16.5%	11399	16.1%
Māori	1192	16.1%	11153	15.7%
Other	2678	36.1%	30619	43.2%
Pacific	2121	28.6%	16794	23.7%
Unknown	209	2.8%	978	1.4%
Grand Total	7425		70943	

* 18/8 day still in progress

Table 3. Total Tests received in last 24 hours by site (as at 5pm)

Ethnicity	CTC	Non-CTC	Total
Asian	659	566	1225
Māori	705	487	1192
Other	1516	1162	2678
Pacific	1095	1026	2121
Unknown	80	129	209
Total	4055	3370	7425

*Swab taken in last 24 hours taken between midnight and midnight, may have been received and reported later than this; tests only included if coded and received and acknowledged by lab, result not required

*Includes GP clinics, Urgent Care Centres, Designated practices

Table 4. Estimated tests taken 12-18 August 2020, based on manual site reports at 4pm

Site		12/08	13/08	14/08	15/08	16/08	17/08	18/08*
MIQ	Staff	349	850	575	221	137	141	117
	Guests	467	458	838	667	542	415	625 (sch)
Border	Airport	175	532	832	353	237	278	301
	Port	No testing	290	270	510	518	607	34

* 18/8 day still in progress

Table 5: Estimated tests taken at Metro Auckland CTCs, 12-18 August 2020, based on manual site reports at 4pm

Site	12/08	13/08	14/08	15/08	16/08	17/08	18/08*
Airport Oaks	Not open	265	409	328	146	192	123
Auckland Netball Centre	Not open	Not open	Not open	Not open	192	204	201
Botany CTC	150	270	260	241	230	200	205
Coast to Coast Warkworth	66	92	92	26	25	27	22
Coast to Coast Wellsford	33	68	61	6	19	42	15
Eventfinda Stadium	134	563	620	320	163	175	112
Health New Lynn	700	812	550	324	217	391	265
Henderson	Not open	288	321	189	142	182	125
Mangere Town Centre	Not open	Not open	609	585	554	391	376
Northcare A&M	Not open	Not open	Not open	115	138	125	78
Otara CTC	556	718	781	603	563	489	413
St Lukes	106	309	356	331	171	270	180
Takanini Urgent Care	231	480	425	410	340	380	287
Waiheke Medical Centre	85	87	63	26	51	51	20
Whanau House	707	552	570	419	250	396	390
Whanau Ora - Central	1,714	385	400	410	258	247	175
Whanau Ora - North		427	333	235	206	184	102
Whanau Ora - South		618	708	404	246	347	277
Waipuna Targeted Site	Not open	Not open	Not open	19	124	223	43
Blockhouse Bay Targeted Site	Not open	Not open	Not open	Not open	Not open	50	44
Total	4,482	5,934	6,558	5,040	4,130	4,566	3,453

* 18/8 day still in progress

NRHCC Testing Report Novel Coronavirus (COVID-19) Issued: 1300 19 August 2020

Prepared by: NRHCC Planning & Intelligence Team	Contact email: NRHCCintelligence1@adhb.govt.nz
Approved by: NRHCC Incident Controller	nrhccic@adhb.govt.nz

Key points:

- Regional lab capacity is 7,000 – 8,000 so last four days have exceeded capacity to process and report results in a timely way
- Occupational group for border workers relies on manual data entry which is behind due to significant volume pressure. We are working with agencies to get employee lists to do reconciliations.

Table 1. Metro Auckland Summary Total of Testing for 19 August 2020

	Community	MIQ staff	MIQ guests	Airport	Maritime port	TOTAL
1:00pm	897	19	600 (sch)	111	14	1641

Table 2. Totals tests received from 12-19 August 2020, by ethnicity (as at 1pm)

	Last 24 Hours	%	Total since 12/8*	%
Asian	1117	16.1%	13112	16.3%
Māori	1104	15.9%	12581	15.6%
Other	2490	35.8%	34468	42.8%
Pacific	2027	29.2%	19336	24.0%
Unknown	209	3.0%	1055	1.3%
Grand Total	6947		80552	

* 19/8 day still in progress

Table 3. Total Tests received in last 24 hours by site (as at 1pm)

Ethnicity	CTC	Non-CTC	Total
Asian	604	513	1117
Māori	590	514	1104
Other	1271	1219	2490
Pacific	943	1084	2027
Unknown	73	136	209
Total	3481	3466	6947

*Swab taken in last 24 hours taken between midnight and midnight, may have been received and reported later than this; tests only included if coded and received and acknowledged by lab, result not required

*Includes GP clinics, Urgent Care Centres, Designated practices

Table 4. Estimated tests taken 12-18 August 2020, based on manual site reports at 12pm

Site		12/08	13/08	14/08	15/08	16/08	17/08	18/08	19/08*
MIQ	Staff	349	850	575	221	137	141	117	19
	Guests	467	458	838	667	542	415	625	600 (sch)
Border	Airport	175	532	832	353	237	278	301	111
	Port	No testing	290	270	510	518	607	34	14

* 19/8 day still in progress

Table 5: Estimated tests taken at Metro Auckland CTCs, 12-18 August 2020, based on manual site reports at 12pm

Site	12/08	13/08	14/08	15/08	16/08	17/08	18/08	19/08*
Airport Oaks	Not open	265	409	328	146	192	123	
Auckland Netball Centre	Not open	Not open	Not open	Not open	192	204	231	124
Botany CTC	150	270	260	241	230	200	205	78
Coast to Coast Warkworth	66	92	92	26	25	27	22	6
Coast to Coast Wellsford	33	68	61	6	19	42	15	6
Eventfinda Stadium	134	563	620	320	163	175	112	36
Health New Lynn	700	812	550	324	217	391	265	65
Henderson	Not open	288	321	189	142	182	125	
Mangere Town Centre	Not open	Not open	609	585	554	391	374	125
Northcare A&M	Not open	Not open	Not open	115	138	125	68	27
Otara CTC	556	718	781	603	563	489	429	104
St Lukes	106	309	356	331	171	270	180	
Takanini Urgent Care	231	480	425	410	340	380	287	
Waiheke Medical Centre	85	87	63	26	51	51	20	6
Whanau House	707	552	570	419	250	396	306	100
Whanau Ora - Central	1,714	385	400	410	258	247	201	58
Whanau Ora - North		427	333	235	206	184	102	50
Whanau Ora - South		618	708	404	246	347	312	88
Waipuna Targeted Site	Not open	Not open	Not open	19	124	223	43	13
Blockhouse Bay Targeted Site	Not open	Not open	Not open	Not open	Not open	50	44	11
Total	4,482	5,934	6,558	5,040	4,130	4,566	3,466	897

* 19/8 day still in progress

NRHCC Testing Report Novel Coronavirus (COVID-19) Issued: 1700 19 August 2020

Prepared by: NRHCC Planning & Intelligence Team	Contact email: NRHCCintelligence1@adhb.govt.nz
Approved by: NRHCC Incident Controller	nrhccic@adhb.govt.nz

Key points:

- Regional lab capacity is 7,000 – 8,000 so testing continue to exceed capacity to process and report results in a timely way
- Occupational group for border workers relies on manual data entry which is behind due to significant volume pressure. We are working with agencies to get employee lists to do reconciliations.

Table 1. Metro Auckland Summary Total of Testing for 19 August 2020

	Community	MIQ staff	MIQ guests	Airport	Maritime port	TOTAL
1:00pm	897	19	600 (sch)	111	14	1641
5:00pm	2358	41	600	173	14*	3186

* note the Port site closed mid-morning due to poor weather

Table 2. Totals tests received from 12-19 August 2020, by ethnicity (as at 5pm)

	Last 24 Hours	%	Total since 12/8*	%
Asian	803	17.4%	13549	16.4%
Māori	800	17.4%	12998	15.7%
Other	1449	31.5%	35225	42.5%
Pacific	1439	31.2%	19957	24.1%
Unknown	115	2.5%	1119	1.4%
Grand Total	4606	17.4%	82848	

* 19/8 day still in progress

Table 3. Total Tests received in last 24 hours by site (as at 5pm)

Ethnicity	CTC	Non-CTC	Total
Asian	582	221	803
Māori	484	316	800
Other	893	556	1449
Pacific	849	590	1439
Unknown	61	54	115
Total	2869	1737	4606

*Swab taken in last 24 hours taken between midnight and midnight, may have been received and reported later than this; tests only included if coded and received and acknowledged by lab, result not required

*Includes GP clinics, Urgent Care Centres, Designated practices

Table 4. Estimated tests taken 12-19 August 2020, based on manual site reports at 4pm

Site		12/08	13/08	14/08	15/08	16/08	17/08	18/08	19/08*
MIQ	Staff	349	850	575	221	137	141	117	41
	Guests	467	458	838	667	542	415	625	600
Border	Airport	175	532	832	353	237	278	301	173
	Port	No testing	290	270	510	518	607	34	14

* 19/8 day still in progress

Table 5: Estimated tests taken at Metro Auckland CTCs, 12-19 August 2020, based on manual site reports at 4pm

Site	12/08	13/08	14/08	15/08	16/08	17/08	18/08	19/08*
Airport Oaks	Not open	265	409	328	146	192	123	49
Auckland Netball Centre	Not open	Not open	Not open	Not open	192	204	231	244
Botany CTC	150	270	260	241	230	200	205	135
Coast to Coast Warkworth	66	92	92	26	25	27	22	17
Coast to Coast Wellsford	33	68	61	6	19	42	15	26
Eventfinda Stadium	134	563	620	320	163	175	112	64
Health New Lynn	700	812	550	324	217	391	265	165
Henderson	Not open	288	321	189	142	182	125	87
Mangere Town Centre	Not open	Not open	609	585	554	391	374	245
Northcare A&M	Not open	Not open	Not open	115	138	125	68	61
Otara CTC	556	718	781	603	563	489	429	239
St Lukes	106	309	356	331	171	270	180	151
Takanini Urgent Care	231	480	425	410	340	380	287	180
Waiheke Medical Centre	85	87	63	26	51	51	20	31
Whanau House	707	552	570	419	250	396	306	185
Whanau Ora - Central	1,714	385	400	410	258	247	201	115
Whanau Ora - North		427	333	235	206	184	102	100
Whanau Ora - South		618	708	404	246	347	312	200
Waipuna Targeted Site	Not open	Not open	Not open	19	124	223	43	43
Blockhouse Bay Targeted Site	Not open	Not open	Not open	Not open	Not open	50	44	21
Total	4,482	5,934	6,558	5,040	4,130	4,566	3,466	2,358

* 19/8 day still in progress