

# Memo

## Public health advice on Alert Level settings for Taupō, Taranaki, and Waikato – 14 November 2021

<b>To:</b>	Dr Ashley Bloomfield, Director-General of Health
<b>Copy to:</b>	Bridget White, Deputy Chief Executive, COVID-19 Health System Response
<b>From:</b>	Steve Waldegrave, GM, COVID-19 Policy, System Strategy and Policy Dr Caroline McElnay, Director of Public Health
<b>Date:</b>	14 November 2021
<b>For your:</b>	Decision

### Purpose of report

1. This memo provides public health advice on Alert Level settings for Taupō, Taranaki and Waikato. It also provides an initial assessment for Rotorua and Woodville, given the recent COVID-19 cases there.

### Context

2. As at 9am on Sunday, 14 November 2021:
  - a. Auckland and parts of Waikato (including Waitomo, Waipa, Ōtorohanga, Raglan, Te Kauwhata, Huntly, Ngāruawāhia, Hamilton City and some surrounding areas) are at Alert Level 3 Step 2.
  - b. The rest of New Zealand, including Taranaki, Taupō, Rotorua and Woodville are at Alert Level 2.
3. As shown below, most cases continue to be notified in the top half of the North Island.

Table 1 – Notified and active cases associated with current outbreak as at 9:00am Sunday 14 November 2021

DHB	New	Active	Recovered	Total
Northland	2	35	9	46
Auckland	192	3,335	1,925	5,266
Waikato	7	151	82	232
Lakes	4	4	0	4
Taranaki	0	6	0	6
MidCentral	2	2	0	2
Canterbury	0	1	3	4
3-day rolling average of new cases	194	7-day rolling average of new cases	175	Deaths
				7

## Public Health Risk Assessment

4. A Public Health Risk Assessment (PHRA) for Taupō, Taranaki and Waikato was conducted at 9:30am on Sunday 14 November 2021. This assessment followed the notification of four cases in Taupō late on Saturday 13 November 2021. It also aims to confirm earlier advice on suitable Alert Level settings for Taranaki and Waikato.
5. Two cases in Rotorua and two cases in Woodville were also identified late on Saturday 13 November. However, we consider it to be too early to conduct a PHRA for these cases until more information on the cases can be collected. Testing and contact tracing to obtain the necessary additional information is underway.

### Waikato outbreak overview

*New cases continue to emerge in Waikato, but they are still mostly linked*

6. As at 9am on Sunday 14 November, there are 151 active cases, following 7 being notified in the last 24-hours prior.
7. Most cases in the Waikato are confined to known household groups in the area, rather than widespread community transmission. Some transmission is being seen in the Ōtorohanga School community. Cases are occurring in larger households with housemates, although cases continue to stem from persons known to the Waikato PHU.
8. The Waikato outbreak has an effective reproductive number between 1.1 and 1.2.

*Contact tracing is working, based on building trust with the affected communities*

9. There are 1,355 contacts with a quarantine address in Waikato identified in relation to the August community cases, recorded in the National Contact Tracing Solution.
10. Of these, 1,306 (96 percent) have received an outbound call from contact tracers to confirm testing and isolation requirements. All 202 open contacts have also received a call from contact tracers. There are no overdue test results.
11. Much of the contact tracing has relied on building high levels of trust with the affected communities. While there is often a reluctance to share information with contact tracers, cases and identified contacts are encouraging other contacts to go and get tested. Due to this, Waikato PHU are finding cases where they expect. However, this approach may come under greater pressure if there is a rapid growth of cases.

*Waikato testing rates remain consistently high, and testing is occurring in the right places*

12. Testing rates in Waikato have been among the highest in the country (other than in Northland and Auckland metro DHBs), varying between 6.6 and 8.4 people per 1,000. This testing rate is well above the national average of 5.4 people per 1,000.
13. Waikato PHU is working to improve its processes to identify positive cases more efficiently by ensuring that swab tests are prioritised, and cases are notified earlier. They also report that testing is occurring in the right places and innovative approaches are being used to find cases. Mainstream testing continues through general practices and pharmacies with more bespoke popup testing utilising Pacific and Māori providers.

Table 2 - Number of community tests completed by Waikato DHB as of Sunday 14 November

	Tuesday 9/11	Wednesday 10/11	Thursday 11/11	Friday 12/11	Saturday 13/11
<i>Per 1000</i>	8.4	6.6	8.4	8.0	6.8
<i>Total tests</i>	3,623	2,861	3,618	3,443	2,921

*Wastewater testing continues to show no unexpected wastewater detections*

14. There are sustained detections of the virus in samples from Te Awamutu and Ōtorohanga. Further detections have also occurred in Cambridge, Hamilton, Huntly, Te Kuiti and Ngaruawahia, most recently on Tuesday 9 November.
15. There are continued non-detections at all other sites, with the most recent samples taken on Tuesday 9 November. Testing of samples from Matamata, Morrinsville and Thames collected on 9 and 10 November are in progress.

*Vaccination rates in Waikato continue to reflect most national averages*

16. Waikato vaccination rates continue to reflect most national averages, including for age and ethnicity. Based on average daily rates, Waikato should hit the 90 percent first dose milestone in the coming days and the 90 percent second dose milestone around mid-December.

Table 3 - Vaccine uptake by key ethnicities within Waikato DHB Sunday 14 November

Ethnicity	DHB	First dose		Second dose	
		Doses %	To 90%	Doses %	To 90%
All ethnicities	Waikato	89%	4,205	78%	41,116
	New Zealand	90%	0	81%	384,445
Māori	Waikato	77%	89,499,12	60%	20,947
	New Zealand	76%	77,427	60%	168,473
Pacific Peoples	Waikato	88%	166	76%	1,509
	New Zealand	88%	5,896	76%	40,987

*Waikato's health system capacity is currently adequate*

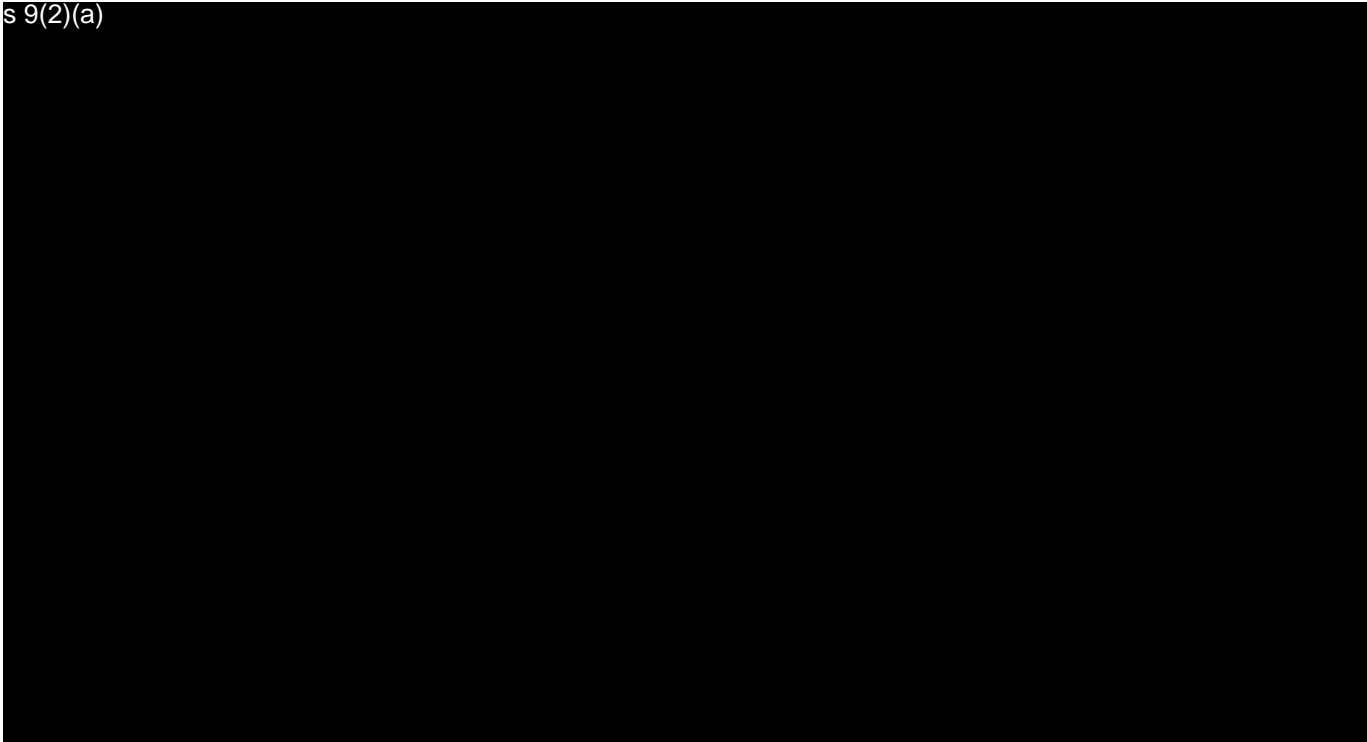
17. There are currently no hospitalisations in Waikato related to COVID-19 cases. Waikato health services advise that the requirements of the current outbreak in the region can be met. However, a significant escalation in case numbers and hospitalisations would likely strain capacity.

**Taupō outbreak overview**

*Taupō case with no known link at this stage.*

18. Case A was notified late on Friday 12 November 2021, after being tested on Thursday 11 November 2021. s 9(2)(a)

s 9(2)(a)



*Contact tracing and case management capacity is currently adequate*

25. Contact tracing is underway today to determine the movements of the cases and any locations of interest.
26. As at 9:30am on Sunday 14 November 2021, six locations of interest, including retail shops, takeaway facilities, hospitality venues, and petrol stations have been identified. These have been uploaded onto the Ministry of Health website.
27. These are high risk exposure events and there is a significant risk of onward transmission. However, Toi Te Ora believes that the potential spread can be managed through contact tracing and testing.

*There had been wastewater detections in Taupō since Monday 8 November 2021*

28. The virus was detected in a grab sample collected from Taupō on Monday 8 November 2021. The virus was subsequently **not** detected in a grab sample collected on 10 November. The four cases notified in Taupō are consistent with these detections.

*Testing rates in the area are below the national average*

29. Testing rates in the Taupō area are relatively low on average. However, Lakes DHB advise that rates have picked up in Taupō recently following the positive wastewater results. This is illustrated in Table 4 below.
30. Lakes DHB is working to identify positive cases more efficiently by ensuring that swab tests are prioritised, and cases are notified earlier.
31. The testing rates for Lakes DHB are below the national rate of 5.4 people for every 1,000 being tested. In the past five days they have varied between 1.7 and 5.6 people per 1,000. Yesterday, 214 people were tested across Lakes in the community.

Table 4 - Number of community tests completed by Lakes DHB as of Sunday 14 November 2021

	Tuesday 8/11	Wednesday 10/11	Thursday 11/11	Friday 12/11	Saturday 13/11
Per 1000	1.8	5.5	1.7	5.6	1.9
Total tests	207	632	195	646	214

32. Vaccination rates in the Lakes region are slightly behind most national averages, including for age and ethnicity. Based on current average daily rates, Lakes should hit the 90 percent second dose milestone in late-December 2021.

Table 5 - Vaccine uptake by within Lakes DHB as of Sunday 14 November 2021

Ethnicity	DHBs	First dose		Second dose	
		Doses %	To 90%	Doses %	To 90%
All ethnicities	Lakes	84%	6,118	73%	16,457
	New Zealand	90%	0	81%	384,445
Māori	Lakes	71%	5,842	55%	10,674
	New Zealand	76%	77,427	60%	168,473
Pacific Peoples	Lakes	83%	149	71%	445
	New Zealand	88%	5,896	76%	40,987

33. The vaccination rates are encouraging, particularly for Māori and Pacific populations and for second doses, but there does remain a large disparity in coverage.

*Lakes' health system capacity is currently adequate*

34. Health services in the Lakes region can meet the requirements of the current outbreak. However, a significant escalation in case numbers and hospitalisations would strain the capacity of health services.

### Taranaki outbreak overview

35. On Friday 12 November 2021, there were six cases notified in Stratford, south Taranaki. s 9(2)(a)

36. There were 5 close contacts associated with the original 6 cases above. All close contacts have since tested negative.

37. As at 11am today, 14 November 2021, there are no further new cases that have been detected in Taranaki.

*Testing rates in Taranaki are below the national average but strong in Stratford*

38. Taranaki DHB advise that rates have been robust in Stratford following the positive wastewater results. Overall testing rates in Taranaki are the sixth highest by DHB, behind the Auckland metro DHBs, Northland DHB, and Waikato DHBs). Providing additional confidence, a higher than usual number of tests were undertaken yesterday, 13 November 2021, as noted in the table below.

39. In the past five days, testing rates have varied between 1.7 and 5.1 people per 1,000, below the national rate of 5.4 people per 1,000. Yesterday, 627 people were tested across Taranaki in the community.

*Table 6 - Number of community tests completed by Taranaki DHB as of Sunday 14 November 2021*

	Tuesday 9/11	Wednesday 10/11	Thursday 11/11	Friday 12/11	Saturday 13/11
<i>Per 1000</i>	3.8	1.7	3.8	2.5	5.1
<i>Total tests</i>	466	209	462	312	627

40. Testing is currently available at a pop-up site in Stratford, Taranaki Base Hospital and Hāwera Hospital. These sites have been open over the weekend and opening times extended. Swabs are being flown to Wellington three times a day for processing. Capital and Coast DHB has confirmed capacity to prioritise these swabs.
41. There have been some delays with the airport being closed due to fog, but other means of transport have been arranged.

*Vaccination rates in Taranaki are lower than most national averages*

42. Taranaki vaccination rates are slightly behind most national averages, including for age and ethnicity. Based on current average daily rates, Taranaki should hit the 90 percent second dose milestone in late-December. In Stratford, 84 percent of the population have had one dose and 72.4 percent are fully vaccinated. Vaccination hubs have been open in New Plymouth and Hāwera on Saturday 13 and Sunday 14 November 2021 and there are several pop-up clinics in the community.
43. While vaccination rates are lower than most national averages, in the past two weeks Māori and Pacific Peoples rates have increased more than the national averages:
- First dose vaccination rates in Taranaki have increased overall by two percent, six percent for Māori, and five percent for Pacific peoples.
  - Second dose vaccination rates in Taranaki have increased overall by seven percent, 10 percent for Māori, and 13 percent for Pacific peoples.

*Table 7 - Vaccine uptake by within Taranaki DHB as at Sunday 14 November 2021*

Ethnicity	DHBs	First dose		Second dose	
		Doses %	To 90%	Doses %	To 90%
All ethnicities	Taranaki	87%	3,050	75%	15,348
	New Zealand	90%	0	81%	384,445
Māori	Taranaki	74%	2,548	56%	5,381
	New Zealand	76%	77,427	60%	168,473
Pacific Peoples	Taranaki	88%	31	71%	238
	New Zealand	88%	5,896	76%	40,987

*Taranaki's health system capacity is currently adequate*

44. Health services in Taranaki can meet the requirements of the current outbreak in the region. However, a significant escalation in case numbers and hospitalisations would strain the capacity of health services.
45. Taranaki DHB report that ICU capacity is up to five beds, however they will be challenged with resourcing at this level. A plan is in place to provide further support in case this scenario eventuates.

**Rotorua case overview**

*Two new cases*

46. Two cases in Rotorua were notified late on Saturday 13 November 2021. s 9(2)(a)

[Redacted]

*Contact tracing*

47. Case interviews are yet to be undertaken. There is, therefore, little information available regarding the contacts of the couple.

s 9(2)(a)

[Redacted]

*Wastewater detection*

49. There have been positive wastewater samples in Rotorua, most recently on 9 November. There have been COVID-19 cases in the Rotorua managed isolation and quarantine facilities (MIQFs), so it is unclear whether the positive wastewater results are a result of community transmission.

**Woodville case overview**

*Two new cases*

50. Two new cases were notified in Woodville on the evening of Saturday 13 November 2021. s 9(2)(a)

[Redacted]

*Contact tracing*

51. The initial investigation is underway. From what we know to date, the initial onset of symptoms occurred on 10 November. Case A was likely to have been infectious from 8 November.

s 9(2)(a)

[Redacted]

53. Additional testing stations are being set up this morning (14 November) in Woodville and nearby towns.

### *Wastewater detection*

54. Recent regular wastewater testing in the wider area has been negative, with the most recent test occurring on Tuesday 9 November.

### **Public health advice and recommendations**

55. Based on today's PHRA and given the information to date, the risk of undetected community transmission in:
- Taupō is **LOW**.
  - Taranaki is **LOW**.
  - Waikato is **LOW-MEDIUM**, noting that transmission is occurring in defined and known groups, is not widespread, and that increasing vaccination rates are providing additional protections.
56. Based on the PHRA, and the information available, our recommendations are that:
- Parts of Waikato (including Waitomo, Waipa, Ōtorohanga, Raglan, Te Kauwhata, Huntly, Ngāruawāhia, Hamilton City and some surrounding areas) can proceed with the planned move to Alert Level 2.
  - Taupō can remain at Alert Level 2.
  - Taranaki can remain at Alert Level 2.
57. From a public health perspective, these recommendations are proportionate to the risk of transmission of COVID-19, given the level of risk for communities in these areas. They also reflect a view that moving to Alert Level 3 in many of these situations would be unlikely to further decrease the rate of transmission of COVID-19 in the communities concerned, so the associated limitations on freedoms under the Human Rights Act could not be justified.

### *Rationale – Waikato Alert Level settings*

58. Despite continued cases and recent spikes, on balance our assessment is that it would not be appropriate to keep parts of Waikato at Alert Level 3 Step 2. Public health advice continues to support a loosening of restrictions.
59. The nature of this outbreak has not changed. Transmission continues to be limited to within a known and defined community that is largely isolated from other communities. We also know that the affected communities often do not comply with current Alert Level restrictions. This suggests neither tightening nor loosening Alert Level restrictions is likely to influence the behaviour of those involved.
60. It was acknowledged that a reduction in restrictions would result in an expected increase in cases as movement of people increases, especially when schools return next week. However, this is unlikely to result in an exponential increase of cases, noting this outbreak has an effective reproductive number of approximately 1.1. This risk is likely to be outweighed by the benefits of easing restrictions in the region, particularly as vaccination rates continue to increase.
61. The health system in Waikato has capacity to respond to cases that are being detected. However, it was acknowledged that a large increase in cases could decrease the capacity to manage cases at current levels in Waikato.



62. Overall, the public health risk for the Waikato is low-medium. Transmission is occurring in defined and known groups. It is not widespread and increasing vaccination rates are also providing additional protections.

*Rationale – Taupō Alert Level settings*

63. Based on the information available, the risk of undetected community transmission in Taupō is considered LOW because:
- Transmission is occurring within a defined household and workplace. There is a plausible origin of infection linked to the Auckland outbreak and it is expected that the high-risk exposure events can be managed through contact tracing and testing.
  - There is no evidence yet of undetected community transmission. Community testing does not suggest there are undetected cases.
  - Wastewater testing on 10<sup>th</sup> November returned a non-detect result after a detect on 8<sup>th</sup> November. The increasing vaccination rates in the Lakes DHB region across all ethnicities are providing additional protection.
64. Consequently, based on the above, there is currently no public health rationale for Taupō to shift to Alert Level 3 at this stage. However, this will be kept under review.

*Rationale – Taranaki Alert Level settings*

65. Public health advice continues to support Taranaki remaining at Alert Level 2, as advised in the memo to you on Friday, 12 November 2021. The cases are confined to a single household and there is a plausible origin of infection linked to the Auckland outbreak. There is also no evidence of undetected community transmission, contact tracing is working, and testing and vaccination rates are increasing.

s 9(2)(a)

## Equity

67. The Waikato, Taupō and Taranaki have a high Māori population with a lower-than-average vaccination rate. Based on what we know, an outbreak in the area is likely to have disproportionate impacts on local Māori communities, particularly those in more rural or remote areas.
68. In discussions with the sector, we have heard that Māori service providers are focused on supporting the outbreak response in Auckland. Non-Māori primary care, service providers, and DHBs will need to support Māori service providers with any additional outreach programmes.
69. Vaccination rates among at-risk communities need to increase. Additional resources and focus are being given to vaccination efforts in these communities, including targeted outreach and mobile vaccination services.

## New Zealand Bill of Rights Act 1990

70. The restrictions imposed at Alert Level 2 must be necessary and proportionate to prevent or limit the risk of the outbreak or transmission of any COVID-19 Delta outbreak. These restrictions are likely justified under section 5 of the New Zealand Bill of Rights Act 1990, given the public health risk for people arising from community transmission of COVID-19 in areas with low vaccination rates, and the public health consequences of the outbreak spreading.

## Recommendations

We recommend that you:

- |    |  |               |
|----|--|---------------|
| a) | <b>Note</b> that a public health risk assessment for Waikato, Taupō and Taranaki was conducted on Sunday 14 November 2021.   | <b>Noted</b>  |
| b) | <b>Note</b> that, based on the assessment above, the risk of undetected community transmission in:   |               |
|    | i. Auckland remains HIGH.  | <b>Noted</b>  |
|    | ii. Waikato is LOW-MEDIUM.   | <b>Noted</b>  |
|    | iii. Taupō is LOW.   | <b>Noted</b>  |
|    | iv. Taranaki is LOW.   | <b>Noted</b>  |
|    | v. The rest of New Zealand remains LOW.  | <b>Noted</b>  |
| c) | <b>Agree</b> that Waikato can proceed with its planned move back to Alert Level 2.   | <b>Yes/No</b> |
| d) | <b>Agree</b> that Taupō should remain at Alert Level 2, pending no unexpected developments, but remain under regular review.   | <b>Yes/No</b> |
| e) | <b>Agree</b> that Taranaki should remain at Alert Level 2.   | <b>Yes/No</b> |
| f) | <b>Note</b> that initial assessments have occurred for Rotorua and Woodville cases but a Public Health Risk Assessment has not occurred due to insufficient information. | <b>Noted</b>  |
| g) | <b>Agree</b> that a further risk assessment for Auckland, Waikato, Taupō, Taranaki and the rest of New Zealand should be scheduled for Thursday 18 November 2021.        | <b>Yes/No</b> |
| h) | <b>Note</b> that further risk assessments can be scheduled earlier for any of the areas above, if further developments require it.                                       | <b>Noted</b>  |
| i) | <b>Agree</b> to forward this advice to the Department of the Prime Minister and Cabinet.   | <b>Yes/No</b> |

Signature \_\_\_\_\_

Date: 14 November 2021

Dr Ashley Bloomfield

**Te Tumu Whakarae mō te Hauora**

**Director-General of Health**