

Office of the Minister of Health  
Cabinet

## OVERVIEW OF COVID-19 TESTING IN NEW ZEALAND

### Purpose

1. This paper provides you with an overview on COVID-19 testing results to date and updates you about additional testing being undertaken to ensure a robust approach for controlling the spread of COVID-19.

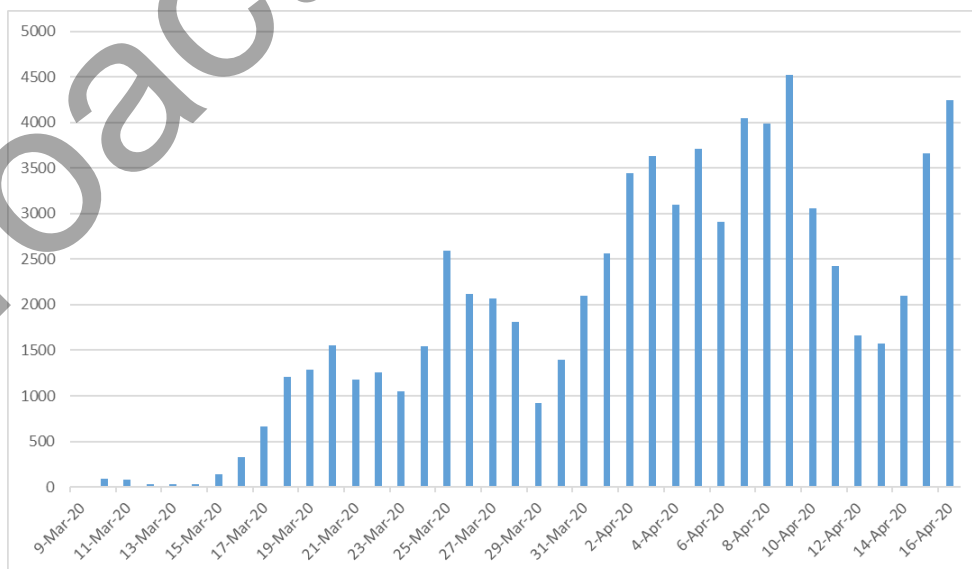
### Background

2. The primary role of testing at this stage of the response is:
  - a. contributing to our test-trace-isolate approach to controlling the spread of COVID-19
  - b. surveillance, for the purpose of understanding the nature of the disease and its spread in New Zealand to inform decisions around overall response.

### Testing in New Zealand

3. Daily COVID-19 testing in New Zealand has been steadily increasing since the middle of March up to 8 April 2020 (Figure 1). Testing volumes declined over Easter due to some Community Based Assessment Centres (CBACs) being closed or running shorter hours but volumes have bounced back since then (up to 4241 tests on 16 April 2020).

Figure 1: Tests per day for COVID-19, to 16 April 2020



- Figure 2 shows the laboratory testing rates over time by DHB and ethnicity to the week beginning 6 April 2020. Testing rates for most DHBs peaked in the week of 30 March 2020 (coinciding with the start of the Alert Level 4 lockdown) but have decreased since then in line with the national picture in Figure 1. Encouragingly, the graphs show that for most DHBs, testing rates for Māori and non-Māori are similar.

**Figure 2: Lab testing rates over time by DHB and ethnicity, week beginning 16 March 2020 to week beginning 6 April 2020**



- Testing rates to date are largely similar among Māori and Pacific people compared with the rest of the population. DHBs with the lowest testing rates in the last four weeks include Whanganui, Taranaki, MidCentral and South Canterbury. They also tend to have lower positivity rates as well. Work is underway within these DHBs to increase testing. This increased testing will provide more confidence that these DHBs are testing and finding all cases.
- Appendix 1 includes the latest laboratory testing dashboard for more information.

**Identifying community transmission**

- The number of cases that cannot be linked back to international travel or clusters is currently low at approximately three percent.
- There have been no dedicated prevalence surveys conducted yet, or any widespread asymptomatic testing. However, the recent increase in testing associated with a

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widened case definition has not been accompanied by an increase in the proportion of positive results, indicating a low likelihood of undetected community transmission.

9. In addition, Southern, Waikato and Canterbury DHBs are undertaking targeted testing on 16 and 17 April 2020 to help determine whether there is any undetected community transmission.
10. Southern DHB will be going into a supermarket in Queenstown (where most of the DHB's cases are) and testing approximately 300 supermarket workers and customers who are asymptomatic. Waikato DHB is undertaking a similar process and testing 50 supermarket workers and customers in five towns – Otorohanga, Hamilton City, Matamata, Cambridge, and Te Awamutu (250 people in total).
11. Canterbury DHB is working with local marae to undertake testing in local Māori and also with Pacific people in order to ascertain any local transmission. The DHB will also be undertaking testing in a local supermarket on 17 April 2020 involving 250 people.
12. The results from the testing undertaken in these three regions will be collated and analysed in the weekend of 18 April and will be used to inform the Cabinet paper discussion on potential de-escalation from Alert Level 4 on 20 April 2020.
13. The benefit of targeted testing is that it will provide further information about community transmission in those DHBs. The results should be interpreted with caution, especially as people who are currently symptomatic and/or unwell may not be out at the supermarket or in the community.
14. The approaches taken by these DHBs will also inform the design of further community testing in other areas of New Zealand. It is likely that as we move from Level 4 to Level 3, more community testing of asymptomatic individuals is likely to occur, as demonstrated by the above DHB examples.

### **Aged Residential Care Settings**

15. The Ministry of Health has updated its guidance on the investigation of COVID-19 cases based on findings from recent case and cluster investigations in aged residential care facilities.
16. A single case within a vulnerable residential institution such as an aged residential care facility, should be considered as a potential institutional cluster. Rapid investigation and case finding should be led by the local medical officer of health and be undertaken in partnership with the facility manager.
17. In addition to identifying potential sources of infection, it is important to identify anyone who may have been exposed to the case while infectious, or where the source is unknown, may have passed it on to the case within the previous 14 days.
18. Asymptomatic testing of all contacts (staff, residents and visitors) within this setting as a point in time assessment is appropriate, and now recommended, in these circumstances. A negative test does not preclude someone from becoming infectious later in their 14 days since last contact with the case, so the Ministry's advice is that they should be appropriately quarantined and closely monitored over the remainder of their quarantine period, particularly if their ability to recognise and report symptoms is compromised.

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### Improving access to testing in New Zealand

19. Laboratories currently have the capacity to perform over 6,500 tests per day and this number continues to rise. The Ministry is targeting 10,500 per day to meet an estimated maximum demand of 7000 per day, based on modelling to date. The Ministry expects to reach this 10,500 target in the next 3-4 weeks.
20. Supplies of consumables required to meet testing demand, such as reagent and swabs are continuing to grow. There are currently 70,000 complete tests and the Ministry continues to grow these stocks. The Ministry placed an order for an additional 500,000 ThermoFisher tests which will be delivered in the coming months. The Ministry has also established good communication lines with proprietary suppliers and these relationships should enable an ongoing supply to meet our needs. Supply of swabs is sufficient to meet requirements currently, with additional supplies including potential local manufacture being explored.
21. In order to ensure that we have as much information as possible to inform decisions about coming out of lockdown, the Ministry communicated to DHBs on 14 April the removal of any testing prioritisation criteria and reiterated to the Public Health Units the importance of testing.
22. In light of the possible move from Alert Level 4 back to Alert Level 3, DHBs were asked to review their CBAC plans and consider how to improve access to swabbing:
  - for patients who cannot physically get to a swabbing centre due to different reasons including lack of transport or rurality
  - for Māori and other vulnerable groups.
23. DHBs are using mobile clinics and district nursing services in order to improve access to testing.
24. Currently, there are varying practices between DHBs in their process for efficiently testing for COVID-19. In some DHBs, people who have symptoms ring Healthline or their general practitioner and then are referred to the local CBAC (either with or without appointments). In other DHBs, people may drop in to the CBAC and then may have to wait to be swabbed – the timeframe for swabbing may be short or long, depending on how many people are waiting.
25. DHBs have also been asked to consider how they could scale up their operations from swabbing to full assessment, triage and immediate management if required. Improving these processes is important in the control of community transmission. DHBs have been asked to submit these plans by 22 April 2020.

### Recommendations

The Minister of Health recommends that Cabinet:

- 1 **note** the overview on COVID-19 testing results to date
- 2 **note** that an increase in testing of people due to the widened case definition has not resulted in an increase in cases suggesting that community transmission is currently very low

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- 3 **note** that three regions in New Zealand are undertaking rapid targeted testing to provide an indication of community transmission in their area. This information will be used to inform the Cabinet discussion regarding any de-escalation from Alert Level 4 on 20 April 2020
- 4 **note** that the Ministry of Health is working closely with DHBs to ensure that testing is widely accessible in their regions and that the timeframe from presentation through to contact tracing is as short as possible.

Authorised for lodgement

Hon Dr David Clark

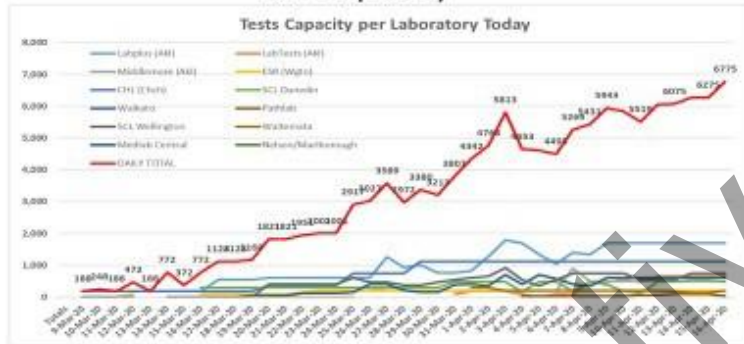
Proactively released

Appendix 1: COVID19 lab testing dashboard  
16 April 2020

Test run rate



Lab Capacity



Commentary

- Tests yesterday were 3,661, which is back up where we have been prior to Easter. Total tests completed – 70,160. 7 day average of testing is 2,714 tests / day.
- Today's capacity reported at 6,775 tests.
- Medlab Central and Nelson Marlborough are now on-stream and commenced testing yesterday.
- New Roche platform has arrived in NZ and is being implemented in Labtests. Process confirmed for technicians, awaiting approval

Complete test kit consumables



Commentary

- Complete test stock on hand in labs is 25 days at current (7 day ave) levels.
- We are expecting the days on hand to grow significantly once the open platform capabilities are stood up.
- Some weekend deliveries to NZ are still to appear in the stock on hand levels.
- Hologic have advised that they should be able to provide 20k tests / week by early May
- Current swab bulk store stock is 19k plus 28k to be assembled. 200k nasal swabs planned for local manufacture over next 3 weeks.