

# Noting Paper: COVID-19

## Contact Tracing

<b>To:</b>	Ad Hoc Cabinet Committee on COVID-19 Response		
<b>From:</b>	Hon Dr David Clark, Minister of Health		
<b>Date:</b>	18 March 2020		
<b>Security level:</b>	IN CONFIDENCE	<b>Health number:</b>	Report20200478

### Purpose

1. This paper provides an update on work underway to scale up capacity for contact tracing and outlines the new model being explored for establishing a central contact tracing coordination hub.

### Context

2. Contact tracing is a critical tool in managing infectious disease breakouts and pandemics. The main purpose of contact tracing is to support the 'Stamp It Out' pandemic response phase. The World Health Organization has recommended that the duration of contact tracing extended for longer over the course of the COVID-19 outbreak.
3. Generally, contact tracing involves:
  - a. identifying contacts, level of contact and checking if they have existing symptoms
  - b. providing appropriate information, support and reassurance
  - c. communicating expectations and guidance around self-isolation
  - d. advising the person on what to do if symptoms develop.

■ s 9(2)(g)(i)

5. As part of our response to COVID-19, capacity for contact tracing is being scaled up to meet the increasing demand arising from the current and anticipated case volumes. This work has two key objectives: scaling up capacity for contact tracing, and alleviating pressure on the PHUs.
6. If increased testing reveals more cases, particularly if there is evidence of community spread, this will also drive demand for contact tracing.

## New contact tracing model

7. Officials are working at pace to design and implement a new model for contact tracing that would be centred around a national contact tracing coordination hub, based within the Ministry of Health. It is expected that this model would increase New Zealand's ability to undertake contact tracing for at least 50 cases per day. Under this new model, the hub would operate the majority of the contact tracing work.
8. The PHUs would still undertake the initial case interview and identification of contacts. Should it be required, the Ministry will also arrange for supplementary capability to be provided to the PHUs to undertake these initial conversations.
9. Following the initial case investigation undertaken by the PHUs, the information on cases with lists of identified contacts of the case would be passed to the Ministry's central hub.

### *Workforce and oversight*

10. The central hub will be staffed by Ministry of Health personnel complemented by non-practising medical professional who will be granted temporary certifications for this purpose. The operations will be overseen by the Ministry's National Health Coordination Centre which will provide clinical oversight.
11. We are working through the required workforce numbers that will be sourced from midwifery, general practices, and registered nursing organisations. This will commence with five individuals from 18 March 2020 and increase as required.

### *Functions*

12. The hub would undertake, or work closely with other agencies, for several functions including contact finding, close contact investigation, daily checks, and casual contact follow up.
13. The functions would include:
  - a. Contact finding - If contact details (eg, name, phone number, email address) are not readily available, the hub would work with an existing agency to track down the contact details for contacts. The agency may connect with taxi, café and other networks to source information, but would not make direct contact with the people. The potential for Police and Inland Revenue involvement is being explored.
  - b. Close contact investigation - Once contacts are identified, the hub will follow up with further investigation to determine if symptoms are present and be advised to self-isolate for 14 days following exposure to the case.
  - c. Daily health checks - The hub would liaise with Healthline who will undertake daily health and welfare checks with all close contacts to determine if isolation is being maintained, if they are still symptom free, and to ensure that their welfare needs are being met. If any of these are cause for concern, they will make an appropriate referral.
  - d. Casual contact follow-up - Advising casual contacts of their exposure to a case and that they are at low risk of contracting COVID-19 but to monitor their health for 14 days following the contact, and if symptoms develop, that they should self-isolate and seek medical attention. The follow up for this process will be resourced by an agency to be identified by the National Crisis Management Centre.

14. A significant improvement to the current system will be the shift to a single IT system for contact tracing. We are also working on a solution to transfer contact details between the various agencies involved in the new model.

### **Next steps**

15. Officials are currently working through the capacity and infrastructure and bringing onboard the workforce required to set up this hub model.
16. The hub scale-up will commence from 18 March 2020 at the Ministry of Health.
17. Officials may also explore non-traditional models of contact tracing to reach the necessary capacity, if needed. There is a spectrum of possible options that could be explored, based on working in different ways and using different technologies.

### **Recommendations**

I recommend that you:

- b) **Note** that the Ministry of Health is undertaking work at pace to scale up capacity for contract tracing and establish a national contact tracing coordination hub.

**ENDS.**

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