

Cabinet

## COVID-19 RESURGENCE: SIXTH REVIEW OF ALERT LEVELS

### Proposal

1. This paper reviews our progress against the spread of COVID-19 and recommends moving Auckland to Alert Level 1 with effect from 11.59pm on Wednesday October 7.

### Summary

2. On September 21, Cabinet agreed to increase the gathering size limit in Auckland to 100, in line with the standard definition of Alert Level 2 controls, with effect from 11.59pm on Wednesday September 23. Cabinet also confirmed that the rest of New Zealand would move to Alert Level 1 with effect from 11.59pm on Monday, September 21.
3. Cabinet decided to next consider Alert Levels on October 5 with a view to considering moving Auckland to Alert Level 1, should the situation allow it.
4. This paper reviews the latest course of the community outbreak, to inform a decision on whether to move Auckland to Alert Level 1.

### Situation report

5. Our resurgence response plan continues to go well. As at 10am on October 2 there has only been one case linked to the main "Auckland cluster" in the last 14 days, and this person was already in isolation following contact tracing. Modelling suggests a greater than 95 percent probability that this cluster has now been eliminated.
6. This modelling does not include the "Christchurch returnee" cluster - a new cluster of six cases that has recently emerged, the source of which is believed to be a new arrival to New Zealand, unconnected to the Auckland cluster. This individual tested negative twice while in a Managed Isolation Facility in Christchurch, but subsequently tested positive on September 18, after leaving the facility and flying to Auckland. Two household contacts of this individual and a separate family group of three people also tested positive on September 19 and September 22 respectively. All are in Managed Quarantine Facilities. We have contact traced and tested all close contacts of these six cases, plus a number of casual contacts including from the original MIQ facility. The use of the COVID app by the cases and their contacts sped up contact tracing. Although there have been no more confirmed cases, we are still seeking to test further casual contacts. There remains a risk of further cases from this cluster, although the fact that it has now been nine days since the last positive case provides some confidence that the cluster has been contained. Critically, the cluster has been managed without the need to increase alert level restrictions.
7. In relation to wider health response indicators, testing volumes have reduced to 36,000 a week. As part of its ongoing testing strategy, the Ministry of Health regularly reviews whether any additional measures are required to ensure that testing levels are sufficient to detect and minimise the size of any new outbreak. This issue is covered in more detail in paragraphs 59 to 66 below. Contact tracing remains fast, and we are seeing good compliance with the requirements for face coverings on public transport in Auckland and other public health measures. Public sentiment remains broadly positive.

Together, these trends build our confidence that we can consider a move to Alert Level 1 in Auckland.

8. Our Managed Isolation and Quarantine (MIQ) arrangements continue to provide protection from imported cases. However, as a consequence of the above case where a recent arrival to New Zealand developed COVID-19 after leaving MIQ, an assessment of managed isolation protocols is currently underway.
9. Using the agreed transmission thresholds for Alert Level decisions, the outbreak now fits the definition Alert Level 1 (where isolated local transmission could be occurring, but active clusters are not being experienced in more than one region).

#### *Recommendation*

10. The paper presents a recommendation to move Auckland to Level 1 with effect from 11:59pm on Wednesday October 7.

#### *Process*

11. There is more information on the situation around the transmission of the virus in paragraphs 20 to 28 and the view of the Acting Director-General at paragraphs 43 to 48. The Director-General will provide his final assessment and advice to the Minister of Health on Monday October 5 before Cabinet.
12. Should Cabinet agree to the recommendation, the changed settings for Auckland would be implemented through an amended Order. This Order will be signed after Cabinet on Monday October 5, and come into effect from 11:59pm on Wednesday October 7, reflecting the 48-hour minimum notice period required in legislation.
13. Officials have set things up to enable the recommended option to be implemented in an Order signed the same day that Cabinet considers this paper. But if Cabinet were to prefer some additional or alternative set of controls that required additional policy development, this could mean implementation of the novel requirements has to be delayed until that policy work can be done and the associated Order drafted and signed.

#### *Next steps – minimising the likelihood and impact of further outbreaks*

14. We will continue to rely heavily on our border controls, our testing strategy, and our ability to rapidly contact trace, to stop a new community outbreak from occurring and to quickly detect and bring any outbreak that does occur under control.
15. In addition, public communication and engagement will be an essential tool in the COVID-19 toolkit. In the next few weeks, as we move towards the summer period, this will continue the recent focus on avoiding complacency. In particular, it will strongly encourage people to self-isolate and seek a test if experiencing COVID-19 symptoms, use the COVID app, and follow simple hygiene measures to minimise the risk of a further community outbreak.
16. The nature of COVID-19 is that the situation can change rapidly. We will continue to monitor our situation closely and make adjustments quickly if necessary, in accordance with the resurgence plan agreed by Cabinet in August.

#### **Introduction**

17. This paper has three main parts:
  - a. A situation report against the eight factors we use to make Alert Level decisions, including the interim views of the Acting Director-General;

- b. The presentation of a recommendation to move Auckland to Alert Level 1 on Wednesday October 7;
  - c. A consideration of future steps to minimise the likelihood and impact of further outbreaks.
18. A reminder of the eight factors is attached in Appendix 1, which also includes the thresholds for virus transmission that inform decisions about moving Alert Levels.

### **Situation report**

19. Our COVID-19 strategy remains elimination, which includes stamping the virus out every time it comes back. We have seen the very significant economic and health benefits available from eliminating the virus, which is why we are working together to do that again. We have indicated that, wherever possible, we want to achieve elimination without resorting to blunt and costly lockdowns, but instead to control the spread of COVID-19 with a flexible mix of restrictions that best reflects our situation.

### *Transmission situation*

#### *Auckland*

20. As at 10am on October 2, there have been 187 cases of COVID-19, including probable cases, in the recent outbreak. A map is attached in Appendix 2 that shows the geographic distribution of community cases in Auckland. The earliest date of reported symptoms was July 31. All known active cases in the main Auckland cluster can be linked to a single case confirmed on August 11. Of the total, 173 have now recovered and there have been three fatalities, leaving 11 active cases.
21. In the 14 days to October 2 there has only been one case linked to the main Auckland cluster, and this person was already in isolation following contact tracing. There have now been seven continuous days without a new case within this cluster. This increases our confidence that this cluster is contained, including the sub-clusters associated with the Mount Roskill evangelical church, and the North Shore gymnasium.
22. Researchers at Te Punaha Matatini (TPM), operating under contract to the government, have estimated that the probability of elimination of this cluster (i.e. of there being no further reported cases) is over 95 percent. This reflects the number of days with no new cases and the fact that the one case that occurred in the last 14 days was already in isolation. It should be noted that such estimates are subject to uncertainty, based on assumptions in the model, but provide a useful indicator of progress.
23. As noted above, this modelling does not include the Christchurch returnee cluster - a new cluster of six cases that has recently emerged, the source of which is believed to be a new arrival to New Zealand, unconnected to the Auckland cluster. This individual tested negative twice while in a Managed Isolation Facility in Christchurch, but subsequently tested positive on 18 September, after leaving the facility and flying to Auckland. Two household contacts of this individual have also tested positive.
24. In addition, a family containing a further 3 people appear to have contracted this strain of the virus, two of whom were on the same Christchurch to Auckland flight as the above case, and are in Managed Quarantine Facilities. In their cases, the positive tests on September 22 followed a period of domestic travel between September 18 and 20 when they may have been infectious and had been in close contact with people from a range of locations in the country, including Wellington and Taupō. However, none of these close contacts have so far tested positive.

25. Testing has also included casual contacts, including some who were at the Managed Isolation Facility at the same time as the index case. As at October 2, 77 casual contacts have yet to be tested. Of the 203 casual contacts that have been tested, none has been positive.
26. There remains a risk from this cluster, although the fact that it has now been nine days since the last confirmed case provides some confidence that the cluster has been contained. Further testing (due on October 2) and the successful completion of 14 days self-isolation by the close contacts of the original six cases (due on October 4) will also increase this level of confidence. Further information will be provided on this cluster by the Director-General on October 5 prior to the Cabinet discussion.
27. More generally, TPM modelling has indicated that effective contact tracing is continuing to keep  $R_0$  below 1 in Auckland at Alert Level 2. This is important, as  $R_0$  is a measure of the average number of people that each infected person goes on to infect. If that number is below one, then the virus will eventually be eliminated. This result supports the view that the outbreak in Auckland appears to be under control. However TPM has also indicated that due to the small case numbers the estimate is still subject to change.

#### *Outside Auckland*

28. Outside Auckland, there continues to be no cases linked either to the Auckland cluster or to the six new community cases, although as noted above, close contacts of the latter are in self-isolation in various locations in New Zealand.

#### *Other health system factors*

29. Testing capacity remains consistent at just under 26,000 tests per day during a surge, and 17,000 on a steady-state basis. Testing volumes have fallen from their peak in the early part of the resurgence, with 36,000 being performed in the week to September 30, of which 17,500 were in the Auckland region. Of those tests, 30,000 were in the community, 3,000 were of border workers (including MIQ, port and airport workers) and 3,000 were of MIQ guests. As noted in paragraphs 59 to 66 below, TPM modelling raises the question of whether this is sufficient to quickly detect a new outbreak, before it becomes large, in an Alert Level 1 environment. The Ministry of Health keeps its testing strategy under regular review, and anticipates conducting between 40,000 and 50,000 tests per week, focused on the border and symptomatic people, over the next 3-4 weeks. A new framework is planned for late October.
30. Contact tracing capacity remains sufficient to manage 350 new cases per day. As at October 2, there have been 4,047 close contacts identified since August 11 all of whom have been successfully contacted. In the week to September 28, 80 per cent identified close contacts of cases in the community were contacted within 48 hours of being identified, achieving the 80 per cent standard.
31. As at October 2, around 2.3 million people have registered their details with the Tracer app, and 388,000 QR Code posters have been created. Daily use of the app has continued to decline from a peak of over 2 million to about 1 million scans over the last week. Although the drop may be partially explained by a configuration change on September 9 allowing people to scan without being logged in, resulting in possible under-recording, this nevertheless suggests a degree of complacency. Public messaging in the next few weeks will continue the focus on app use, and the reasons why this is important. Under Alert Level 1 it is still a requirement for all businesses and services to display a QR code, and businesses have recently been reminded to print and display new QR codes if their old ones are missing or damaged.

*Economic and fiscal factors*

32. The Treasury recently updated their view of the economic costs of different Alert Levels since PREFU, revising down much of the estimated impact. Nationwide Alert Level 2 controls decrease economic activity by around six to ten percent below normal, whereas the impact of Alert Level 1 is lower at three to five per cent. For Auckland, the difference between Alert Levels 2 and 1 represents about \$100 million of output loss per week. Each extra week spent at Level 2 will also have a longer-term weakening effect on employment, confidence, and the underlying strength of the economy.
33. The total number of Jobseeker Support recipients was around 58,000 higher at September 25 than it was in March. In the week ending September 18, there was a net increase of 1,115 people on the Jobseeker benefit, and a net decrease of 1,689 people on the COVID Income Relief Payment (CIRP). Over the same period 1,890 people moved off one of those benefits and into employment. The Wage Subsidy Scheme in its various forms was supporting around 108,629 jobs as at September 18, a figure that will tail off by the end of October since applications for the schemes have closed. In total, \$14 billion has now been paid out across the various iterations of the Wage Subsidy Scheme.
34. The evidence is that the economy came through the early stages of the pandemic response in better shape than initially expected, and a strong health response enables economic activity to resume more quickly than would otherwise be the case. Nevertheless, there was a record 12.2 percent drop in GDP in the second quarter of this financial year. The economic outlook is weak, uncertainty about how the pandemic will evolve is real, and the road to recovery will be long.

*At risk populations*

35. Māori and Pacific communities have been disproportionately affected by this outbreak. These communities also have a higher prevalence of long-term conditions and diseases, higher barriers to access health care and testing, and larger households and a higher prevalence of overcrowding that limit the possibilities for physical distancing, all of which make these communities especially vulnerable to COVID-19.
36. Pacific and Māori community organisations in Auckland have organised themselves effectively, and word of what is available at key sites has been well publicised. The city marae have adapted to the Alert Level changes and are providing clear leadership to their communities. Arrangements for physical distancing at hui and food banks are in place, and check-ups are all focused on health resilience. Cars arrive at designated times to pick up cartons of food. Health checks, testing, and help with service referrals are all available and well-co-ordinated. These responses have built confidence and trust within the communities where these organisations work in a way that government-led services would struggle to replicate. This confidence will be valuable as the anticipated impacts on employment become clearer in coming months and we start dealing with different problems, potentially at an increased scale.
37. There has also been effective cooperation on communications with Māori and Pacific community leaders and institutions. This has been helpful to spread the word about the risks of COVID-19 and how to protect yourself with basic health measures. The success of these efforts is evidenced by the very high levels of testing we have seen in communities that might have more limited engagement with the health system in more typical times.
38. Leaders in Māori and Pacific community organisations will adapt to any changes to Alert Levels, but we can expect them to take a conservative approach to scaling back health measures, even once we move back to Alert Level 1 in Auckland.



*Public attitudes and compliance*

39. As we move down Alert Levels, the focus turns more to voluntary efforts to comply with basic public health guidance, and moves away from stronger enforcement. Police is continuing to emphasise retaining social buy-in to restrictions including around gatherings limits in Auckland, since social licence is key to general compliance.
40. For the seven days to 2 October, there were 28 notifications of breach in Auckland, mostly related to businesses (20) and gatherings (6). Since the beginning of the recent restrictions:
  - a. There have been 54 “clearances” recorded, made up of 15 prosecutions, 38 warnings, and one referral to youth services.
  - b. A total of 2,853 breach notifications to the Police non-emergency number 105 or its online equivalent have been submitted nationally with 2,190 of those in Auckland.

*Our ability to operationalise the restrictions*

41. A move to Alert Level 1 in Auckland will harmonise alert levels for the whole country, and remove any need to encourage Aucklanders to “take their alert level with them” when travelling. The removal of controls at Alert Level 1, compared to Alert Level 2 will free up businesses and individuals to operate largely as normal.
42. The biggest issue operationally with a move to Alert Level 1 is likely to be how to maintain vigilance, readiness and avoid complacency within the community, particularly as we approach the summer holiday period. Doing so is an essential to minimise the likelihood and impact of future outbreaks. This is discussed in more detail in paragraphs 54 to 68 below.

*Interim view of the Acting Director-General*

43. Having reviewed the public health factors agreed by Cabinet to be considered in relation to Alert Level decisions, based on evidence as at 9.30am on October 2, the Acting Director-General’s current assessment is as follows:
  - a. There are currently 11 active identified cases of community transmission of COVID-19, with a total of 181 cases as part of the Auckland community outbreak that was identified on August 11, and 6 linked to the Christchurch returnees. There have been no new community cases identified in the past seven days.
  - b. All except two of the 187 cases in the current outbreak have been linked epidemiologically and/or genomically as part of a known cluster. The two unlinked cases were reported more than 28 days ago, and after extensive testing of contacts have not shown any wider spread, suggesting that these have not led to additional clusters.
  - c. Of the 185 linked cases, four do not yet have an epidemiological link. This means that, while the cases are part of a single incursion, the precise link is unknown, raising the possibility that there were additional as-yet undetected cases in the community. Having said that, the last such case was detected on August 21, and wide community and casual contact testing has not identified significant community spread.
  - d. Testing rates have slightly declined but have remained at high levels with about 35,000 in the past week, showing that members of the public are still seeking and accepting tests, with lower figures likely to be related to school holidays and

the general decline in respiratory disease associated with the warmer weather. Testing guidance to health services is clear that all people presenting with relevant symptoms should be tested, regardless of region; and that in Auckland additional at-risk communities should be offered a test even if asymptomatic. Contact tracing capacity remains able to manage 350 cases per day, and meets the WHO's guidelines for responsiveness, testing speed and notification of results.

- e. Although we cannot yet be certain of the source of the outbreaks, investigations have found no evidence of widespread or systematic failure at the border. More widely, there continues to be strong support for and compliance with the Government's approach and control measures.
  - f. The health system has sufficient capacity, including workforce and ICU capacity, to respond to COVID-19 and has identified surge capacity and contingency plans; there is sufficient PPE capacity for those for whom it is recommended.
44. There have been no new cases in the Auckland cluster since Monday September 13, barring one case detected on September 24 in a household contact who had been in daily-monitored self-isolation since leaving isolation in the Jet Park Managed Quarantine Facility on September 18. There is good reason to be confident this cluster remains contained.
45. The Christchurch returnee cluster consists of six cases, with no new cases detected since September 22. All close contacts have been isolated and have returned an initial negative test. Border quarantine procedures and infection control protocols have been reviewed and continue to be improved. While there remains some residual risk of undetected community transmission from this cluster, it has now been nine days with no further cases being detected, and close contacts have been identified and are in isolation, giving some confidence the cluster has been contained. This confidence is expected to improve as follow-up tests are completed and contacts complete self-isolation.
46. As New Zealand moves fully in to Alert Level 1, it will be important to maintain strong public messaging to reinforce good public health behaviours and continue to emphasise the importance of practices such as staying home if sick, hand washing, wearing of masks in confined indoor spaces and ongoing use of QR codes to support contact tracing. The remaining requirements at Alert Level 1 on display of QR codes will support this but should be accompanied by communications which aim to avoid complacency and build resilience for the future.
47. Based on the available evidence at 9.30am on October 2, the Acting Director-General's interim recommendation is that on balance we are on track for Auckland to move to Alert Level 1. By the time this would come into effect, on October 7, it will be 14 days since the last case was identified in the Christchurch returnees cluster.
48. The Director-General will provide his final assessment and advice to the Minister of Health on Monday October 5 before Cabinet.

### **Recommendation**

49. The paper presents a recommendation to move Auckland to Alert Level 1, which would take Auckland to the same Alert Level as the rest of New Zealand. There would be no specific controls or restrictions on individuals, such as physical distancing, gathering size limits, or compulsory wearing of face coverings. The only mandatory requirements (other than border controls) would be for QR codes to continue to be displayed at

workplaces and on public transport services. We will continue to encourage health measures, including the wearing of face coverings.

50. As at Monday October 5, Auckland has been at some form of Level 2 for five weeks. There have now been no new cases linked to the Auckland cluster for seven days, and only one over the previous two weeks. The probability that this cluster has now been eliminated has been estimated by TPM as over 95 percent. The recent unlinked Christchurch returnee cluster of six cases has not to date led to further cases being identified amongst close contacts, and all these contacts are in self-isolation. Some casual contacts of these six cases have still to be tested, which presents a risk that there may still be undetected cases in the community.
51. Moving Auckland to Alert Level 1 would signal that we consider the outbreak to be effectively under control, our objective since the start of the resurgence in early August. While there are risks with moving Auckland to Alert Level 1 now, these may be considered modest, and the risk assessment for Alert Level 1 allows for an environment where isolated cases may still be occurring in the community. The Director-General's update on October 5 will provide the latest information on the degree of this risk.
52. To mitigate the risks of moving to Alert Level 1, as noted in the next section, the emphasis would continue to be on ensuring that any new cases are detected and isolated quickly through testing, contact tracing and public communications and engagement, with settings kept under regular review.
53. The economic and social impacts of continuing with Alert Level 2 are meaningful, and particularly impact on workplaces, on businesses such as in the hospitality industry, and on sports and cultural events that rely on large gatherings. As noted above, the Treasury has estimated that the economic cost of Alert Level 2, compared to Alert Level 1, is around \$100m output per week for Auckland.

#### **Minimising the probability of further community outbreaks**

54. We have seen the significant health, economic and social impacts of both a community outbreak, and the measures necessary to bring such an outbreak under control. It is essential that we remain vigilant as a nation, and do what we can to minimise the likelihood and impact of any future resurgence until a vaccine or other longer-term solution becomes available. There are three key components to this strategy, particularly in an Alert Level 1 environment:
  - a. A secure border, to keep the virus out;
  - b. Effective testing, supported by rapid contact tracing readiness, to pick up new outbreaks early and limit spread;
  - c. Public communications and engagement, to tackle complacency.

#### *A secure border*

55. Our MIQ arrangements at the border are our first line of defence against the virus being imported from overseas, and have largely served us well with about 56,000 people passing through MIQ facilities over the past six months.
56. International research suggests a one percent probability of an incubation period greater than 14 days in a patient with COVID-19, and TPM has estimated that per infectious arrival there is a 0.1 percent chance of evading our MIQ regime. Based on the current volume of border arrivals and rate of infection seen within MIQ, this translates to around a 5 percent probability in any given month of a person at risk of



spreading the virus leaving MIQ. Crucially, we know this to be an underestimate: the estimate does not account for the possibility of MIQ workforces becoming exposed and infected, or for transmission within MIQ. These are risks which we have seen in reality occurring around once per month. Examples include the recent Christchurch MIQ case where a resident left the facility with the virus, and the Rydges maintenance worker involving an infection in the workforce.

57. These instances show the need for New Zealand's health protocols to remain at global best practice, and for these to be implemented consistently and competently at our MIQ facilities. As noted above, officials from the Ministry of Health are currently undertaking an assessment of MIQ protocols (such as infection prevention and control and health checks) to see whether any changes are required.
58. In addition, to minimise the likelihood of a positive case leaving managed isolation, we need to consider whether we have all of the mechanisms in place to reduce risk of transmission after 14 days isolation. This includes the evidence about incubation period and whether it would be appropriate to require extended isolation periods for certain groups, individuals or places of origin based on an assessment of risk. I recommend that Cabinet directs officials from the Ministry of Health and Ministry of Business, Innovation and Employment to undertake an urgent review of this issue, and to report recommendations back to the Minister of Health, the Minister of Housing (MIQ) and the Prime Minister at the earliest opportunity.

#### *Testing*

59. Testing is a critical tool to ensure that we are able to detect a new outbreak as soon as possible after it occurs, so we minimise the spread and quickly bring the outbreak under control. Our testing strategy involves testing the following:
  - a. New arrivals to New Zealand in MIQ facilities;
  - b. Higher risk border workers, on a regular basis, whether symptomatic or not;
  - c. Members of the public that are symptomatic with any respiratory symptoms (noting that in the current outbreak, some, targeted, at-risk communities in Auckland have been offered a test even if asymptomatic);
  - d. People identified as close contacts of someone that has tested positive, and encouragement of casual contacts to be tested.
60. Testing is increasingly risk-based. In the cases of (a) (b) and (d) above, the aim is to achieve 100 percent testing rates, because these people are known and because of the risks concerned. However, for members of the public that exhibit COVID-19 symptoms (category (c) above), testing is dependent on those people proactively identifying themselves to a GP or Healthline, and for the GP or Healthline worker to then refer them for a test. In New Zealand, most people exhibiting such symptoms are likely have other conditions, not COVID-19. The number of tests will therefore vary dependent on season, and only a small proportion, if any, will have COVID-19.
61. Recent TPM modelling suggests that if we test 35 percent of people with COVID-19-like symptoms, then 75 percent of the time any new community outbreak would have fewer than 50 cases, when it is first detected. This assumes Alert Level 1 restrictions ( $R_0$  of 2.5) and 6 days between symptom onset and the results of each test. In winter, around 100,000 tests per week would be needed to achieve this rate of testing, but fewer in the summer, due to lower rates of colds and flu. While this estimate contains a range of assumptions and uncertainties, it demonstrates both the importance of adequate, risk-based testing, and suggests our testing rates need to increase if we

want that level of assurance. It also shows the importance of people seeking tests quickly following symptom onset. Reducing this time to less than 6 days reduces the size of the cluster before detection.

62. The relatively large size of the Auckland outbreak may partly be attributed to too few people who ought to have been tested actually being tested. The low rates of community testing in July is likely to have reflected a public perception amongst some that there was no need to get tested because there was no COVID-19 in the community, reinforcing the importance of tackling complacency. We also note that there were case definition changes in guidance for health professionals during this period, and that one of the early cases identified in this outbreak was twice refused a test by their GP despite being symptomatic.
63. To ensure symptomatic testing of the general public is effective, two key elements will need to work well:
  - a. Communications and engagement must be effective in overcoming barriers and encouraging people to immediately contact a GP or Healthline, if they experience COVID-19 symptoms, for advice on whether they should receive a test (as well as immediately self-isolating).
  - b. Clinical guidance to Healthline and healthcare professionals needs to ensure that patients presenting with symptoms that are reasonably consistent with COVID-19 are referred for testing.
64. The Ministry of Health regularly reviews the testing strategy, using modelling, technical and medical advice, to ensure it will be effective at Alert Level 1 in catching any new outbreaks early and minimising the size of any community spread. District Health Boards (DHBs) provide the Ministry of Health with detailed weekly reporting on planned testing activity and performance. The Ministry does not mandate particular approaches, but assesses these plans and performance against the overall testing strategy. This ensures DHBs have the flexibility to respond to local conditions, and operate in the most efficient manner. For example, a dedicated community testing centre was opened in Wellington on 22 September, while Auckland has planned to close 7 community test sites which performed fewer than 50 swabs a day, as the numbers can be comfortably absorbed by other sites. There are 354 test sites in greater Auckland as of September 25. Guidance to primary care is to test anyone presenting with a possible COVID-19 symptom, and offer testing to higher risk populations (health workers, transport operators, etc.) without symptoms.
65. Testing is supported by contact tracing readiness, so that close contacts of a confirmed case are quickly identified, asked to self-isolate, and tested before any onward spread. TPM modelling suggests that our contact tracing practices have been effective in getting the Auckland outbreak under control, and keeping the  $R_0$  below 1 at Alert Level 2.5/2.
66. The Contact Tracing Assurance Committee, chaired by Sir Brian Roche, reported on July 16 with recommendations for improvements to the contact tracing system. This paper recommends that I request the Contact Tracing Assurance Committee members of the COVID-19 Surveillance and Testing Strategy Group to look at the performance of the contact tracing system during this resurgence to be included in the final the COVID-19 Surveillance and Testing Strategy Group's report.

#### *Public communications and engagement*

67. Communications and engagement are key to encouraging actions by the community that will limit the spread of COVID-19, and have been a successful part of the COVID-

19 response to date. In an Alert Level 1 environment, where there are few legal controls or restrictions, the key focus is on tackling complacency, in particular by encouraging people to:

- a. immediately self-isolate if experiencing COVID-19 symptoms, and contact a GP or Healthline to see whether you need to be tested. High testing rates are important to detecting outbreaks before they grow too big;
  - b. record movements, ideally through use of the COVID-19 App, so that contact tracing can be rapid and effective. As noted above, the use of the app has dropped significantly in the last 2-3 weeks;
  - c. wash hands frequently, and follow other basic hygiene practices such as wearing a face covering in higher risk environments, and the coughing/sneezing protocol, to minimise the rate of spread of the virus.
68. A second key focus is on overcoming barriers to communities carrying out the desired behaviours, in particular by;
- a. tracking and effectively countering misinformation, rumour and disinformation;
  - b. providing reassurance around concerns for example over contact tracing and privacy, the availability of support if self-isolating, and the consequences and stigma of testing positive;
  - c. ensuring information is accessible in a range of languages and formats that meet the needs of all New Zealanders.
69. We will continue to conduct an active public communications and engagement campaign for the foreseeable future, focused on these key messages.

### **Financial Implications**

70. Imposing Alert Level controls reduces economic activity as mentioned above, and this will impact on tax revenues. We have brought in further support for households and businesses affected by the heightened Alert Levels.

### **Legislative Implications**

71. I will consider whether to replace or amend the Order under s11 of the COVID-19 Public Health Response Act 2020 that puts in place the current Alert Level controls.
72. Before making a replacement Order, I must have regard to any advice from the Director-General about the risks of the outbreak or spread of COVID-19, and the nature and extent of any measures that are appropriate to address those risks. I may also have regard to Cabinet's decision on the level of public health measures appropriate to respond to those risks and avoid, mitigate, or remedy the effects of the outbreak or spread of COVID-19.
73. The Act requires that there be 48 hours between notifying the Order and its coming into force. This requirement does not apply in the case of urgency, where the Order is made "to prevent or contain the outbreak or spread", but this condition will not be met where restrictions are relaxed.
74. As mentioned above, officials have set things up to enable the recommended option to be implemented in an Order signed the same day that Cabinet considers this paper. But if Cabinet were to prefer some additional or alternative set of controls that required additional policy development, this could mean implementation of the novel

requirements has to be delayed until that policy work can be done and the associated Order drafted and signed.

75. The existing Order does not expire. This means that it can continue in place until any new Order comes into effect. However, technical amendments may be needed to clarify the current rules.
76. If Cabinet agrees to move Auckland to Alert Level 1, I will sign an Order amendment after Cabinet. This Order will come into effect at 11.59pm on Wednesday October 7.

### **Impact Analysis**

77. In the time available to prepare this paper, a formal impact analysis has not been completed, but that the impacts of the Alert Level decision are discussed throughout the Cabinet paper.

### **Human Rights**

78. The human rights implications of the controls in place to slow the spread of COVID-19 are significant and have been set out in detail in previous papers on Alert Level decisions [CAB-20-MIN-0161, CAB-20-MIN-0176].
79. Relevant departments and the Solicitor-General will continue to keep any remaining restrictive measures under review to ensure that they remain necessary and are implemented in a way that is consistent with the New Zealand Bill of Rights Act.

### **Population impacts**

80. Impacts for at risk populations are explored in this paper at paragraphs 35 to 38 above.

### **Consultation**

81. This paper was prepared by the All of Government COVID-19 unit in the Department of the Prime Minister and Cabinet. The Ministries of Health, Business, Innovation and Employment, Culture and Heritage, Education, Foreign Affairs and Trade, Justice, Pacific Peoples, Primary Industries, Social Development, and Transport, the Departments of Corrections and Internal Affairs, plus Customs, Te Puni Kōkiri, the Treasury, the NZDF, NEMA, PCO, the Public Service Commission, Crown Law, the Police, and the Prime Minister's Chief Science Advisor were given a short opportunity to comment on a late draft.
82. In addition, the Ministry of Health has provided specific input and text, including advice on the course of the outbreak, the public health response, and the views and recommendations of the Director-General of Health.

### **Communications**

83. The Prime Minister will communicate the decisions set out in this paper after Cabinet agreement. Communications will be co-ordinated with the Government's broader communications around its COVID-19 response.

### **Proactive Release**

84. I intend to proactively release this Cabinet paper following Cabinet consideration.

### **Recommendations**

85. The Minister of Health recommends that Cabinet:

1. **note** that at Cabinet on September 21 [CAB-20-MIN-0455], we:
  - 1.1. agreed to increase gathering size limits in Auckland to 100, the standard Alert Level 2 setting, with effect from 11.59pm on Wednesday September 23, and confirmed that the rest of New Zealand would move to Alert Level 1 at 11.59pm on September 21;
  - 1.2. agreed that Cabinet will next consider Alert Levels on Monday October 5, with a view to considering moving Auckland to Alert Level 1 should the situation allow it;

*Situation*

2. **note** that our plan to respond to a resurgence of the virus is going well. Testing has been critical in bringing the outbreak under control, and our strategy for testing is kept regularly under review to ensure we pick up new cases quickly. There has been speedy contact tracing, and good public support for and compliance with the controls we have imposed;
3. **note** that the Acting Director-General of Health is satisfied that:
  - 3.1. there have been no new community cases identified in the past seven days;
  - 3.2. of the 187 cases in total, two have not been linked to a known cluster, but appear not to have led to additional clusters;
  - 3.3. of the remaining 185 linked cases, four have not been able to be linked epidemiologically to known cases, but do not appear to have led to significant community spread;
  - 3.4. there is good reason to be confident the Auckland cluster remains contained;
  - 3.5. while there remains some residual risk of undetected community transmission from the Christchurch returnee cluster, it has now been nine days with no further cases being detected, and close contacts have been identified and are in isolation, giving some confidence the cluster has been contained. This confidence is expected to improve as follow-up tests are completed and contacts complete self-isolation;
  - 3.6. testing rates have slightly declined but have remained at high levels with about 35,000 in the past week;
  - 3.7. contact tracing capacity remains able to manage 350 cases per day, and meets the WHO's guidelines for responsiveness, testing speed and notification of results;
  - 3.8. although we cannot yet be certain of the source of the outbreaks, investigations have found no evidence of widespread or systematic failure at the border;
  - 3.9. more broadly, there is still strong support for and compliance with the Government's approach and with control measures;
  - 3.10. the health system has sufficient capacity, including workforce and ICU capacity, to respond to COVID-19 and has identified surge capacity and contingency plans; and there is sufficient PPE capacity for those for whom it is recommended;
4. **note** that the Acting Director-General sees the following risks:



- 4.1. As New Zealand moves fully in to Alert Level 1, it will be important to maintain strong public messaging to reinforce good public health behaviours and continue to emphasise the importance of practices such as staying home if sick, hand washing, wearing of masks in confined indoor spaces and ongoing use of QR codes to support contact tracing. The remaining requirements at Alert Level 1 on display of QR codes will support this but should be accompanied by communications which aim to avoid complacency and build resilience for the future.
5. **note** that the Acting Director-General recommends that on balance we are on track for Auckland to move to Alert Level 1. By the time this would come into effect on October 7, it will be 14 days since the last case was identified in the Christchurch returnees cluster;
6. **note** that Cabinet may decide the appropriate level of public health measures to avoid, mitigate, or remedy the effects of the outbreak or spread of COVID-19 (taking into account the social, economic, or other factors) and to that end;

*Recommendation for Auckland (supported by the Acting Director-General of Health)*

7. **agree** to move Auckland to join the rest of New Zealand at Alert Level 1 with effect from 11.59pm on Wednesday October 7;

*Other matters*

8. **note** the Minister of Health, in making any changes to the current Order under s11 of the COVID-19 Public Health Response Act 2020, will have regard to Cabinet's decisions and further comments from Ministers arising out of consultation, as well as considering what is appropriate to achieve the purpose of the Act;
9. **note** that we continue to undertake a strong programme of actions to minimise the likelihood and impact of further community outbreaks, including border controls, testing supported by rapid contact tracing readiness, and communications and engagement;
10. **direct** the Ministry of Health and Ministry of Business, Innovation and Employment to undertake an urgent review of the evidence about incubation period and whether to require extended isolation periods for some new arrivals into New Zealand based on an assessment of risk, and to report recommendations back to the Minister of Health, the Minister of Housing (MIQ) and the Prime Minister at the earliest opportunity;
11. **invite** the Minister of Health to request the Contact Tracing Assurance Committee members of the COVID-19 Surveillance and Testing Strategy Group to look at the performance of the contact tracing system during this resurgence to be included in the final the COVID-19 Surveillance and Testing Strategy Group's report;
12. **note** that we will continue to monitor our situation closely and make adjustments quickly if necessary;
13. **agree** that Cabinet's decision today will be communicated by the Prime Minister.

**Hon. Chris Hipkins**  
**Minister of Health**

**Appendix 1: How we make Alert Level decisions**

1. Cabinet has previously agreed to use eight factors to guide decisions on the appropriate Alert Level settings [CAB-20-MIN-0199; CAB-20-MIN-0387]:
  - a. the Director-General of Health’s satisfaction on four health matters:
    - i. trends in the transmission of the virus, including his confidence in the data and having regard to the risk assessment levels agreed by Cabinet;
    - ii. the capacity and capability of our testing and contact tracing systems;
    - iii. the effectiveness of our self-isolation, quarantine and border measures; and
    - iv. the capacity in the health system more generally to move to the new Level
  - b. evidence of the effects of the measures on the economy and society more broadly;
  - c. evidence of the impacts of the measures for at risk populations in particular;
  - d. public attitudes towards the measures and the extent to which people and businesses understand, accept and abide by them; and
  - e. our ability to operationalise the restrictions, including satisfactory implementation planning.
2. On August 10, Cabinet agreed the following risk assessments as being the thresholds to inform decisions on moving between Alert Levels [CAB-20-MIN-0367 refers]:

<b>Alert Level</b>	<b>Risk assessment</b> The Director-General of Health is satisfied that there is sufficient data from a range of sources to have reasonable certainty that there is/are:
Level 4	<ul style="list-style-type: none"><li>• Sustained and intensive community transmission</li><li>• Widespread outbreaks</li></ul>
Level 3	<ul style="list-style-type: none"><li>• Multiple cases of community transmission occurring</li><li>• Multiple active clusters in multiple regions</li></ul>
Level 2	<ul style="list-style-type: none"><li>• Limited community transmission occurring</li><li>• Active clusters in more than one region</li></ul>
Level 1	<ul style="list-style-type: none"><li>• COVID-19 is uncontrolled overseas</li><li>• Sporadic imported cases</li><li>• Isolated local transmission could be occurring in New Zealand</li></ul>

3. These risk assessments can be applied at a local or national level, with appropriate flexibility and judgement. In general, it will make sense to have a lower risk tolerance when applying Alert Levels at a local level, particularly in the immediate response phase as we ascertain the scope of the situation.

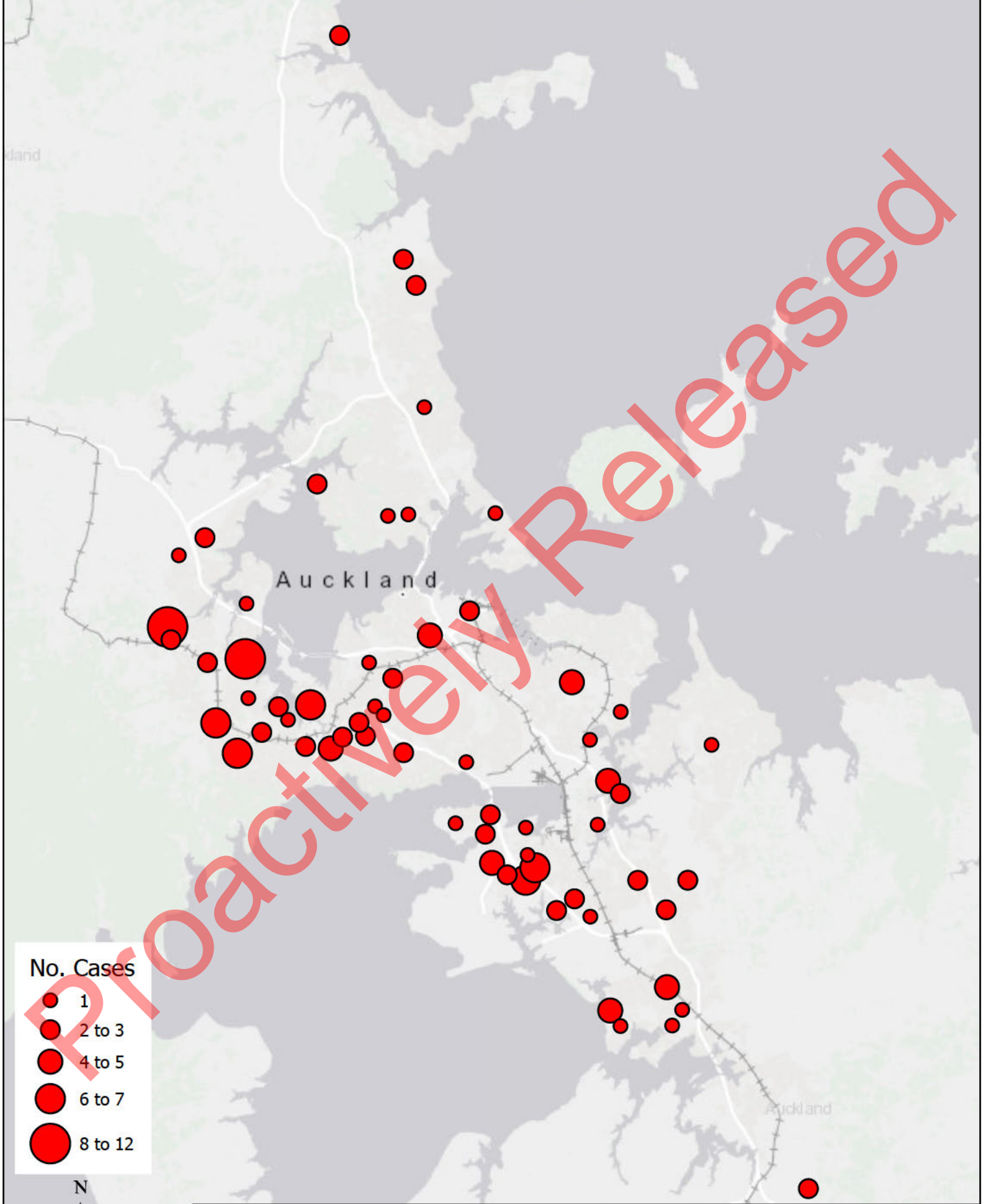
4. In determining what comes after the immediate response phase, we are particularly interested in:
  - a. the connection of the cases to a known source at the border;
  - b. the number of cases and close contacts; and
  - c. the geographic spread of cases, including across regions.

Proactively Released

**Appendix 2: Geographic distribution of COVID-19 cases in Auckland August cluster**  
[to be attached]

Proactively Released

# Graduated symbol map showing the distribution of COVID-19 cases within the 'Auckland August Cluster'



## No. Cases

- 1
- 2 to 3
- 4 to 5
- 6 to 7
- 8 to 12

N



0 100 200 km

This map displays the location of confirmed and probable cases within the 'Auckland August Cluster'. As at 30 September 2020 there are a total of 179 cases associated with this cluster. A total of 9 cases have been excluded from the map due to a lack of up-to-date geographic information.

To maintain confidentiality, symbols are positioned in the centre of each neighbourhood and do not represent the specific street-level location of the case(s).





# Cabinet

## Minute of Decision

*This document contains information for the New Zealand Cabinet. It must be treated in confidence and handled in accordance with any security classification, or other endorsement. The information can only be released, including under the Official Information Act 1982, by persons with the appropriate authority.*

### COVID-19 Resurgence: Sixth Review of Alert Levels

Portfolio                      Health

On 5 October 2020, Cabinet:

#### Background

1        **noted** that on 21 September 2020, Cabinet:

- 1.1      agreed to increase gathering size limits in Auckland to 100, the standard Alert Level 2 setting, with effect from 11.59 pm on Wednesday, 23 September 2020, and confirmed that the rest of New Zealand would move to Alert Level 1 at 11.59 pm on Monday, 21 September 2020;
- 1.2      agreed that Cabinet will next consider Alert Levels on Monday, 5 October 2020, with a view to considering moving Auckland to Alert Level 1 should the situation allow it;

[CAB-20-MIN-0455]

#### Situation

2        **noted** that:

- 2.1      the plan to respond to a resurgence of the virus is going well, testing has been critical in bringing the outbreak under control, and the strategy for testing is kept regularly under review to ensure new cases are picked up quickly;
- 2.2      there has been speedy contact tracing, and good public support for and compliance with the controls that have been imposed;

3        **noted** that the Acting Director-General of Health is satisfied that:

- 3.1      there have been no new community cases identified in the past seven days;
- 3.2      of the 187 cases in total, two have not been linked to a known cluster, but appear not to have led to additional clusters;
- 3.3      of the remaining 185 linked cases, four have not been able to be linked epidemiologically to known cases, but do not appear to have led to significant community spread;

- 3.4 there is good reason to be confident the Auckland cluster remains contained;
- 3.5 while there remains some residual risk of undetected community transmission from the Christchurch returnee cluster, it has now been nine days with no further cases being detected, and close contacts have been identified and are in isolation, giving some confidence the cluster has been contained. This confidence is expected to improve as follow-up tests are completed and contacts complete self-isolation;
- 3.6 testing rates have slightly declined but have remained at high levels, with about 35,000 in the past week;
- 3.7 contact tracing capacity remains able to manage 350 cases per day, and meets the WHO's guidelines for responsiveness, testing speed and notification of results;
- 3.8 although the source of the outbreaks is not yet certain, investigations have found no evidence of widespread or systematic failure at the border;
- 3.9 more broadly, there is still strong support for and compliance with the government's approach and with control measures;
- 3.10 the health system has sufficient capacity, including workforce and ICU capacity, to respond to COVID-19 and has identified surge capacity and contingency plans, and that there is sufficient PPE capacity for those for whom it is recommended;
- 4 **noted** that the Acting Director-General of Health sees the following risks:
- 4.1 as New Zealand moves fully in to Alert Level 1, it will be important to maintain strong public messaging to reinforce good public health behaviours and continue to emphasise the importance of practices such as staying home if sick, hand washing, wearing of masks in confined indoor spaces and ongoing use of QR codes to support contact tracing. The remaining requirements at Alert Level 1 on display of QR codes will support this but should be accompanied by communications that aim to avoid complacency and build resilience for the future;
- 5 **noted** that the Acting Director-General of Health recommends that, on balance, Auckland is on track to move to Alert Level 1. By the time this would come into effect on Wednesday, 7 October 2020, it will be 14 days since the last case was identified in the Christchurch returnees cluster;
- 6 **noted** that Cabinet may decide the appropriate level of public health measures to avoid, mitigate, or remedy the effects of the outbreak or spread of COVID-19 (taking into account the social, economic, or other factors); and to that end:
- Auckland**
- 7 **agreed** to move Auckland to join the rest of New Zealand at Alert Level 1, with effect from 11.59 pm on Wednesday, 7 October 2020;

#### Other matters

- 8 **noted** that the Minister of Health, in making any changes to the current Order under section 11 of the COVID-19 Public Health Response Act 2020, will have regard to Cabinet's decisions and further comments from Ministers arising out of consultation, as well as considering what is appropriate to achieve the purpose of the Act;



- 9 **noted** that a strong programme of actions will continue to be undertaken to minimise the likelihood and impact of further community outbreaks, including border controls, testing supported by rapid contact tracing readiness, and communications and engagement;
- 10 **directed** the Ministry of Health and Ministry of Business, Innovation and Employment (MBIE) to undertake an urgent review of the evidence about incubation period and whether to require extended isolation periods for some new arrivals into New Zealand based on an assessment of risk, and to report with recommendations back to the Prime Minister, Minister of Housing (MIQ) and Minister of Health at the earliest opportunity;
- 11 **invited** the Minister of Health to request the Contact Tracing Assurance Committee members of the COVID-19 Surveillance and Testing Strategy Group to look at the performance of the contact tracing system during this resurgence, to be included in the final of the COVID-19 Surveillance and Testing Strategy Group's report;
- 12 **noted** that the situation will continue to be monitored closely and adjustments made quickly if necessary;
- 13 **agreed** that Cabinet's decision be communicated by the Prime Minister.

Michael Webster  
Secretary of the Cabinet