COVID-19 STRATEGY

New Zealand is pursuing an elimination strategy to manage COVID-19. Success under this strategy means that COVID-19 is fully eliminated or reduced to a small number of cases, the large majority of which are "imported" and linked to international travel. The level of COVID-19 will be manageable by the health system until a vaccine becomes available.

SUMMARY OF PROGRESS

At present, we are progressing well against this strategy. Despite broadening the case definition for testing and increasing testing volumes, we have not observed an acceleration in the rate of new cases. The majority of cases have been acquired overseas or are close contacts of someone who acquired COVID-19 overseas. Approximately 2% of cases are potential community transmission. Cases are anticipated to grow over coming weeks; however we remain well behind other countries in the expected progress of COVID-19.

CONTROL MEASURES

Achieving and maintaining an elimination strategy requires the deployment of a range of control measures to stop transmission from occurring, detect transmission where it does occur, and track and control outbreaks. These control measures include:

- Border measures and restrictions on travel
- Self-isolation and guarantine of confirmed and suspected cases
- Physical distancing for the whole population
- Rigorous testing and community surveillance

MEASURES

PUBLIC HEALTH

WITH

COMPLIANCE

Intensive contact tracing.

See below for an update on these measures to support our elimination strategy, and an overview of health system utilisation.



HEALTH-RELATED MEASURES TO ACHIEVE ELIMINATION

Status: Building capacity, but sufficient for current case numbers

Testing capacity is steadily increasing to support efforts to eliminate COVID-19. New Zealand has a high capacity for daily testing at 100 tests per 100,000 people each day. For the last seven days, the rolling average number of tests completed per day was 3,063 (which equates to 61 tests per 100,000 people each day). This compares favourably to other countries testing for COVID-19.

UK

15 tests per

100,000 people

National capacity

LAB TESTING



test capacity as at 8 April (up from 3487 on 31 March)

3547

AND TRACING

ESTING

7-day rolling average for week to 8 April (up from 1843 the prior week)

Total tests, by ethnicity

The ethnic breakdown of the 43,996 tests undertaken as at 9 April is as follows:

- 14.4% (6,017) Māori
- 7.2% (3,052) Pacific Peoples
- 11.5% (4,940) Asian
- 66.3% (28,222) European/other/MELAA

CONTACT TRACING

Positive test rate per 100 tests

On 6 April, 1.8 per cent of the 3500 tests were positive, the lowest since the lock down began. If our elimination strategy works, you would expect to see this trend continue - more tests finding fewer positive cases of Covid-19.

International comparison of

average tests conducted per day

SINGAPORE

51 tests per

100,000 people

00.000

Status: Building capacity to match increase in testing and positive results

The majority of contact tracing is now performed through the National Contact Tracing Solution (NCTS) as of Sunday 5 April. Performance to date is as follows:



number of close contacts resolved (traced)

identified close contacts that are vet to be called (and that we have contact details for)

We have capacity to manage current case numbers, and we are implementing technological solutions over the next few weeks that will enable tracing for over 1,000 cases per day.



BORDER MEASURES

Status: Self isolation and quarantine operating well

New arrivals into New Zealand continue to be only New Zealand citizens or permanent residents. These people are closely monitored and screened during disembarking.

Those who are asymptomatic can travel domestically only if they can outline selfisolation plans that meet strict criteria, if they do not meet these criteria, they are required to stay in monitored self-isolation accommodation.

Those who are symptomatic or potentially symptomatic on their return are required to be tested and quarantined in a specialised facility for 14 days.

As at 29 March:





in guarantine

in self isolation

PERSONAL PROTECTIVE EQUIPMENT

Status: We have sufficient PPE stocks to supply the health and disability workforce, and other essential workers

There is good stock of all PPE gear in the country right now (both from the Ministry of Health national reserves and DHB reserves) and the Ministry is strengthening the process for ensuring it gets to the right places.

Stocks as at 7 April:



with a further 1 million on order



SYSTEM UTILISATION ICU Ven

HEALTH

The Ministry is working to ensure there are sufficient staff to meet the potential growth in demand for ICU care. DHBs have been asked to train further nurses in the ICU specialty and postpone the rotation of Junior Doctors to maintain workforce competency. The Ministry is seeking retired healthcare professionals who would be willing to re-join the workforce to assist in the COVID-19 effort. As at 7 April, there were 7,514 additional professionals who had registered to support the COVID-19 effort if required (including 1,105 doctors and 2,103 nurses).

Date: 09/04/2020 SENSITIVE



HOSPITAL CAPACITY

Status: Sufficient ICU bed and ventilator capacity. Working to expand to meet any spikes in demand

As at 8 April there were 14 people in hospital for COVID-19 in New Zealand, with four in an Intensive Care Unit (ICU).

	Occupied by COVID patients
beds	4
tilators	3

* Note that there are 533 ventilators available in DHBs. There are also 357 additional ventilators on order, and a further 247 potential ventilators available in private hospitals and other providers.

Forward planning



safety glasses with a further 640,000 face shields on order



masks in National Reserve with a further 41 million on order which start arriving this week