

## COVID-19 Testing Strategy – 19 October 2020 to 1 November 2020

### Purpose

1. This document provides an update to the COVID-19 testing strategy that commenced on 5 September 2020. This update is part of the broader ongoing testing strategy [https://www.health.govt.nz/system/files/documents/pages/new\\_zealands\\_national\\_testing\\_strategy\\_for\\_covid-19\\_for\\_june\\_to\\_august\\_2020-290620\\_0.pdf](https://www.health.govt.nz/system/files/documents/pages/new_zealands_national_testing_strategy_for_covid-19_for_june_to_august_2020-290620_0.pdf)
2. The update takes into account the status of the Auckland August cluster and the movement of the Auckland region from Alert Level 2.5 to Alert Level 2 on 23 September 2020 and to Alert Level 1 on 8 October 2020. It also takes into account the increased travel around the country as a result of these changes to the Alert Levels as well as the October school holidays.
3. This updated testing strategy will be implemented for the two weeks commencing 19 October 2020.

### Context

4. The Auckland August cluster of COVID-19 began with a case notified on 11 August 2020. As at 0900 14 October 2020, 179 cases were associated with this cluster. Most of the cases were in the Auckland region with four cases in Tokoroa, Waikato region linked to the cluster.
5. There have also been six cases associated with overseas returnees. Some of these cases were detected after their 14-day isolation period, had travelled on a domestic charter flight from Christchurch to Auckland and had visited locations in Auckland and Taupō.
6. Current evidence suggests that both these clusters have been contained.
7. There are no active community cases. The last community case was reported on 25 September 2020.
8. The Auckland region moved into Alert Level 3 on 12 August 2020, Alert Level 2.5 on 31 August 2020, Alert Level 2 on 23 September 2020 and Alert Level 1 on 8 October 2020. The change in Alert Levels means that Aucklanders have increased mobility both within and outside of Auckland. This increased mobility means there is an increased risk of community transmission, particularly if there are as yet unidentified cases that are part of the cluster.
9. The recent school holidays (26 September to 11 October) have also resulted in increases in mobility nationally.
10. Although the country is now in Alert Level 1, this increased mobility means that it is important to remain vigilant and not ease off testing efforts. In addition, until the clusters described above are officially closed it is important to continue the testing efforts in the Auckland region to ensure there are no community cases.
11. COVID-19 testing is integral to this approach.

12. This document updates the testing strategy for the two weeks commencing 19 October 2020 to ensure that we continue to:
  - a. Quickly identify any undetected community transmission both in Auckland and the rest of New Zealand.
  - b. Implement a level of testing across New Zealand to ensure that any cases as a result of the increased mobility by Aucklanders and the recent school holidays are quickly identified and managed.
  - c. Provide reassurance that the border is secure, including working to embed the updated testing regime at the border.
13. In addition, there is emerging evidence that women who are pregnant or who were recently pregnant (within 6 weeks of birth, miscarriage or termination) are more likely to experience poorer outcomes if infected with SARS-CoV-2. As a result, the advice around asymptomatic testing has been updated to reflect this new evidence, with a focus on the Auckland region.

## Testing approach

14. Taking the above into account, the testing approach for the next two weeks should continue to be focused on the Auckland region, particularly among Pacific and Māori communities. The Auckland Regional Public Health Service should continue establishing relationships with key community groups to ensure that the clusters continue to be contained.
15. Access to testing across Auckland should also continue and Community Testing Centres should continue to be used across the region to facilitate this access.
16. Community testing also needs to continue in other DHBs across New Zealand. There should be a particular focus on ensuring workers in industries who have contact with travellers from Auckland have increased access to testing. Pacific and Māori communities should continue to be prioritised.
17. Anyone with symptoms consistent with COVID-19 should be tested as a priority irrespective of region.
18. Anyone hospitalised with a severe acute respiratory infection should be tested for SARS-CoV-2 irrespective of region.
19. We anticipate a minimum of 30,000, and potentially up to 40,000 tests per week, including the mandatory border testing. Based on population size and the epicentre of the outbreak, we would expect approximately 40 to 50 percent of tests to take place in the Auckland region.

## What should the Auckland region focus on?

20. The focus in Auckland should continue to be on:
  - a. Rapid case identification and contact identification and isolation.
  - b. Identifying undetected community transmission, particularly to provide assurance for Pacific, Māori and MELAA communities.
  - c. Continued source ascertainment.

- d. Providing assurance on the public health measures at the border, including implementing the mandatory border order.
21. These objectives can be achieved by undertaking the following testing activities over the next 2 weeks in the Auckland region:
- a. test anyone with symptoms consistent with COVID-19.
  - b. target testing, by geographic locations, to ensure access for communities and in specific areas related to cases or settings with the target populations.
  - c. testing provision to match testing demand for symptomatic people in the community across metro Auckland.
  - d. trace contacts of cases and test as appropriate, including at Day 12.
  - e. test border workers
  - f. ensure rapid access for close contacts to be tested through CTCs
  - g. test anyone hospitalised with a severe acute respiratory infection.
22. In addition, taking into account emerging evidence, the Auckland region should test pregnant women and those who have been recently pregnant if they present to primary care – even if they are asymptomatic.
23. To ensure that testing is equitably available, the Auckland region will continue to develop the above approaches with Pacific, Māori and MELAA communities and health leaders.
24. In developing the local plan, lessons learned to date need to be taken into account, including:
- a. One size does not fit all—different approaches are needed for the different communities that require targeted testing.
  - b. Clear messaging for communities is needed, including what to do while waiting for a result and the implications of a positive test for the person and their family.
  - c. Clear instructions for the sector on who should be tested.
25. It is also important that Group A streptococcal (GAS) throat infections are considered and managed appropriately in Māori and Pacific children and young people who present to primary care services or CTCs. For this priority population, it is also reasonable to take a throat swab to identify GAS and/or empiric antibiotics.

### What should the rest of New Zealand focus on?

26. The testing approach for the rest of New Zealand should remain on testing:
- a. anyone with symptoms consistent with COVID-19
  - b. anyone hospitalised with a severe acute respiratory infection
  - c. border workers, including implementing the mandatory border order.
27. It is important that DHBs continue to focus on facilitating access to testing for Māori and Pacific peoples.

28. DHBs, particularly those which get regular travel from the Auckland region (particularly Northland, Waikato and, in general, the upper North Island), are asked to implement specific initiatives to ensure that the following groups have access to symptomatic testing:
- a. hospitality workers, including hotel, restaurant staff
  - b. public-facing tourism workers
  - c. public-facing transport workers (e.g. bus, taxi, uber).
- DHBs should consider implementing a programme of asymptomatic testing for this group.

## All of New Zealand

29. The above approach should be clearly communicated to primary care as well as the wider sector.
30. The following key messages should stay consistent:
- a. Wash your hands regularly.
  - b. Observe physical distancing.
  - c. Cough and sneeze into your elbow or a tissue.
  - d. Stay at home if you are unwell.
  - e. Ring Healthline or your GP if you are unwell for advice.
31. This strategy does not recommend focusing on widespread asymptomatic testing of communities. However, consideration can be given to offering asymptomatic testing to the following groups if they present to primary care:
- a. Health workers, including Aged Residential Care workers
  - b. Hospitality workers, including hotel, restaurant staff
  - c. Public-facing tourism workers
  - d. Public-facing transport workers (e.g. bus, taxi, uber)
  - e. Close contacts of border workers.