Overview of the COVID-19 situation in New Zealand

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Cases reported each day

Daily confirmed and probable cases (30/11/2021)

- **TOTAL**: 11,576 (↑+132*)
- **DEATHS**: 44 (↑+1*)
- **RECOVERED**: 5654 (↑+9*)
- **ACTIVE**: 5878 (↑+122*)

**ACTIVE IN COMMUNITY**: 5834

**DAYS WITHOUT COMMUNITY CASES**: 0

New COVID-19 cases reported each day
How coronavirus case trends compare worldwide

Confirmed infections since first case detected on a non-linear scale

- New Zealand
- Brazil
- India
- United Kingdom
- United States
- Australia
- China
Covid-19 testing across the globe

Tests performed per 1000 people per country

- Israel: 57.6
- Estonia: 50.3
- Italy: 49.0
- Russia: 47.8
- New Zealand: 47.3
- Latvia: 47.3
- Australia: 41.6
- Spain: 41.1
- Austria: 40.6
- Switzerland: 39.8
- United Kingdom: 39.5
- Germany: 37.6
- Belarus: 37.1
- Slovenia: 33.6
- Czech Republic: 33.3
- United States: 33.3
- Kazakhstan: 28.8
- Slovakia: 26.1
- Hong Kong: 24.5
- Chile: 19.9
- Turkey: 19.6
- Romania: 16.1
- Hungary: 14.2
- France: 12.7
- Greece: 12.6
New Zealanders in their 20s disproportionately infected with the coronavirus

Population adjusted confirmed Covid-19 cases by age group

Source: Ministry of Health
Data as of Nov 30, 2021 NZDT
Cases by hospitalisation and intensive care

Cases who have been in hospital and in intensive care (ICU) by age

<table>
<thead>
<tr>
<th>Age group</th>
<th>Total people hospitalised</th>
<th>Total people in ICU</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 9</td>
<td>34</td>
<td>0</td>
</tr>
<tr>
<td>10 to 19</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>20 to 29</td>
<td>88</td>
<td>3</td>
</tr>
<tr>
<td>30 to 39</td>
<td>102</td>
<td>6</td>
</tr>
<tr>
<td>40 to 49</td>
<td>101</td>
<td>8</td>
</tr>
<tr>
<td>50 to 59</td>
<td>125</td>
<td>16</td>
</tr>
<tr>
<td>60 to 69</td>
<td>58</td>
<td>11</td>
</tr>
<tr>
<td>70 to 79</td>
<td>40</td>
<td>4</td>
</tr>
<tr>
<td>80 to 89</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>90+</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>585</td>
<td>50</td>
</tr>
</tbody>
</table>
Covid-19 vaccination by the numbers

FULLY VACCINATED | HAD 1 OR MORE DOSES | TOTAL DOSES ADMINISTERED
---|---|---
3,604,193 | 3,888,804 | 11,870

85.63% | 92.39% |

Source: Ministry of Health
Percentages relative to the HSU population dataset.
Data as of Nov 30, 2021

Are there ethnic disparities in the vaccine rollout plan?
Covid-19 doses administered and vaccination rates by major ethnicity

First dose %
- Asian
- European or Other
- Māori
- Pacific Peoples

Second dose %
- Asian
- European or Other
- Māori
- Pacific Peoples

Source: Ministry of Health
Data as of Nov 23, 2021
COVID-19: Aged care providers

Information and guidance on COVID-19 for aged care providers at all Alert Levels.

Page last updated: 9 November 2021

On this page:

- Guidance at all Alert Levels
  - COVID-19 vaccination
  - New Zealand Pandemic Response Policy for Aged Residential Care
  - COVID-19 Outbreak Response Toolkit for Aged Residential Care
  - PPE use in health care
  - At risk staff
  - Screening form for a person to enter an aged residential care facility
  - Visiting Aged Residential Care facilities
  - Inter/NASC transfer for aged residential care
  - Advice for aged care providers for supporting residents with dementia
  - Independent review into clusters of COVID-19 in Aged Residential Care

See also:

- Guidance at Alert Level 1
- Guidance at Alert Level 2
- Guidance at Alert Level 3
- Guidance at Alert Level 4

Health workers can download the Āwhina app to stay up-to-date on the latest information relevant to COVID-19 and the health and disability sector.
COVID-19 Information for visiting Aged Residential Care facilities

14 October 2021

During the different COVID-19 Alert Levels, visits to Aged Residential Care (ARC) Facilities will be restricted. This will be a difficult time for residents and their whānau and friends who are unable to visit as they normally would. It is important that ARC facilities take these extra precautions to ensure people in the facility are safe, particularly those who are more at risk of infection and severe illness.

When will I be able to visit?

Alert Level 4

During Alert level 4, whānau and friend visits to ARC facilities will not be possible. It is vital to prevent infection from being introduced into the facility and for infection being transmitted within the facility. Contact the ARC facility directly to discuss alternate ways that you can connect with your whānau member/friend.

Family visits on compassionate grounds; such as in a palliative situation, will be considered on a case-by-case basis by the facility nursing staff, subject to public health advice, provider assessment and COVID-19 risk screening. Visits will be by appointment only. There is a limit to the number of designated visitors at one time.

It is important to remain in your ‘bubble’ and only have contact with people in your household. Leaving your home increases the risk of the spread of COVID-19. Dropping off gifts and food is not permitted. The provider can cater for all cultural and dietary requirements. If you have any concerns and wish to discuss these needs further, contact the ARC facility directly.

Alert Level 3

Visits will be restricted to essential or emergency services and staff only. Family visits on compassionate grounds will be considered. This will be determined on a case-by-case basis, subject to public health advice, provider assessment and COVID-19 risk screening. Visits will be by appointment only.

Family visits on compassionate grounds may include situations where the resident:

- Is critically ill or dying
- Has increased in confusion or distress
- Mental health and wellbeing have deteriorated
- Has special care and support needs due to a disability
### ARC facilities cluster: 1st wave of COVID-19

**Table 2: Summary of COVID-19 outbreak clusters related to ARC facilities**

<table>
<thead>
<tr>
<th>Outbreak Number</th>
<th>Number of cases linked (EpiSurv)</th>
<th>Cases in Residents</th>
<th>Bed numbers</th>
<th>Attack rate (cases 100 beds)</th>
<th>Outbreak report date</th>
<th>Onset date of earliest case</th>
<th>Most recent onset date</th>
<th>International travel link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outbreak Cluster 1</td>
<td>15</td>
<td>3</td>
<td>87</td>
<td>3.4</td>
<td>24/03/20</td>
<td>12/03/20</td>
<td>1/04/20</td>
<td>Yes</td>
</tr>
<tr>
<td>Outbreak Cluster 2</td>
<td>19</td>
<td>5</td>
<td>89</td>
<td>5.6</td>
<td>1/04/20</td>
<td>11/03/20</td>
<td>6/04/20</td>
<td>No</td>
</tr>
<tr>
<td>Outbreak Cluster 3</td>
<td>56</td>
<td>19</td>
<td>66</td>
<td>28.8</td>
<td>4/04/20</td>
<td>26/03/20</td>
<td>10/05/20</td>
<td>No</td>
</tr>
<tr>
<td>Outbreak Cluster 4</td>
<td>50</td>
<td>7</td>
<td>89</td>
<td>7.9</td>
<td>8/04/20</td>
<td>28/03/20</td>
<td>9/05/20</td>
<td>No</td>
</tr>
<tr>
<td>Outbreak Cluster 5</td>
<td>13</td>
<td>5</td>
<td>97</td>
<td>5.2</td>
<td>10/04/20</td>
<td>18/03/20</td>
<td>16/04/20</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>153</strong></td>
<td><strong>39</strong></td>
<td><strong>428</strong></td>
<td><strong>9.1</strong></td>
<td><strong>10/04/20</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Independent Review of COVID-19 Clusters in Aged Residential Care Facilities

20 May 2021

Highly Recommended

1. Acknowledgement by the Ministry of the substantive work done by the ARC sector to prevent and manage the COVID-19 cluster outbreaks.

2. ARC, DHB, and PHU to develop a national outbreak management policy with leadership roles, reporting processes and communication channels, and including policy on, IPC strategies, case recognition, staff and resident management and support, supply and use of PPE, testing, screening, isolation, lockdown, and resident transfers and admissions.

3. The development of protocols for the rapid formation of a regional ARC IMT, which includes representation and decision-making capability from both the ARC sector, PHU, DHB and relevant specialist units, and the training and practice scenarios that are undertaken to sustain this capacity on agreed occasions.

4. Identify and provide psychosocial support for staff wellbeing during a stand down and in the period after, taking into account the unique circumstances of the individual including accommodation, whānau/family, and community.

5. Identify and provide psychosocial support for residents’ wellbeing during and after outbreaks including alternatives to visitation during lockdown, taking into account the unique circumstances and identity of the resident.

6. Review IPC standards and develop a national IPC strategy as it relates to the ARC sector. This should then be applied regionally and locally. This should be done with a working group consisting of representatives from the ARC sector, DHBs, and the Ministry.

7. That protocols clarify case recognition to identify infections early and the place of surveillance during a pandemic in high risk environments.

8. A pandemic management workbook relevant to the ARC sector is developed through collaboration between the ARC sector, PHUs, DHBs, IPC, and the Ministry.

9. Further consideration be given to the reputational consequences for ARC facilities and stigmatisation of ARC staff, for example reconsider method for naming outbreaks.

10. Reporting requirement to PHUs, DHBs, and others need simplification and streamlining including appropriate software, spreadsheets, and documentation to improve this.
ARC facilities: 2\textsuperscript{nd} wave of COVID-19

<table>
<thead>
<tr>
<th>Facility</th>
<th>Number of beds</th>
<th>Cases in residents</th>
<th>Hospitalisation in residents</th>
<th>Deaths in residents</th>
<th>Cases in staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility 1</td>
<td>61</td>
<td>21</td>
<td>7</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Facility 2</td>
<td>26</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</tbody>
</table>
Radius Care: Retirement village chain to allow visitors for residents' mental health