

# Overview of the COVID-19 situation in New Zealand

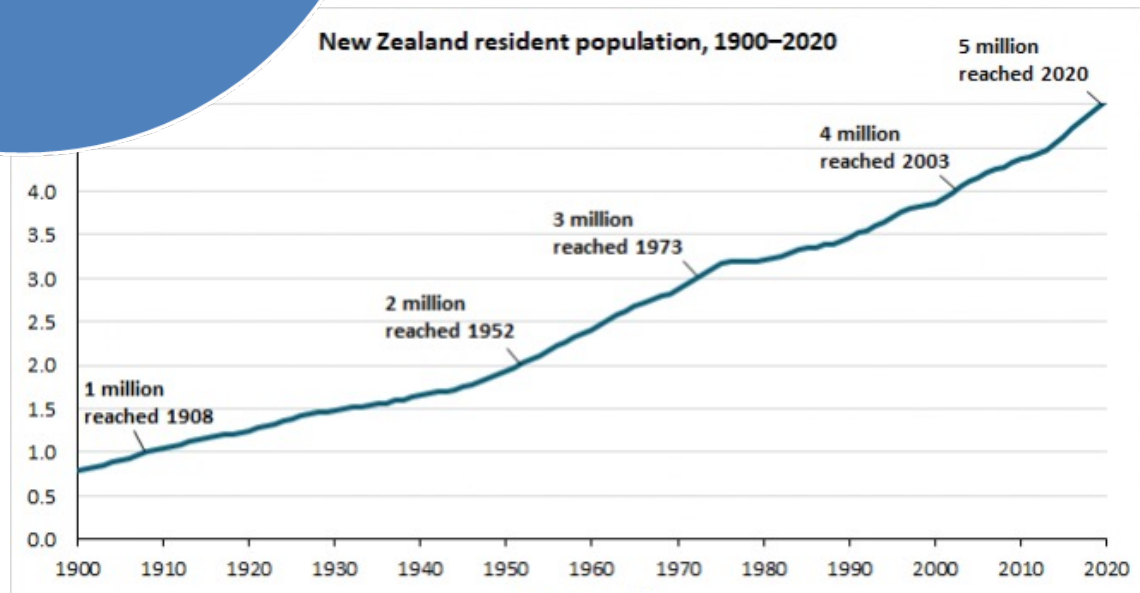
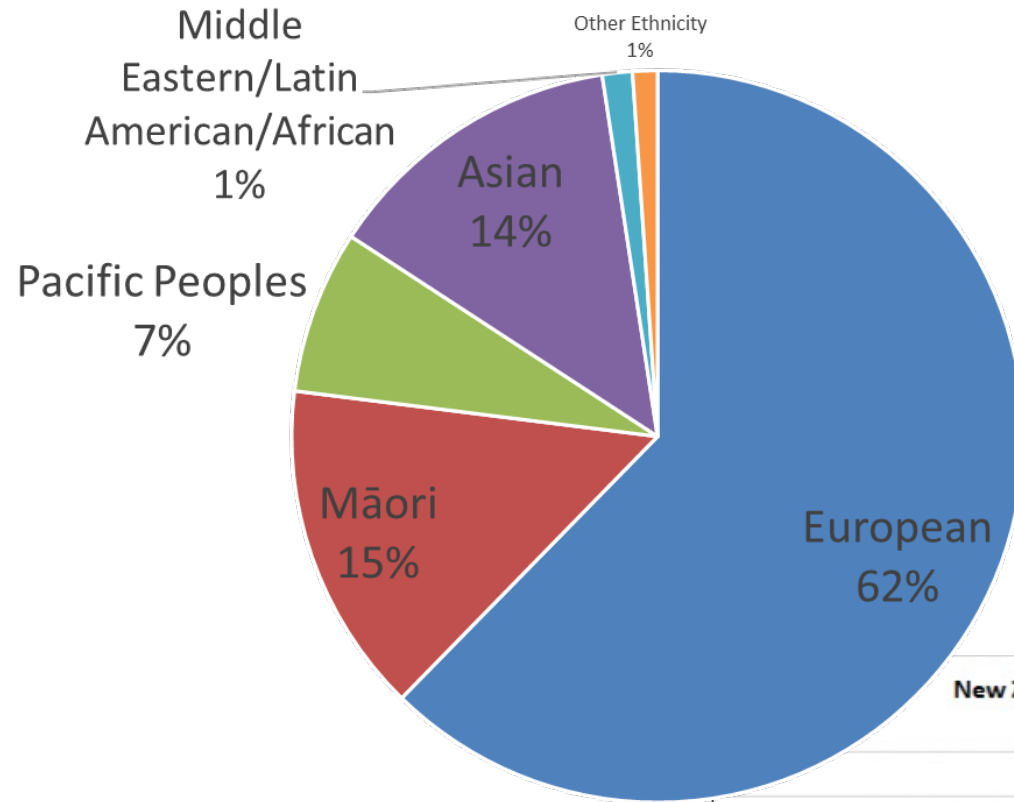


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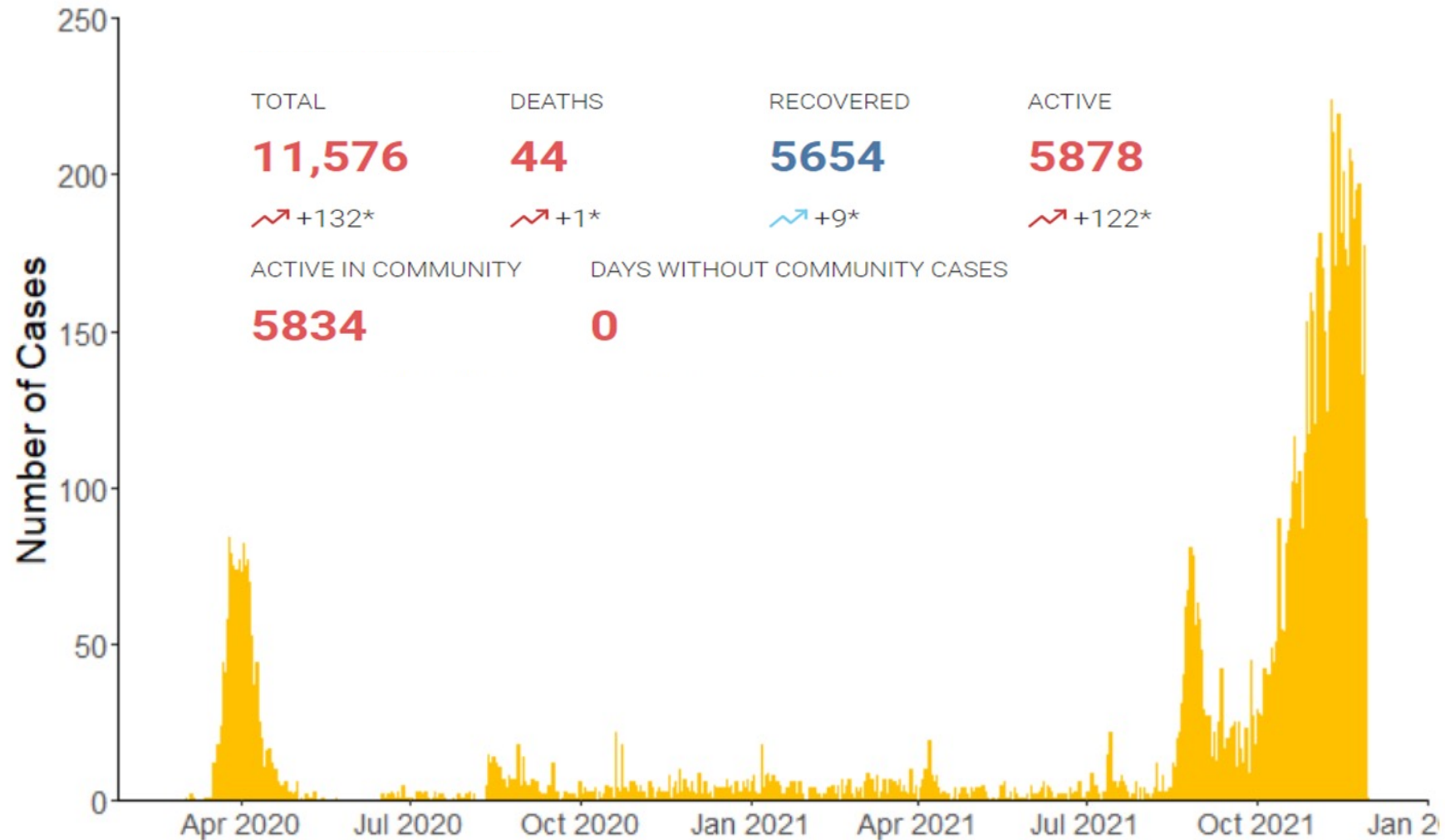
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NEW ZEALAND

**MEDICAL AND  
HEALTH SCIENCES**



# Cases reported each day

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

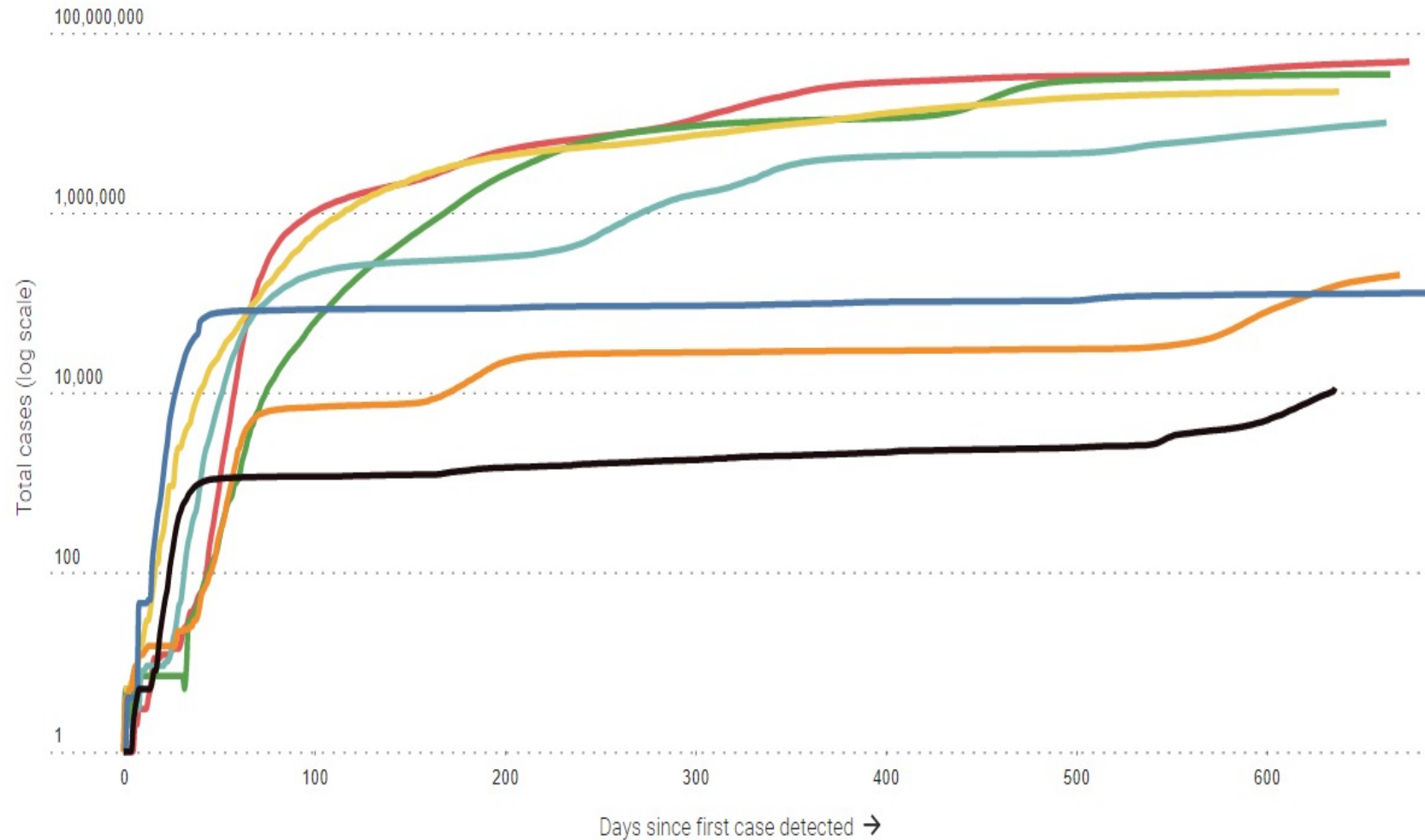


*New COVID-19 cases reported each day*

## How coronavirus case trends compare worldwide

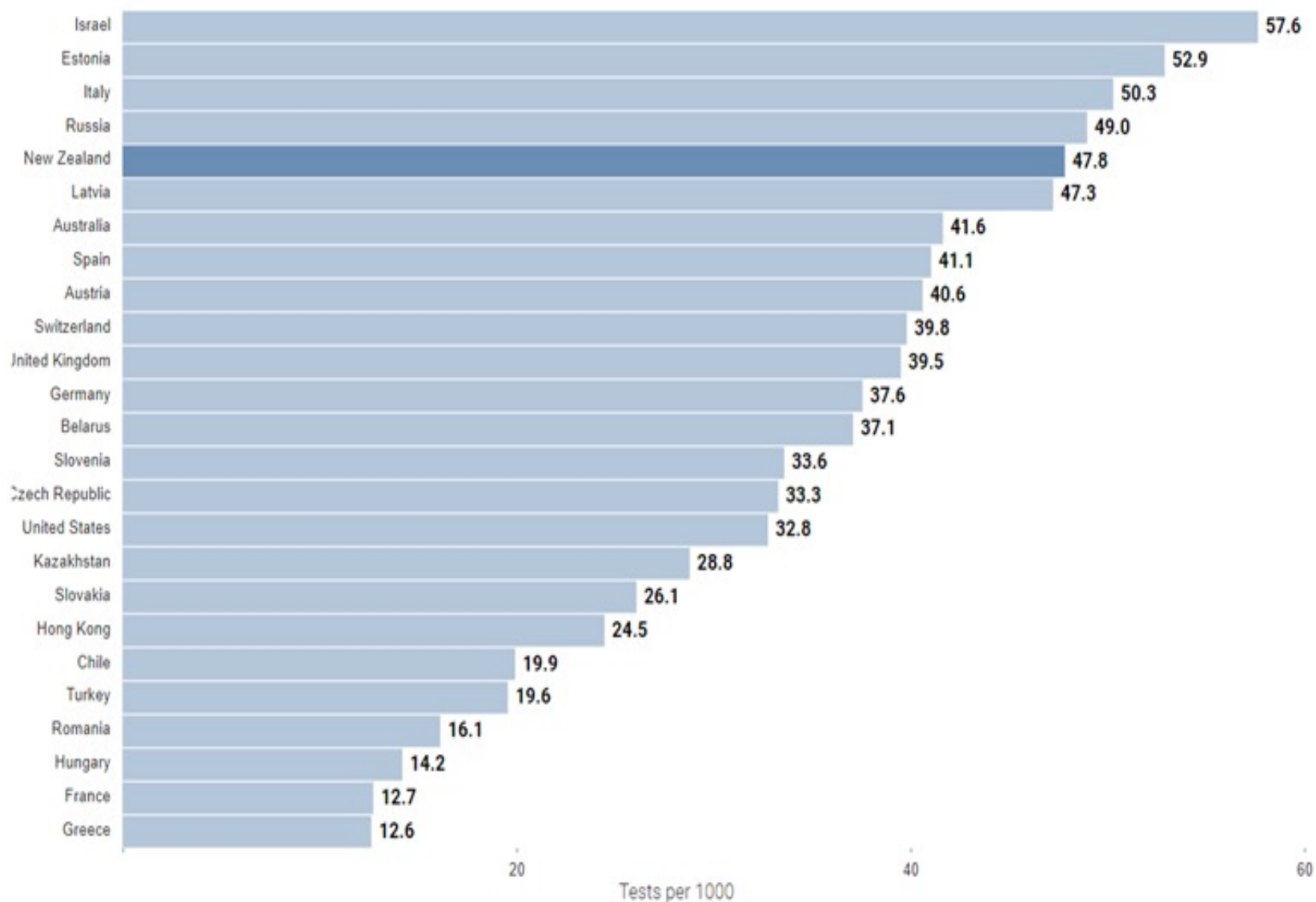
Confirmed infections since first case detected on a non-linear scale<sup>1</sup>

■ New Zealand ■ Brazil ■ India ■ United Kingdom ■ United States ■ Australia ■ China

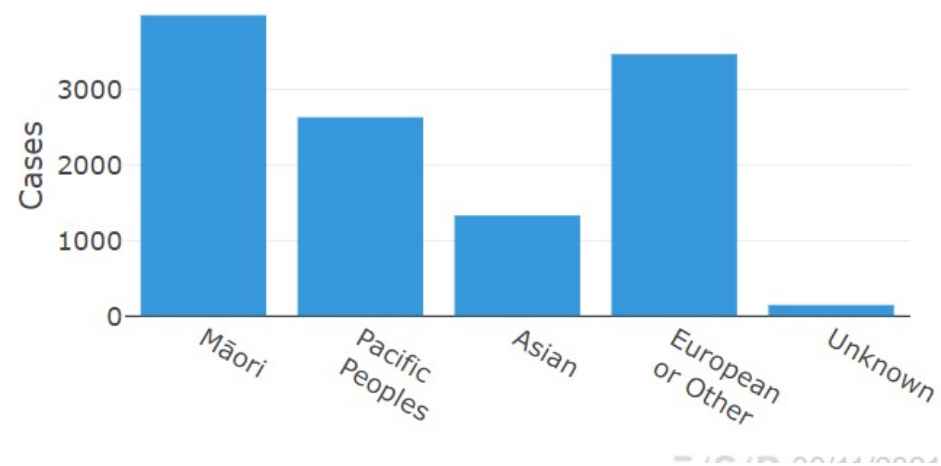


## Covid-19 testing across the globe

Tests performed per 1000 people per country<sup>1</sup>

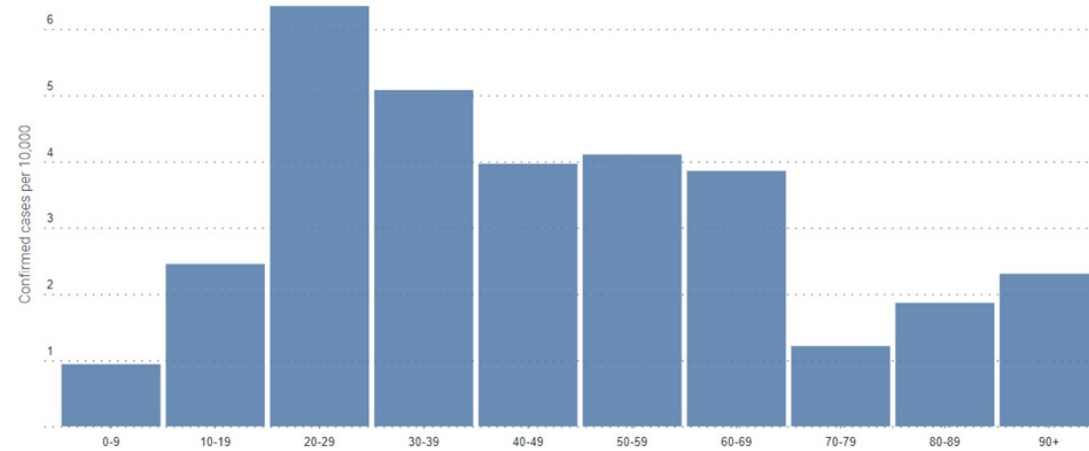


## Ethnicity i



## 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

Age group	Total people hospitalised	Total people in ICU
0 to 9	34	0
10 to 19	14	1
20 to 29	88	3
30 to 39	102	6
40 to 49	101	8
50 to 59	125	16
60 to 69	58	11
70 to 79	40	4
80 to 89	14	1
90+	9	0
Total	585	50

## Covid-19 vaccination by the numbers

FULLY VACCINATED

**3,604,193**  85.63%

HAD 1 OR MORE DOSES

**3,888,804**  92.39%

TOTAL DOSES ADMINISTERED

**11,870**

Source: [Ministry of Health](#)

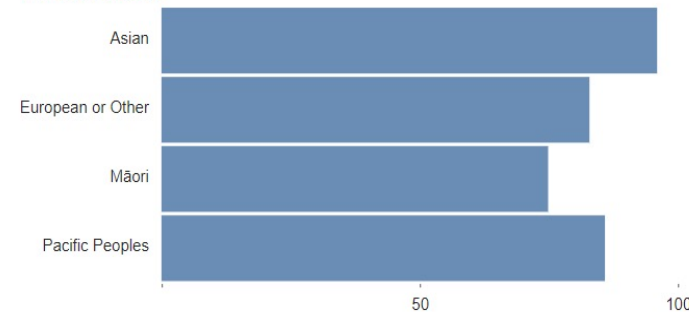
Percentages relative to the HSU population dataset.

Data as of Nov 30, 2021

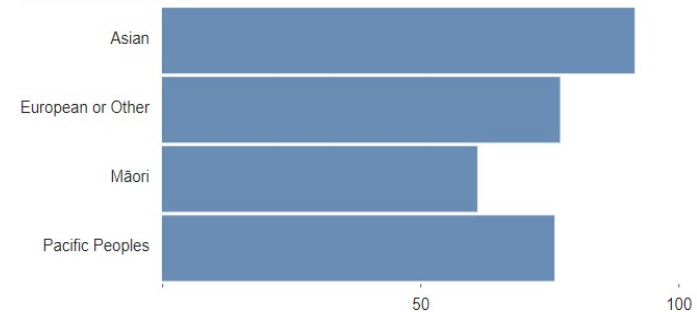
## Are there ethnic disparities in the vaccine rollout plan?

Covid-19 doses administered and vaccination rates by major ethnicity

**First dose %**



**Second dose %**



Source: [Ministry of Health](#)

Data as of Nov 23, 2021





## COVID-19

[Health advice](#)[COVID-19 vaccines](#)

## Health professionals

[All health professionals](#)[Allied health providers](#)Aged care, disability and  
hospice providers

## Aged care providers

[Guidance at Alert Level 1](#)[Guidance at Alert Level 2](#)[Guidance at Alert Level 3](#)[Guidance at Alert Level 4](#)[COVID-19 Outbreak  
Response Toolkit for  
Aged Residential Care](#)[Disability support providers](#)[Disability community  
residential care providers](#)[Hospice providers](#)[Supporting people during  
COVID-19 alert level  
restrictions](#)[Āwhina app](#)[Cancer and screening services](#)

# COVID-19: Aged care providers

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

*Page last updated: 3 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](#)
  - [interNASC 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

## 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: 1<sup>st</sup> wave of COVID-19

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

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

# Independent Review of COVID-19 Clusters in Aged Residential Care Facilities

29 May 2020

## Review panel members

Tanya Jackways, Infection Prevention and Control Practitioner

Riana Manuel, Chair, Te Apirangi and Manukura Hauora CEO, Te Korowai Hauora o Hauraki

Dr Phil Wood, Geriatrician, Waitemata DHB and Chief Advisor, Healthy Aging, Ministry of Health

Dr Peter Moodie, General Practitioner

Dr John Holmes, Public Health Physician and Honorary Clinical Senior Lecturer, Department of Preventative and Social Medicine, University of Otago

Dr Frances Hughes, Chair, Nurses Leadership Group, New Zealand Aged Care Association and General Manager, Oceania Health Care

## 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 practise 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<sup>nd</sup> wave of COVID-19

	Number of beds	Cases in residents	Hospitalisation in residents	Deaths in residents	Cases in staff
Facility 1	61	21	7	2	5
Facility 2	26	2	0	0	0





SIMON BARNETT AND  
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AFTERNOONS  
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ON AIR | HEATHER DU PLESSIS-ALLAN DRIVE

Newstalk ZB, Thu, 21 Oct 2021, 7:32PM



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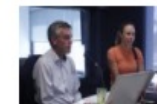


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