## **Metro Auckland Testing Approach:**

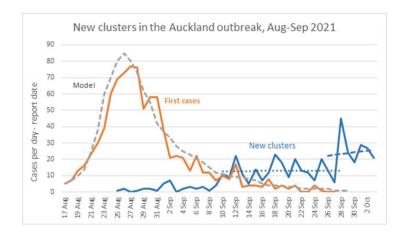
#### **Current situation**

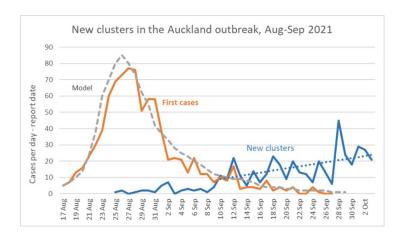
- Metro Auckland has maintained high or very high testing rates through this outbreak (far exceeding the previous outbreak), with the last week seeing a further increase to a 7 day average of >12,000 currently
  - o Suburb of interest testing ranges 15-20% of the PHO enrolled population
  - Pacific testing remains very high (28% overall), since early September Pacific and Māori coverage is higher than Other ethnic groups (see Appendix 1)
  - o Excellent coverage in CMH area (from a concern about coverage earlier), particularly in the suburbs of interest/around clusters
  - Previous TPM based indicative testing levels had been suggested at 7,400 daily tests early in the outbreak and 3,400 daily tests currently (with a reduction of symptomatic illness due to lockdown) metro Auckland has consistently exceeded these levels
  - O Positivity rates (see below) in the suburbs of interest tend to trend up around media announcement suggesting this remains a positive opportunity to influence testing behaviour however only three suburbs around 1% positivity last 14 days

#### Positivity Rate by Suburb (last 14 days to 2 October)

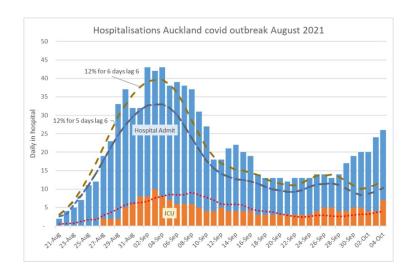
Suburb	Number of tests	<b>Number Positive</b>	Percentage positive
Clover Park	2765	51	1.84%
Favona	1024	11	1.07%
Mangere	6604	65	0.98%
Manurewa	5142	29	0.56%
Mount Wellington	3400	18	0.53%
Henderson	3473	11	0.32%
Papakura	3664	1	0.03%
Total	26072	186	0.71%

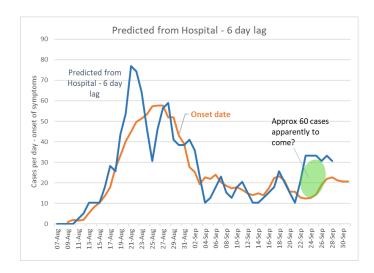
• Cases increasing, an looks like an increase around 26-28 Sept (left hand graph below), this may be smoothed out by report/onset date correction (right hand graph) however is concerning



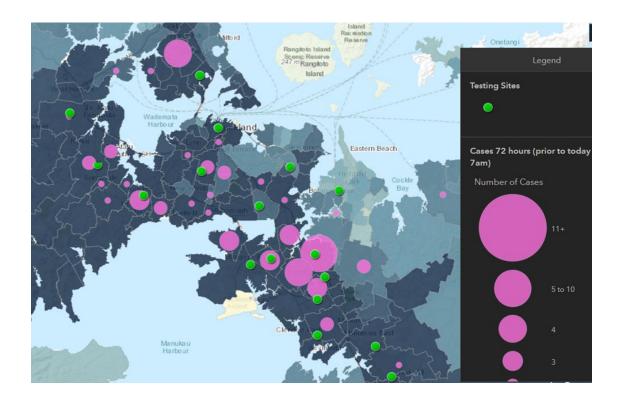


- Hospitalisations (left hand graph next page) are increasing
- Using hospitalisation data to backcast potential number of cases in the community (right hand graph next page), this latest rise seems to indicate a 'missing' group of about 40-60 cases in the community not yet identified noting





• The geographic location of cases is more dispersed in the last 72 hours – now central Auckland and North shore and across the city



#### Other case related intel

Outside of the household clusters and the residential facilities, there are also some reports of seeing cases in trade related permitted workers, taxi drivers and food related (eg delivery).

### **Testing approach**

Orange suggested changes to approach for consideration with a specific focus on ensuring equitable access for Māori, and also Pacific, to appropriate testing services and support. The approach is also supportive of flexible and tailored approaches for vulnerable populations and other communities of interest. In general planning between testing and vaccination for these groups is ideal where possible. Green suggestions for MoH to consider

Area of focus		Current testing approach	Considerations
Wide access for community test	symptomatic and ing	<ul> <li>Current sites continue</li> <li>Extended operating hours for permitted workers</li> </ul>	<ul> <li>Daily review and consideration of provider capacity and testing numbers and location</li> <li>Monitoring of Māori testing coverage and ability to pivot where necessary</li> </ul>
Case and cluste	r testing	<ul> <li>Community access</li> <li>Bespoke models including mobile, street-based, facility based</li> <li>Residential facilities around cases/contacts</li> </ul>	Ongoing with rapid flexibility – need to maintain the ability to do this
Asymptomatic testing	General community access	Continues via CTCs and GPs	Continue
	Targeted testing – suburbs of interest	Mixture of CTCs and moving pop-up testing facilities	<ul> <li>Suburbs of interest change reasonably frequently – often see good pickup for 3-4 days and then drops again – although cases now more dispersed the SOI communications approach still positive for increasing local testing behaviour</li> <li>Consider response re 1% positivity rates in some suburbs of interest</li> </ul>
	Targeted testing – around cases and clusters	<ul> <li>Bespoke models door-to-door, street based, smaller area or nearby suburbs</li> <li>Bespoke models often include trusted providers in the area, whānau ora and wrap around approaches</li> <li>Gang testing via trusted intermediaries and providers – current view is that this has now reached the groups of</li> </ul>	<ul> <li>Variable success of these models – often resource intensive – writing up some lessons learned</li> <li>Establishment of the Pae Ora model currently to including testing – review lessons learned in this space in the future</li> </ul>

Area of focus	Current testing approach	Considerations
	concern from the prior weeks	<ul> <li>Development of gang partnership around vaccination, with the additional of surveillance testing being planned and offered together, with a whānau ora approach</li> <li>Future potential to extend the model of vaccination and testing with tailored approach to other groups of interest working with trusted intermediaries/providers</li> </ul>
Targeted testing – Residential facilities	Prioritised programme 54 facilities – 44 complete	<ul> <li>Large number of facilities (approx. 800) in the metro of varying sizes and complexity, consider a further prioritised group of facilities – however likely to be even more resource extensive and will be slower – new list of approx. 120 facilities in or close to suburbs of interest, will develop subprioritisation within (options paper being developed)</li> <li>Consideration of vaccination and testing planning working more closely together, potential to trial a vaccination and testing model (may not work for all groups of clients/facilities), manaaki opportunities will be developed in bespoke way and with the relevant providers/agencies</li> </ul>
Permitted businesses	<ul> <li>Initial communications to encourage two rounds of testing have gone out, likely still some to come to get the second round – focus has been construction/trade, hospitality, education, retail and community healthcare workers who</li> </ul>	Develop proactive communications approach for: those in permitted businesses / people moving around the city to get tested — "if you are moving around"

Area of focus	Current testing approach	Considerations
	return to face to face  Site based testing for staff at supermarket, distribution centres and more recently trade/construction	the city get tested" – work with MoH testing team on this  Propose to MoH review of surveillance testing recommendations extending beyond caring with COVID HCW – is it time for a recommendation to permitted workers and all HCW in front facing roles  Consider on site or tailored comms approach to the following using local (+/- national) connections:  Taxi Trade/construction Food based
Health care workers caring for people with COVID	<ul> <li>Regular weekly testing - seeing a recent increase in testing with recent hospital exposures</li> </ul>	<ul> <li>Boundary healthcare workers current exempt from boundary order – consider this group (MoH)</li> </ul>
Permitted workers crossing boundary	Surveillance as per the order	Consider groups currently exempt (MoH)

# Appendix 1: Ethnic specific coverage

