

A Suppression Strategy: Living with COVID-19 in the Year 2022

This strategy attempts to provide a human-centred approach that connects Aotearoa New Zealand to the rest of the world. This work builds on the Institute’s Distancing Strategy (11 Mar 2020) and COVID-19 Situational Report (1 Sep 2021).

Vision	Aotearoa New Zealand finds effective ways to live with COVID-19 outbreaks			Tools
<p>A Three pillars</p>	<p>1. The border Goal: Enable quick, safe and certain entry for citizens living overseas, business people, international students & tourists.</p>	<p>2. The healthcare system Goal: Identify, monitor & treat C+ patients, while protecting healthcare workers and maintaining BAU healthcare.</p>	<p>3. The community and the economy Goal: Enable society and the economy to flourish, while reducing the spread of COVID-19. Keep the C+ curve flat.</p>	<p>1. Vaccinate (i) achieve 90% goal of eligible population with specific opening-up targets for business types, (ii) provide other Medsafe approved vaccinations for choice and those who reacted to first Pfizer dose, (iii) prepare for boosters for those most at risk.</p>
<p>B Six distinct bubbles</p>				<p>2. If a person is COVID-positive (C+) PCP is advised; ‘C+ home care quarantine package’ delivered and C+ individual is triaged daily, ideally using online portal.</p> <div style="display: flex; justify-content: space-around;"> <div data-bbox="2433 546 2671 714"> <p>(i) Individual completes daily symptom checker before midday (using an agreed NZ-wide HealthPathway), or</p> </div> <div data-bbox="2671 546 2923 714"> <p>(ii) Healthline phones individual after midday. Zoom or visit from PCP if needed.</p> </div> </div> <p style="text-align: center;">If very unwell</p> <div data-bbox="2433 756 2923 840" style="border: 1px solid gray; padding: 5px; text-align: center;"> <p>Individual is collected by C+ ambulance and taken to C+ hospital</p> </div>
<p>C Operational planning and logistics</p>	<p>SECURING MANAGED ISOLATION AND QUARANTINE (MIQ)</p> <ul style="list-style-type: none"> Once the home managed isolation option is approved, Air New Zealand sells MIQ voucher with every flight purchased. Other airlines and cruise ships can apply to do the same. At the same time, the lottery system is phased out. An MIQ voucher can be for (i) existing government managed isolation or (ii) home managed isolation. Importantly, they are priced the same (e.g. \$3100). Home option: Pre-boarding form must include transportation method from airport and names of household members (who must also isolate). An electronic GPS bracelet is issued at the airport and managed by police. If C+, they are required to move to a quarantine facility. <p>ARRIVAL: VACCINATE, TEST, TEST, TEST</p> <ul style="list-style-type: none"> Vaccinate: Fully vaccinated (trusted source) at least 14 days before flight leaves for New Zealand; trusted vaccination certificate must be sighted before boarding plane. Test 1: Negative test three days before boarding flight. Test 2: Negative test required in queue for plane. Test 3: Test immediately on arrival in New Zealand, before leaving plane. Create a stamp on passports certifying date of arrival in the country, and date fully vaccinated. <p>If negative, move to isolation at facility or home. If positive, move to government managed quarantine facilities (or if overwhelmed, a home quarantine option until test is negative).</p> <p>C± MANAGED ISOLATION</p> <ul style="list-style-type: none"> Mandatory day two, day five and day 12 post-arrival test, collected by courier from declared isolation location on form. Build fit-for-purpose government managed isolation facilities. <p>C+ MANAGED QUARANTINE</p> <ul style="list-style-type: none"> Continue with existing C+ government managed quarantine facilities while numbers are low. Each government managed quarantine facility should have a C+ hospital in close proximity that maintains C+ ambulances. If quarantine facilities are overwhelmed, offer a C+ home quarantine option with a ‘C+ home care quarantine package’ (see far right column under ‘the tool-kit’). The package provides medical testing tools for C+ individuals to manually collect data to help monitor patient status and determine level of care required. Other tools include signage on front door, four-day PCR tests, food parcels and home visits (if required). 	<p>PIVOT HEALTHCARE SYSTEM</p> <ul style="list-style-type: none"> One COVID-19 plan for all DHBs (to provide certainty). Three hospital types: C+, Surgery (strict C-) and General (C-). General practices (GPs) remain open (work hours), supported by phone consultations. Healthline provides after-hours service. Specialists, where possible, consult virtually. <p>C+ PATIENTS (not needing hospital care)</p> <ul style="list-style-type: none"> Primary care providers (PCPs) are advised of positive patients, as they know their patients and are aware of possible complications. If quarantine facilities are full, individuals quarantine at home under the care of PCPs (including GPs). PCPs receive a fee for each C+ case, like the wage subsidy. PCPs manage long COVID-19 until clinics are established, like UK. Healthline organises delivery of a ‘C+ home care quarantine package’ (by special courier), manages the daily symptom tracking and monitors the GPS (any issues, contact police). <p>C+ PATIENTS (needing hospital care)</p> <ul style="list-style-type: none"> Create C+ hospitals, ambulances and train COVID-19 nurses. This could include construction of modular hospitals (e.g. using carparks), re-purposing rental cars as C+ ambulances and training nurses in ventilator and respiratory equipment. <p>OTHER C+ HEALTHCARE</p> <ul style="list-style-type: none"> Make National Health Index (NHI) central to the system. Create a digital COVID-19 vaccination certificate, ideally including NHI number, a QR code, photo ID and vaccination records. Reconfigure current system based on the UK (SAGE) model. SAGE has effectively integrated a wide range of expertise. Minutes should be published and a situational report prepared every three months on the latest global science, summarising the latest research. Standardise HealthPathways across NZ. Separate testing. Different booths for COVID-19 symptoms and non-COVID-19 symptoms. Invest in PCR and antibody testing capability. Invest in testing vans to go to offices or homes. <p>OTHER C- HEALTHCARE</p> <ul style="list-style-type: none"> Create strict C- surgery hospitals. Pre-test patients and strict ‘no visitors allowed’ policy. Urgent operations to continue. Review mental health tools for individuals and businesses. Maintain general testing capacity for ongoing healthcare. Continually review efficiency and effectiveness of healthcare system. 	<p>CREATING A NEW NORMAL</p> <ul style="list-style-type: none"> Make protocols, rules and penalties clear and support police to actively enforce infringements/fines and prison (if necessary). Continue to require masks in public (e.g. public transport, when visiting shops and schools and on busy streets). MOH to continue track and trace teams and COVID-19 Tracer apps in short term but also provide a device for those that do not have the finances to purchase a phone. (Note: Use of shared pens for handwritten registers should not continue.) Mandatory vaccination for healthcare and transport workers, shop assistants, police, teachers and childcare providers. Employers able to put in place a mandatory vaccination policy. <p>EDUCATION</p> <ul style="list-style-type: none"> 12- to 15-year-olds offered vaccinations while at school (written consent forms to be completed by parents/guardians). Establish an expert healthcare team to plan for what will be needed to treat children under 12 in (children’s) hospitals. This should include funding and investment in new and emerging drugs used overseas to treat children with COVID-19. Teach mask etiquette and maintain two sick bays (one specifically for COVID-19 symptoms). Parent/guardian to collect child and take for testing. Parents have a responsibility to keep children at home if they have COVID-19 symptoms, or if a family member has been in contact with someone who has tested positive for COVID-19. If in the community,* no visitors, and the principal has the right to close the school and move to home learning. <p>EMPLOYERS/EMPLOYEES</p> <ul style="list-style-type: none"> Employers are granted online access to digital COVID-19 vaccination certificates (with employee approval). Employers can require rapid tests daily if it is written into a worker’s employment contract. If in the community,* employers can request employees to work from home as required, and employees have a responsibility to report a positive COVID-19 case that might put others at risk. <p>EVENTS (including hospitality)</p> <ul style="list-style-type: none"> Create a Health and Safety Officer (HSO) for all events over 50 people. If in the community,* limit events to 100 fully vaccinated people (or 50 if mixed). HSOs have right to request vaccination certificates or deny access if not vaccinated. 	<p>3. C+ home care quarantine package (i) oximeter (if <92%, go to C+ hospital by C+ ambulance), (ii) thermometer, (iii) P2/N95 masks, (iv) aspirin, (v) rehydration sachets, (vi) GPS monitoring bracelet, (vii) COVID-19 tests, etc.</p> <p>4. Monitor global developments Monitor: (i) antiviral tablets, (ii) ECMO, (iii) rapid accurate tests, (iv) boosters, (v) new vaccines, (vi) more accurate, rapid testing, and (vii) new variants.</p> <p>5. Research in real-time Collect: (i) hospital admissions & deaths by those fully vaccinated/not vaccinated, (ii) vaccine effectiveness, (iii) accuracy of testing, (iii) proportion of patients requiring interventions, (iv) days exposed individuals test positive, (v) cases by occupation, etc.</p> <p>6. Government policy (i) NHI to contain accurate ethnicity data, (ii) MOH plans to be updated, (iii) Pandemic National Reserve Supply (NRS) composition made public monthly and audited, (iv) minimum supply of PPE standards set for DHBs, (v) review healthcare worker wellbeing and develop a support plan, (vi) mitigate COVID-19 poverty, (vii) C+ accommodation in prisons, (viii) manage death and dying in a culturally sensitive way, (ix) undertake a Royal Commission and (x) review protocols, rules and penalties.</p> <p>Key: C+ = COVID-19 positive C- = COVID-19 negative C± = Unsure</p> <p>* ‘In the community’ means there is a positive case where you work or live (e.g. in your family/flat/where you shop/go for medical treatment) or where you pray, learn or play (e.g. church/school/sports).</p>
<p>D Strategic thinking</p>	<p>Learning in real time using Situational Reports, Dashboards and Feedback Loops: Establish a dedicated public/private strategic team that rapidly learns from international best practice and makes specific and actionable recommendations to the operation and logistics team.</p>			