Office of the Prime Minister's Chief Science Advisor
Kaitohutohu Mātanga Pūtaiao Matua ki te Pirimia

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Professor Dame Juliet Gerrard **FRSNZ, HonFRSC**
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15 October 2021

Dear Jacinda

As requested, Ian Town and I convened a large group of experts (including all members of the COVID TAG) under urgency to input on the Traffic Light System and more general matters on communicating our evolving COVID-19 strategy.

The attendees were:

Ian Town, Juliet Gerrard, David Skegg, Ramon Pink, Sally Roberts, Nigel French, Rod Jackson, David Murdoch, Nick Eichler, Matire Harwood, Nigel Raymond, Andrew Old, Michael Baker, Maria Poynter, Susan Jack, Erasmus Smit, Shaun Hendy, Rawiri Jansen, Jin Russell, Samantha Murton, Patricia Priest, Felicity Dumble, Bryan Betty, Siousxie Wiles, Collin Tukuitonga, Anja Werno, Virginia Hope, Dianne Sika-Paotonu, Caroline McElnay.

Observers from DPMC and the Ministry of Health were in attendance.

We thank everyone for giving their time generously at short notice, especially those involved in the response. The group were particularly grateful for the time and insights from the Public Health Units and primary care.

Process:

The attendees had been provided with, in strict confidence, both the most recent advice from David Skegg's group (which he spoke to at the outset of the meeting) and a draft (13th October) version of the Traffic Light System (TLS). Everyone was given a brief opportunity to comment on a draft of this letter and provide feedback, and most people did. Participants will not be sent a copy of this finalised document until after Cabinet discussion, and I propose to upload it proactively on the PMCSA website as soon as possible.

Content:

We summarise here the key messages from the meeting and relay an offer from the group to support finalising the details of the system – we would be very happy to facilitate this as Chief Science Advisors.

As you requested, two major topics were covered in the meeting – expert response to the TLS; and advice on communicating emerging strategy and the transition to that strategy. We have also captured some general comments about the current outbreak.

1. General comments on the current outbreak

- The group recognises that COVID-19, like all infectious diseases (whether endemic or epidemic), amplifies entrenched inequities. All aspects of the COVID-19 response must therefore focus on minimising equity gaps in outcomes from the disease itself, as well as from the indirect effects on broader societal health and wellbeing. In particular, since pre-existing inequities in health for Māori and Pacific communities have been further highlighted by the COVID-19 pandemic, any planning and responses forward require a strong equity response.

- There was strong support for a COVID-19 strategy that is more explicitly focused on protecting Māori and Pacific populations. The overall success of the response will be defined by the extent to which it is able to prevent cases and wider impacts for Māori and Pacific populations.

- The group reflected on the social determinants of the current outbreak, which reflect deep inequities in our society. Financial and manaaki support for cases, contacts and those without income during lockdowns was raised as an immediate public health intervention to support lockdown compliance, noting that some support is already in place.

- The enormous challenges for the currently affected communities to comply with Alert Levels were noted, be this Level 4 or Level 3. Feedback from those on the front line suggests that the recent Level changes were less able to be followed by some of the communities suffering cases, compared to other groups with more resources at their disposal.

- There was concern expressed that there are already workforce issues and capacity constraints affecting the current outbreak management. This will inevitably affect the effectiveness of testing, contact tracing, case management and healthcare as the numbers of cases increase. We need to steward resource over time and focus it as effectively as possible over the whole response. This includes supporting our public health workforce and ensuring we retain current staff, learning the lessons from the recent loss of staff from ARPHS.

- There was wide agreement that our adjusted real-world strategy at this moment in time is well described as 'continued elimination outside Auckland and active suppression in Auckland'.

- There is a sense of loss over the transition away from the COVID-19 elimination strategy. The group also expressed concerns about the unknown implications of endemic infection and 'learning to live with COVID-19' and what this might mean for public health, equity, and wellbeing. It was noted that we still do not know much about the prevalence, duration, and severity of the longer term effects of COVID-19 infection ('long-COVID').

- There was a range of views on the timeframe over which we should accept an endemic virus situation, versus measures to minimise infection and perhaps an extended period of sheltering the vulnerable (with the associated challenges of social licence amongst the vaccinated). ***There was a clear consensus that we should slow the spread of the virus as much as possible until we have banked the immunity from the rapidly accelerating vaccination drive.***

- We need to take account of the risk associated with our lack of banked immunity from community cases (in contrast to, e.g. Europe). There was also concern about the significant risk posed by the last 10% to be vaccinated and the composition of the groups to which this applies i.e. young Māori in an Aotearoa context. In the UK, around 80% of transmissions came from the most vulnerable groups and both internationally and in New Zealand, it is the unvaccinated cases that place the most strain on the health system.

- ***Given the escalation of COVID-19 case numbers, there was discussion about an immediate "circuit breaker" response in Auckland to maximise the impact of our recent steep increase in vaccinations and acknowledge the risk of exacerbating adverse outcomes for vulnerable communities, including Māori and Pacific communities already heavily impacted by the Delta outbreak*.** The argument for a defined short period back at Alert Level 4, is that it buys more time to reach adequate community immunity, allow for sustained effective case management and contact tracing, and for systems to gear up for a sustained outbreak.

- Successful approaches to achieving high levels of community vaccination should be extended with urgency to areas and communities with low vaccination rates.

- Particular impacts on children were discussed, including the direct impacts of being infected but also the larger and more indirect impacts of caregivers being infected and prolonged school closures. Exemplar, public-facing, gold standard, school-safe reopening plans were highlighted, with Melbourne as a case study for its comprehensive and publicly available plan, and consequent strong support amongst experts. The development of such a plan for New Zealand schools is strongly recommended as priority workstream for safe reopening, to prevent transmission in schools and avoid absenteeism. Additional benefits of safe reopening include reducing other respiratory diseases, and provision of useful thinking for making workplaces safe more widely.

2. TLS – lots of room for improvement

The group was near unanimous in its scepticism about this framework in its current form and our readiness to move in this direction in the near term, especially given the growing outbreak in Auckland and insufficient, albeit growing, vaccination levels amongst most population groups. The wider group, and Māori colleagues in particular, are disappointed and frustrated at the lack of co-design of the TLS. In the absence of an opportunity to start afresh, the following points were raised to improve the draft restrictions:

- ***Any new system should be Te Tiriti-based with an explicit goal to save Māori lives.***

- ***Any new system must include Māori and Pacific leadership and this leadership must be more visible in every forum.***

- ***The group was unanimous that the shift to TLS should not take place until we reach at least 90% vaccine coverage, including for Māori and other vulnerable groups. There was agreement that a target that considers only the overall population's coverage was not appropriate. Many participants backed an aspirational target be set for those groups, e.g. 95% of the over 12s***.

- The initial group reaction was that restrictions were not tight enough at any level, and that a move to Green would not be possible in Auckland, or anywhere with active cases, in the forseeable future.

- Active clusters in any region will strain the local health system. The need to care for a high volume of COVID-19 cases is already having consequences for other planned health care in Auckland, with lasting effects.

- Active protection of vulnerable populations is crucial, and should be prioritised; in order to achieve equity in outcomes, access to interventions and those wider determinants that have greatest impact during COVID-19 and lockdowns (housing, poverty, racism) must be enabled; this includes for those missing out on vital healthcare during lockdowns.

- ***Although when and how lockdowns should be deployed was debated – all agreed that they need to remain part of the toolkit (in defined places, for limited times) to control the case load, health system impacts and mortality.***

- There was an acceptance that any use of Level 4 lockdowns needs to be very limited to preserve social licence for really serious emergencies. There has been an observed shift in attitudes to lockdowns in Auckland especially (from fear-based and compliant to 'what can we get away with within the rules?')

- There was a view from those dealing with the outbreak day-to-day that lockdowns did not work for the central cohort in the current Auckland outbreak, but that they could provide a means to prevent cases ballooning in the wider population in this and future outbreaks, and that the TLS should be cognisant of this information.

- There was acknowledgement that any circuit breaker lockdowns in future would need to have clearly defined objectives (e.g. to lower the case load, not to eliminate) and clear exit criteria (e.g to be of fixed duration).

- Evidence-based interventions were preferred, and any alternatives need to be based on a consensus of expert opinions.

- ***There was a strong view that the shift to a new framework should not take place until the Auckland outbreak is under control.*** The transition will also depend on the momentum of the outbreak, i.e., the number of active and unlinked cases.

- There was support for regional restrictions and limitations on travel between regions at different levels.

- The new system should build on our own, and international, best practice. Using internationally recognised terms (elimination, suppression, mitigation) was recommended by some. A comms plan to the general public would be helpful.

- The triggers for moving up and down need to be well defined and focus on predicting future surges, so as not to overwhelm the health system (e.g. monitoring R_{eff} and waste water testing, but mindful that these are lagging indicators and we need to pre-empt surges in cases using a risk-based surveillance programme). We also need to detect variants associated with reduced vaccine efficacy and/or more serious health outcomes.

- Clarity on who controls the "shutting down" a certain facility or area is needed. Is this a national or local decision?
- The need to consider the role of Pfizer booster shots within the framework or the vaccine policy was noted.

There were many offers of support to help refine the nuances of the TLS.

3. Communication - We are only as protected as our least protected community

- The New Zealand public needs to understand that the virus is here to stay, with explicit messaging around the active suppression strategy in Auckland and elimination elsewhere in the short term – and clarity on the long-term future state.
- Other useful headline messages include protection of the health system, of vulnerable people, and the need to be a good Treaty partner (noting we absolutely need to walk the talk when we say this). Getting it right for Māori and Pasifika will get it right for almost everyone else. We are only as protected as our least protected community.
- Concern was expressed at the emergence of a disconnect between messaging aimed at public reassurance and the evolving reality on the ground of an uncontrolled outbreak. This risks providing a barrier to vaccination in those that are hesitant and think 'everything is OK', so there is no hurry.

Many of the attendees are both scientists and science communicators. They stand ready to support the transition but note their skills could be better harnessed if they were included in the conversation so that they know what is happening and why (e.g. re steps for Auckland roadmap). There is a genuine interest in being part of the solution(s).

Please let us know if there are further opportunities to facilitate engagement with the science community.

All the best,

Juliet

Ian & Tam

cc Min Verrall,
Holly Donald, PMO,
Brook Barrington, Sacha O'Dea, Hayden Glass, DPMC
Ashley Bloomfield, Caroline McElnay, MoH