

## **1PM STAND UP TALKING POINTS – 11 MARCH 2022**

Kia ora koutou katoa and welcome again to Tamaki Makaurau for our update on the response to the Omicron outbreak in the northern region. Thank you for joining us.

I'm Andrew Old, the Chief Clinical Officer for the Northern Region Health Coordination Centre and I'm joined again today by Dr Anthony Jordan, our Associate Chief Clinical Officer and Clinical Lead for our Vaccination Programme, together with Dr Christine McIntosh, GP and co-clinical lead for our home isolation programme, Whanau HQ.

Today we continue with the same cautious optimism we did last week.

We will also take some time to focus on addressing some of the challenges our communities tell us they are still facing with regards to managing this outbreak. My colleagues will discuss the changes to home isolation rules and how they affect those in our community, we will highlight the importance of vaccinations and clarify what this means if you've had COVID-19, and finally, we will provide a practical demonstration of RAT testing for those who may still be struggling to do theirs at home.

But first, an update on today's numbers.

### **Current situation**

Today there are **xxx** new COVID cases across Aotearoa, with **xxx** here in Auckland.

There are **xxx** people in hospital, **xxx** of those are in Auckland and **xx** in ICU.

Further details on case numbers will be provided in the Ministry of Health's 1pm written update.

### **Case investigation**

I said last week we were cautiously optimistic that the virus might be close to reaching its peak here in Tamaki Makaurau and seven days on, that does seem to be the case, with our three-day rolling average of

cases now down to ~8,500 per day from a peak of ~14,000. Although we know we're not detecting all the cases out there, we have good testing coverage with ~15% of our primary care enrolled population having registered a test result in the past fortnight, and daily test registrations remain high at ~30,000 per day.

The average age of people in hospital is still relatively young at ~40yo, but as total hospitalisations have risen over the past week, we are seeing more older and vulnerable members of our community impacted. This is a trend that was also seen overseas as Omicron continued to spread. What we have also seen overseas is that the Omicron outbreak has tended to have quite a long tail with those older, more vulnerable populations being most impacted nearer the end of the outbreak. This reminds us that, although overall case numbers might be starting to decrease, people need to remain vigilant to protect those in our families and communities who are at greater risk, including elderly whānau and those with underlying health conditions. Another reason to remain vigilant is the issue of long COVID which has been getting a lot of attention this week. Although much of what we know about long COVID is based on earlier variants, what we do know should make us cautious. Getting COVID is not inevitable and I want to remind everyone to keep up the amazing work we have already been doing around mask use and good hygiene as it will make a real difference as we start to come out the other end of this outbreak and beyond.

## **Hospitalisations**

As we explained last Friday, we were expecting hospitalisations to increase over this week and that trend has continued.

We have seen a small increase such that hospitalisations now make up 0.5% of positive cases. As a total of all cases in this outbreak, still only 2.4% have been treated in hospital.

High hospitalisations are continuing to put pressure on our emergency departments and other inpatient services across the city at a time when, they too, are experiencing staff shortages due to COVID.

We have been hearing from all of our hospital leaders about the incredible lengths their teams are going to in order to ensure that they are still able to deliver the highest possible levels of care and service.

For example, in Counties we know that public health nurses have stepped up to support in hospital roles at Middlemore; Allied Health clinicians have provided assistance to the orderly team or covered Health Care Assistant roles; Elective surgical staff have been redeployed from satellite units to Acute Services and Registered Nurses, and Health Care Assistants, as well as on-clinical staff have pick up shifts outside their normal hours to assist roster gaps.

At Waitemata DHB, the entire legal team has been redeployed to support the security teams and their Chief Financial Officer has been working on the wards delivering patient meals.

While at Auckland Hospital, anaesthetists have been working as phlebotomists, taking patient blood. the executive leadership team has been working in the emergency department to make beds, answering call bells and clearing linen bins,. The legal team has also been deployed onto the wards and is helping direct patients and whanau around the hospital.

All of these redeployments help our stretched clinical teams do what only they can do.

The situation in our hospitals, with pressure from COVID combined with high staff absences due to COVID is unprecedented in my career. It is thanks to the awesome dedication and flexibility of our staff that we are continuing to provide urgent care for those who need it.

We are fortunate that we're facing this outbreak with such high vaccination rates which is helping to keep our hospitalisations down but this is also an area we need to continue focus on. So, I will now hand over to Dr Anthony Jordan, an immunologist and Clinical Director of our Vaccinations Programme here in the northern region.

### **Dr Anthony Jordan**

Thanks Andrew.

There are a number of points that I am really keen to clarify today around vaccinations particularly for those who have had COVID-19.

As Andrew has said, we are fortunate to be in this surge with high vaccination rates and that has meant that most people have been and will be fine to manage their illness at home.

We would have liked our booster numbers to have been higher by the time Omicron hit and my message today is to make sure that you do still get out there and get your booster

For those who have had COVID-19 the current advice is that you should wait between 4-12 weeks to receive your vaccination, whether this is your first dose, second dose or booster.

While you may have built up some immunity by getting the virus, the extra booster will definitely help build further protection against reinfection or passing the virus on to others. We need to remember what we said earlier about the expected long tail of this virus. It's best to get the longest duration of protection we can from vaccination.

This week was also eight weeks since our 5-11 year old vaccinations began so it is therefore time for our tamariki to get their second doses. Again, if your child has had COVID-19 over this period, you should wait another 12 weeks before going to get your next dose. There is a very low probability of reinfection over this initial period for children and then the second dose is important to maintain that protection.

In terms of the wait times to get your vaccination or booster after having COVID-19, the current advice is to wait three months for your booster dose, or four weeks for those wanting to get their 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> primary dose. For children we recommend waiting three months before getting the first or second dose.

We acknowledge that this wait time has been challenging for those who are affected by mandates and hadn't yet had their boosters. It's important to note that exemptions are available for critical workers. These are currently taking about five days to process so we would encourage anyone who finds themselves in this position to make an application as soon as possible.

Just to give you a snapshot of how the boosters and 5-11 year old vaccinations are progressing across the region, we current have.....

delivered more than 835,000 booster doses and just over 99,000 paediatric doses to date

Naturally we have been seeing a slow down in vaccination rates across both of these areas, largely because people are dealing with having the

virus. Our vaccination events, including drive-throughs, are still proving a really popular and safe way to get vaccinated during the outbreak. We have a number of events on this weekend, including:

- Ke Mou Ma'u 'A E Mo'Ui - Event 2, Sat 12 Mar, 8:30am-5pm, 34 Orly Avenue, Māngere
- St. Annes - Catholic Vaccination Event, Sat 12 Mar, 8:30am-4:30pm, St. Annes Catholic Church Carpark - Russel Road, Manurewa
- Ōtara Flea Market Carpark, Sat 12 Mar, 3pm-9pm, 20 Newbury Street, Ōtara
- Henderson Intermediate Pop-up, Sat 12 Mar, 10am-2pm, 70 Lincoln Road, Henderson
- Reweti Marae - Drive Through Event, Sat 12 Mar, 10am-2pm, 1285, State Highway 16, Waimauku
- Ruapotaka School Pop-up, Sat 12 Mar, 9am-2pm, 10A Taratoa Street, Point England

My message today is simple, if you or your whanau are due a vaccination, then please do head out and get one, it will really help us to manage this expected long tail of the Omicron virus.

I now want to hand over to Dr Christine McIntosh to talk more about what she is seeing from her primary care colleagues and across our home isolation services.

### **Dr Christine McIntosh**

Thanks Anthony,

I want to start by reiterating Andrew's earlier comments about the incredible efforts of those currently working across our health sector in Auckland.

As we're experiencing the peak of this outbreak, the whole system is feeling the strain of trying to manage patients' needs while at the same time managing the loss of their own staff for periods while they too have the virus or are supporting those in their households.

I want to acknowledge all of those in the primary care sector who are having to put in incredibly long hours at the moment to ensure they are keeping their communities safe. We know it's tough out there at the

moment but you're doing a phenomenal job and we want to make sure that that is recognised by everyone not just here in Auckland but right across Aotearoa.

The message from the sector is still very much about ensuring people are getting their help when it's needed. As we've said, most people are doing a great job of managing their illness at home but I do want to stress **that we need you to reach** out if your symptoms are getting worse. Your GP or healthline are there to help if you need it or if things are getting really severe, please call 111 without delay. We know that there are pressures on the system but we would rather help to manage a worsening illness at the earlier stages than wait until someone is dangerously ill.

### **Home isolation**

On home isolation, we know that many people will have additional questions following the Government's announcement on Wednesday about the change in isolation period from 10 days to 7 days for cases which comes into place from midnight. so I would like to take a moment to clarify some of the questions raised with us.

1. Some have asked at what point they can return to work if they have been isolating at home with a covid-positive person.  
Firstly to clarify, the 7 day isolation period is the isolation period of the case. If you are a household contact and you have done a RAT on both day 3 and day 7 of the isolation period of the first person who is a case in your house, and both of these tests showed a negative result, then you can return to work on day 8.
2. If you're a critical worker, and you have a person in your household who has tested positive for COVID-19 you may be able to continue working if you are fully vaccinated, you do not have symptoms and you return a negative RAT before each shift or day of work. Your employer will be able to tell you if you are a critical worker and what you need to do. Apart from going to work you need to isolate like everyone else in the household for 7 days. There are also particular arrangements for critical health workers who are cases or contacts. Again, contact your manager who will talk with you about next steps.
3. If other people test positive in the household, because they got symptoms and then tested positive, or from their Day 3 or 7 test, they need to isolate, as a case now rather than as a contact, for 7 days from the day of their positive test. Others in the house as long as they do not get symptoms and return a negative test on day 3

and day 7 of the first person in the house, don't need to 'reset' their isolation for the new case's timeline. They can finish isolation and return to usual activities on day 8 of the first case.

4. If you have become a positive case, you are required to isolate for 7 days. If you still have symptoms after 7 days then stay home until you feel better plus another 24 hrs. Most people feel better after a week but if you are getting worse please do seek help.

So what if someone else tests positive for COVID-19 in the house after you have recovered? Once you have recovered from COVID-19, you will not need to isolate as a close contact for 3 months, if someone else in your household tests positive during that time. This time line used to be 1 month, so that has increased. Recovered cases should retest with a RAT if they become newly symptomatic during this 90 days.

I hope that helps clarify some of the changes for you.

Finally, I just want to add that, like the rest of the sector, our Whanau HQ home isolation teams and primary care are working extremely hard to manage a large number of people with COVID 19 and their households in isolation across the city and I want to thank them for their incredible efforts.

It is important to note that the focus is the people who are at highest risk of more severe COVID-19 or identified as needing the greatest support first.

We have developed a COVID Triage tool which helps to sort the large numbers of new people with COVID each day and this is now being used right across the sector to ensure that we are able to manage the highest risk people who are getting COVID-19 and, as a collective, we work together to contact and support these people as needed.

I want to stress that we are not able to call every single family in isolation, the focus remains on those who need it the most but, as I said earlier, please do reach out for support either to your GP or health line if you are struggling at home and they will do what they can to support you.

On that, I will hand back to Andrew.

## Testing

Thanks Christine. So before we open up for questions, we do just want to take this opportunity to provide an update on testing.

Rapid Antigen Tests are now readily available right across the city. Since the 1<sup>st</sup> of March, we have distributed more than 2 million RATs across the region and have recorded over half a million RAT results – 214,000 of those in the past seven days. Positivity rates range from 28% for GP samples, to 46% for self-reported samples reflecting the smaller proportion of negative test results being self-reported.

We are delighted that people are taking up the opportunity to manage their testing at home however, we are hearing that many people are still uncertain as to whether they have done the test correctly so we have brought along an expert today to do a live presentation in the hope that will help clear up some of these concerns.

**(Handover to Sue to do the test)**

Thanks Sue.

Something we mentioned last week, but I want to emphasise again, is the importance of recording your result – particularly your positive results at MyCOVIDRecord.nz. Recording a positive result means your GP and our Whanau HQ system is aware, and can assess your risk and provide any necessary support if you need it.

It's also important to register negative test results as it helps us understand how well the community is accessing testing.

Finally, I want to repeat the thank you from last week to staff across our health system who are working tirelessly to support this response – often well outside their traditional roles as you heard earlier! Thank you all.

We hope that has been helpful in answering some of the questions we are hearing across our communities. We are now happy to take other questions.

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## **Additional briefing information**

**Figures –**

- In the last 24 hours, 31,432 RATs were recorded and 1,485 PCR tests were processed in metro Auckland.
- Total boosters delivered to date in metro Auckland: 835,013
- The total number of 5-11 doses delivered to date in metro Auckland – (dose 1s: 95,726 and dose 2s: 3,476)

## Top line key messages

### Hospitals

- While all three of the city's hospitals continue to be very busy and resources are stretched, people requiring urgent hospital-level care will receive it.
- Bed capacity is being managed regionally to ensure immediate care needs are met
- We are still seeing large numbers of people turn up with mild to moderate COVID-19 symptoms, which could be managed at home with the support of whānau and friends.

### Changes to home isolation

- From tonight at 11.59pm, the isolation period for COVID-19 cases and their household contacts will be reduced from 10 to seven days
- Household contacts will need to have a rapid antigen test at day 3 and day 7 – or if they become symptomatic - and if the result is positive, they are required to isolate for seven days from that point.
- If symptoms develop at any time during isolation, the usual advice remains in place to undertake an additional RAT test. If the test is negative, and symptoms persist or worsen, test again 48 hours after that negative test. If symptoms resolve, there is no need for a further test, until the required day 7 RAT test. If this is negative, they can return to daily life on day 8.
- If a Household Contact has new symptoms on the day of release, the general public health advice applies - they should undertake an additional RAT and stay at home while unwell.
- If that test is negative, and symptoms persist or worsen, test again after 48 hours. If symptoms resolve, there is no need for a further test.
- If a person is isolating and still has symptoms after seven days, they are advised to stay home until 24 hours after symptoms resolve.

### RATs

- There were 32,000 orders placed in the RAT Requestor system yesterday covering approximately 127k of the population.
- There are over 350 RATs collection points including 242 collection sites, 105 CTCs and 38 providers supporting priority populations nationwide. With pharmacies (498 sites on Healthpoint), GP Practices (87 sites on Healthpoint) and other community providers there are estimated to be over 1000 access points for RATs.
- 14.7M in stock
- 82.1M confirmed delivery in March
- The demand for rapid antigen tests that we've seen over recent weeks has reduced, but remains steady. We have plenty of supply in metro Auckland and nationally
- The easiest way to access RATs is via the click and collect website [www.requestrats.covid19.health.nz](http://www.requestrats.covid19.health.nz). You can get enough for your whole household, if one of you is symptomatic or one of you has already tested positive.
- Even if you've done a RAT before, it's important to refer to the instructions each time, as RATs brands differ slightly (for example, the number of drops required might be slightly different)
- Whether you receive a positive or negative result, please report it on My Covid Record AND encourage your whole household to report their result too. This will help to paint a clearer picture of how the pandemic is progressing both at a regional and national level.
- Parents and caregivers can report the test results of children under 12 and other family members either through My Covid Record or by calling 0800 222 478
- If you have tested positive for COVID-19, completed your isolation and you are symptom-free, you do not need to test again in order to leave isolation

## **Boosters**

- 71 per cent of eligible people in metro Auckland are boosted
- 340,805 people are eligible and yet to be boosted in metro Auckland
- If you are over 18 years old, and it's been at least three months since your second dose, now is the time to get your booster dose.
- If you have recently had COVID-19 and are eligible for a booster dose, you don't need to get your booster dose until three months **after** you've recovered.

## **5-11s**

- If it's been at least 8 weeks since your child aged 5 to 11 had their first dose, it's time for their second.
- Parents and caregivers can drive up to any community vaccination centre and bring their tamariki age 5 to 11 along. Many whānau have taken the opportunity to get their booster dose at the same time.
- Most GPs and pharmacies are also able to deliver the paediatric vaccinations, it is best to go to [bookmyvaccine.com](http://bookmyvaccine.com) to book these appointments.
- If your child has had COVID-19 over this period, you should wait for 12 weeks before taking them in to get a first or second dose
- There are a number of pop-up events this weekend for the whole whānau to attend. You can find the details on our website: [vaccinateforauckland.nz](http://vaccinateforauckland.nz)

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[REDACTED]

[REDACTED]

**From:** [Hannah Adam \(ADHB\)](#)  
**To:** [Tracie Simpson \(ADHB\)](#); [Matthew Rogers \(WDHB\)](#)  
**Cc:** [Megan Wiltshire \(ADHB\)](#); [Alexis Starkey \(NRA\)](#); [James Ihaka \(CMDHB\)](#); [Jonathan Tudor \(ADHB\)](#); [Jared Heffernan \(CMDHB\)](#)  
**Subject:** RE: Media stand up key points  
**Date:** Friday, 11 March 2022 09:37:48  
**Attachments:** [REDACTED]

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Thanks for this Tracie.

It would be good to acknowledge that the increasing cases/hospitalisations impacts more than just our EDs – several of our services/departments have needed help from other teams due to staff numbers vs case/patient numbers – so have suggested a tweak to that line. I've also made a couple of minor amends to the Auckland DHB section.

In addition to Matt's comments about potential questions, we've seen a renewed interest this week in the number of women birthing at our hospital who are COVID positive and the numbers of pregnant women in our care who are unvaccinated. I think that's partly a result of clinicians talking about it on their social channels.

I've attached a couple of our media responses on the topic in case they're of help for key messages.

Cheers  
Hannah

## Hospitalisations

As we explained last Friday, we were expecting hospitalisations to increase over this week and that trend has continued.

As a percentage against our positive cases, this is now xxx % up from just under half a percent. As a total of all cases in this outbreak, still only xxx percent have needed hospital care.

Obviously with hospitalisations rising, this is putting increasing pressure on our emergency departments **and other hospital services** across the city at a time when, they too, are experiencing staff shortages due to COVID.

We have been hearing from all of our hospital leaders about the incredible lengths their teams are going to in order to ensure that they are still able to deliver the highest possible levels of care and service.

For example, in Counties we know that public health nurses have stepped up to support in hospital roles at Middlemore; Allied Health clinicians have provided assistance to the orderly team or covered Health Care Assistant roles; Elective surgical staff have been redeployed from satellite units to Acute Services and Registered Nurses, and Health Care Assistants, as well as on-clinical staff have pick up shifts outside their normal hours to assist roster gaps.

At Waitemata DHB, the entire legal team has been redeployed to support the security teams and their Chief Financial Officer has been working on the wards delivering patient meals .

While at Auckland DHB Hospital, anaesthetists have been working as phlebotomists, drawing patient blood. the executive leadership team has been working in the emergency department to make beds, answering call bells and clearing linen bins, which enables our clinical teams to do what only they can do. The Members of our legal team have also been deployed onto the wards and are helping direct patients and whānau around the hospital.

While our hospitals are still very busy, thanks to the dedication of our staff, we are continuing to provide urgent care for those who need it. If you need help, we will be there for you.

We are fortunate that we're facing this outbreak with such high vaccination rates which is helping to keep our hospitalisations down but this is also an area we need to focus on. So, I will now hand over to Dr Anthony Jordan, who as you may know is an immunologist and has been the Clinical Director of our Vaccinations Programme here in the northern region.

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**From:** Tracie Simpson (ADHB) [REDACTED]  
**Sent:** Thursday, 10 March 2022 10:53 pm  
**To:** Matthew Rogers (WDHB) [REDACTED]  
**Cc:** Megan Wiltshire (ADHB) [REDACTED] Alexis Starkey (NRA) [REDACTED];  
[REDACTED] >; James Ihaka (CMDHB) [REDACTED];  
Jonathan Tudor (ADHB) [REDACTED] Jared Heffernan (CMDHB)

[REDACTED]; Hannah Adam (ADHB) [REDACTED]

**Subject:** Re: Media stand up key points

Hi Matt

Yes Angela and Carla have factored that in to the Q&A which will be added first thing. We'll be pulling this from the responses compiled by Jonathan this week but if you have anything new to add to it, please let me know. Priority tonight was to get the script sorted as these are our top line key messages.

I will share the rest in the morning for any further feedback.

Tracie

Sent from my iPhone

On 10/03/2022, at 10:42 PM, Matthew Rogers (WDHB)

[REDACTED] wrote:

[REDACTED]  
[REDACTED]  
[REDACTED]  
  
[REDACTED]  
  
[REDACTED]  
[REDACTED]  
  
[REDACTED]  
[REDACTED]

Sent from my iPhone

On 10/03/2022, at 9:40 PM, Tracie Simpson (ADHB) [REDACTED] wrote:

Kia ora koutou,

Slightly later than I would have liked but attached are the talking points/script for tomorrow. As you will see from the highlighted sections, we are still waiting on some clarification on a few points from the ministry. Our additional briefing notes and numbers will also be updated in the morning.

Could you please just take a look at the bits supplied and let me know if you're happy with how I've captured that. Obviously if there's anything else glaringly obvious, please let me know.

If possible, I would like to get this over to the ministry by 10am for

their final review.

Thanks

Tracie

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**From:** Megan Wiltshire (ADHB)

**Sent:** Thursday, 10 March 2022 5:19 pm

**To:** Alexis Starkey (NRA) [REDACTED]; James Ihaka (CMDHB) [REDACTED]; Matthew Rogers (WDHB) [REDACTED]; Tracie Simpson (ADHB) [REDACTED] >

**Cc:** Jonathan Tudor (ADHB) [REDACTED]; Jared Heffernan (CMDHB) [REDACTED]; Hannah Adam (ADHB) [REDACTED] >

**Subject:** RE: Media stand up key points

Apologies, here's a few from us:

- Our anaesthetists – including our Director of Perioperative services – have been working as phlebotomists across the hospital drawing patient blood.
- Our executive team members have been working in ED helping to make beds, answering call bells, clearing linen skips which enables our clinical teams to do what only they can do.
- The legal team have been deployed onto the wards and are helping direct patients and whanau around the hospital.
- Directors have been filled in in the wards as ward clerks.

Cheers

Meg

**Megan Wiltshire**

Director Communications

Mob: [REDACTED] | [REDACTED]

**Te Toka Tumai Auckland DHB** | Level 12 | Building 01 | Auckland City Hospital

**Welcome Haere Mai**

**| Respect Manaaki | Together Tūhono | Aim High Angamua**

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**From:** Alexis Starkey (NRA)  
**Sent:** Thursday, 10 March 2022 1:37 pm  
**To:** James Ihaka (CMDHB) [REDACTED];  
Matthew Rogers (WDHB) [REDACTED];  
Tracie Simpson (ADHB) [REDACTED]; Megan Wiltshire  
(ADHB) [REDACTED]  
**Cc:** Jonathan Tudor (ADHB) [REDACTED]; Jared Heffernan  
(CMDHB) [REDACTED]; Hannah Adam  
(ADHB) [REDACTED]  
**Subject:** RE: Media stand up key points

Fantastic, thanks James.

Ngā mihi

Alexis

**Alexis Starkey**  
**Communications Principal**  
Northern Region Health Coordination Centre  
[REDACTED]  
Bledisloe House | Level 6 | 24 Wellesley St, Auckland 1010

<image001.png>

[vaccinateforauckland.nz](https://www.vaccinateforauckland.nz)

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**From:** James Ihaka (CMDHB)  
**Sent:** Thursday, 10 March 2022 1:02 pm  
**To:** Alexis Starkey (NRA) <[REDACTED]>; Matthew  
Rogers (WDHB) [REDACTED]; Tracie  
Simpson (ADHB) [REDACTED]; Megan Wiltshire (ADHB)  
[REDACTED]  
**Cc:** Jonathan Tudor (ADHB) [REDACTED]; Jared Heffernan  
(CMDHB) [REDACTED]; Hannah Adam  
(ADHB) [REDACTED]  
**Subject:** RE: Media stand up key points

Hi Alexis,

Here's what's happening at CMDHB

Hi James,

See below.

Cheers

Staff from across our services are supporting our response 24/7 with the whole organisation pulling together to ensure patients are receiving the care they need in the most appropriate location e.g.

home visiting, telehealth, inpatient care.

As such we feel it is better to give examples of organisational team work:

- Public Health Nurses have come in to assist as clinical helpers in the hospital
- Allied Health clinicians have provided assistance to the orderly team or covered patient watches or Health Care Assistant roles.
- Elective surgical staff have been redeployed from satellite units to Acute Services (i.e. Manukau Surgical Centre to MMH)
- RN's, HCA's and non-clinical staff have pick up shifts outside their normal hours to assist roster gaps.
- Staff have been assisting to restock supplies on wards and with distribution to community and satellite sites.

**Jared Heffernan**  
**Group Communications Manager**  
**Counties Manukau Health**

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Mobile: [REDACTED] Media Line: (09) 250 9857, 8am-7pm  
Middlemore Hospital | 100 Hospital Road, Otahuhu | Private Bag  
93311 Otahuhu, Auckland 1640  
[countiesmanukau.health.nz](http://countiesmanukau.health.nz) | COUNTIES MANUKAU DISTRICT HEALTH  
BOARD  
<image002.png>

**Jared Heffernan**  
**Group Communications Manager**  
**Counties Manukau Health**

---

Mobile: [REDACTED] Media Line: (09) 250 9857, 8am-7pm  
Middlemore Hospital | 100 Hospital Road, Otahuhu | Private Bag  
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[countiesmanukau.health.nz](http://countiesmanukau.health.nz) | COUNTIES MANUKAU DISTRICT HEALTH  
BOARD  
<image002.png>

**From:** Jared Heffernan (CMDHB)

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**From:** Alexis Starkey (NRA)  
**Sent:** Thursday, 10 March 2022 11:33 a.m.  
**To:** Matthew Rogers (WDHB); Tracie Simpson (ADHB); Megan Wiltshire (ADHB); James Ihaka (CMDHB)  
**Cc:** Jonathan Tudor (ADHB); Jared Heffernan (CMDHB); Hannah Adam (ADHB)  
**Subject:** RE: Media stand up key points

Fantastic, thanks Matt. These are great examples!

Ngā mihi

Alexis

**Alexis Starkey**

**Communications Principal**

Northern Region Health Coordination Centre

[REDACTED] | [REDACTED]  
Bledisloe House | Level 6 | 24 Wellesley St, Auckland 1010

<image001.png>

[vaccinateforauckland.nz](https://www.vaccinateforauckland.nz)

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**From:** Matthew Rogers (WDHB)  
**Sent:** Thursday, 10 March 2022 10:12 am  
**To:** Tracie Simpson (ADHB) <[REDACTED]>; Megan Wiltshire (ADHB) <[REDACTED]>; Alexis Starkey (NRA) <[REDACTED]>; James Ihaka (CMDHB) <[REDACTED]>  
**Cc:** Jonathan Tudor (ADHB) <[REDACTED]>; Jared Heffernan (CMDHB) <[REDACTED]>; Hannah Adam (ADHB) <[REDACTED]>  
**Subject:** RE: Media stand up key points

Yes, please, for Waitematā – we have seen a range of staff redeployed from their normal roles in areas being scaled back during the Omicron surge.

This includes our Chief Financial Officer doing ward shifts, including delivering patient meals and cleaning up, answering call bells and assisting patients' families to get answers to any questions they may have re medication, etc.

Our entire legal team has also been redeployed to assist the Security with wayfinding help for the public and prevent people coming in through the wrong entry, so as to maintain patient safety.

I can get more examples if you need them – but these go to show there is a high level of goodwill and commitment to pitching in and helping our hospital-based services get through the surge.

Would be cool if we could use Friday as an opportunity to give the public a sense of that.

[REDACTED]

Our message is that we're open for those who need hospital-level care and patients and their families can be confident of good care, with all the appropriate mechanisms in place to keep people safe.

Thanks  
Matt

---

**From:** Tracie Simpson (ADHB)  
**Sent:** Thursday, 10 March 2022 9:21 a.m.  
**To:** Megan Wiltshire (ADHB); Alexis Starkey (NRA); James Ihaka (CMDHB); Matthew Rogers (WDHB)  
**Cc:** Jonathan Tudor (ADHB); Jared Heffernan (CMDHB); Hannah Adam (ADHB)  
**Subject:** RE: Media stand up key points

Thanks Meg,

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Jared/Matt – I'm guessing this would apply across your DHBs too?

Tracie

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**Sent:** Thursday, 10 March 2022 9:06 am  
**To:** Alexis Starkey (NRA) <[REDACTED]>; James Ihaka (CMDHB) <[REDACTED]>; Matthew Rogers (WDHB) <[REDACTED]>  
**Cc:** Tracie Simpson (ADHB) <[REDACTED]>; Jonathan Tudor (ADHB) <[REDACTED]>; Jared Heffernan (CMDHB) <[REDACTED]>; Hannah Adam (ADHB) <[REDACTED]>  
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I know I'm a broken record on this point but any chance to thank our people for their mahi at the moment would be great.

Meg

## Megan Wiltshire

Director Communications

Mob: [REDACTED] | [REDACTED]

**Te Toka Tumai Auckland DHB** | Level 12 | Building 01 | Auckland City

Hospital

### Welcome *Haere Mai*

| **Respect *Manaaki*** | **Together *Tūhono*** | **Aim High *Angamua***

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---

**From:** Alexis Starkey (NRA)

**Sent:** Wednesday, 09 March 2022 7:23 pm

**To:** Megan Wiltshire (ADHB) [REDACTED] >; James Ihaka (CMDHB) [REDACTED] >; Matthew Rogers (WDHB) [REDACTED] >

**Cc:** Tracie Simpson (ADHB) <[REDACTED]>; Jonathan Tudor (ADHB) [REDACTED] >; Jared Heffernan (CMDHB) [REDACTED] >; Hannah Adam (ADHB) [REDACTED] >

[REDACTED] >

**Subject:** Media stand up key points

Kia ora koutou

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Hospitalisations and vaccinations: Anthony Jordan (or other CMO/ED lead if available?)

- Latest hospitalisation info and reassurance messaging for the public, including management approach to ensure safety etc
- Booster data and the importance of this in preventing hospitalisations
- Second doses for tamariki and gaps for second dose if they have had COVID

GP representative (tbc)

- Common queries and concerns coming up, and responses/advice
- Support available
- Potential live demonstration of how to do a RAT

Ngā mihi

Alexis

**Alexis Starkey**

**Communications Principal**

Northern Region Health Coordination Centre

Bledisloe House | Level 6 | 24 Wellesley St, Auckland 1010

<image001.png>

[vaccinateforauckland.nz](https://www.vaccinateforauckland.nz)

<Talking Points for 11 March v4.docx>

**From:** [Megan Wiltshire \(ADHB\)](#)  
**To:** [Hannah Adam \(ADHB\)](#)  
**Cc:** [Mark Fenwick \(ADHB\)](#)  
**Subject:** Re: ELT working in ED  
**Date:** Wednesday, 23 March 2022 11:14:36

---

Susanne has confirmation from Shayne's ea too that he has also worked in ED.

**Megan Wiltshire**

Director Communications and Stakeholder Engagement

Mob: [REDACTED]

**Auckland District Health Board** | Level 12 | Building 01 | Auckland City Hospital

On 23/03/2022, at 11:12 AM, Hannah Adam (ADHB)

[REDACTED] > wrote:

Let me know if you'd like me to get confirmation from Shayne/his EA too.

H.

---

**From:** Megan Wiltshire (ADHB) [REDACTED] >  
**Sent:** Wednesday, 23 March 2022 10:55 am  
**To:** Mark Fenwick (ADHB) <MFenwick@adhb.govt.nz>; Hannah Adam (ADHB) [REDACTED]  
**Subject:** Fwd: ELT working in ED

Confirmation email.

I also had subsequent emails saying it is still ongoing as Mel is doing it regularly.

**Megan Wiltshire**

Director Communications and Stakeholder Engagement

Mob: [REDACTED]

**Auckland District Health Board** | Level 12 | Building 01 | Auckland City Hospital

Begin forwarded message:

**From:** "Sarah McLeod (ADHB)" [REDACTED] >  
**Date:** 23 March 2022 at 10:40:02 AM NZDT  
**To:** "Megan Wiltshire (ADHB)" [REDACTED] >, "Susanne Biddick (ADHB)" [REDACTED] >  
**Subject:** RE: ELT working in ED

Mel and I have and I understand Shayne has as well – there may be others.

---

**From:** Megan Wiltshire (ADHB)

**Sent:** Wednesday, 23 March 2022 10:38 am

**To:** Susanne Biddick (ADHB) [REDACTED]; Sarah McLeod (ADHB) [REDACTED] >

**Subject:** ELT working in ED

Hi. I am having an ongoing email dialogue about a statement that went out in the 1pm press briefing two weeks ago about members of the ELT working in ED as part of the redeployment. A member of the public has questioned this.

Can you confirm you and Mel worked in ED? And also were there other ELT members.

Susanne - thought I'd send to you too as you might be able to answer for Mel.

Thanks very much  
Meg

**Megan Wiltshire**

Director Communications and Stakeholder Engagement

Mob: [REDACTED] [REDACTED]

**Auckland District Health Board** | Level 12 | Building 01 |  
Auckland City Hospital

**From:** [Jonathan Tudor \(ADHB\)](#)  
**To:** [Mark Fenwick \(ADHB\)](#)  
**Cc:** [Tracie Simpson \(ADHB\)](#); [NRHCCMEDIA \(ADHB\)](#); [NRHCCPIM1 \(ADHB\)](#)  
**Subject:** FW: Media stand up key points  
**Date:** Friday, 18 March 2022 15:04:17  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image002.png](#)

---

Afternoon Mark

Tracie has just had a chat with me about the background to people taking on different roles. Below is an email trail from last Thursday that provides sources of information from each of the DHB comms teams. I hope this goes some way to answering the question. Please give me a call if you need any further information today.

Ngā mihi

Jonathan

**Jonathan Tudor**

**Communications Lead**

Northern Region Health Coordination Centre

[REDACTED]  
Bledisloe House | Level 8 | 24 Wellesley St, Auckland 1010

Hnet.com-image (2)



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**From:** Matthew Rogers (WDHB)

**Sent:** Thursday, 10 March 2022 10:43 pm

**To:** Tracie Simpson (ADHB) [REDACTED]

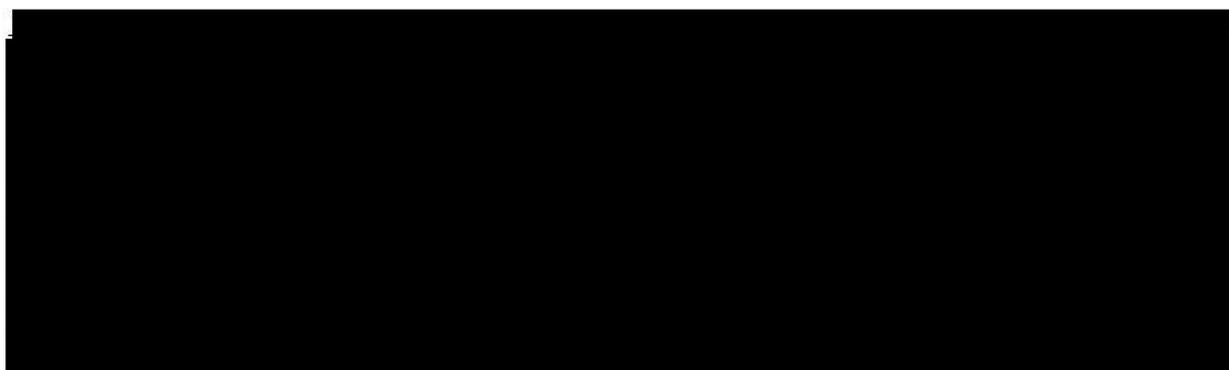
**Cc:** Megan Wiltshire (ADHB) [REDACTED]; Alexis Starkey (NRA)

[REDACTED] >; James Ihaka (CMDHB) [REDACTED] >;

Jonathan Tudor (ADHB) [REDACTED] >; Jared Heffernan (CMDHB)

[REDACTED] >; Hannah Adam (ADHB) [REDACTED] >

**Subject:** Re: Media stand up key points



Thanks

Matt

Sent from my iPhone

On 10/03/2022, at 9:40 PM, Tracie Simpson (ADHB) <[REDACTED]> wrote:

Kia ora koutou,

Slightly later than I would have liked but attached are the talking points/script for tomorrow. As you will see from the highlighted sections, we are still waiting on some clarification on a few points from the ministry. Our additional briefing notes and numbers will also be updated in the morning.

Could you please just take a look at the bits supplied and let me know if you're happy with how I've captured that. Obviously if there's anything else glaringly obvious, please let me know.

If possible, I would like to get this over to the ministry by 10am for their final review.

Thanks

Tracie

---

**From:** Megan Wiltshire (ADHB)

**Sent:** Thursday, 10 March 2022 5:19 pm

**To:** Alexis Starkey (NRA) <[REDACTED]>; James Ihaka (CMDHB)

[REDACTED]; Matthew Rogers (WDHB)

[REDACTED]; Tracie Simpson (ADHB)

<[REDACTED]>

**Cc:** Jonathan Tudor (ADHB) [REDACTED]; Jared Heffernan (CMDHB)

[REDACTED]; Hannah Adam (ADHB)

[REDACTED]

**Subject:** RE: Media stand up key points

Apologies, here's a few from us:

- Our anaesthetists – including our Director of Perioperative services – have been working as phlebotomists across the hospital drawing patient blood.
- Our executive team members have been working in ED helping to make beds, answering call bells, clearing linen skips which enables our clinical teams to do what only they can do.
- The legal team have been deployed onto the wards and are helping direct patients and whanau around the hospital.
- Directors have been filled in in the wards as ward clerks.

Cheers

Meg

**Megan Wiltshire**

Director Communications

Mob: [REDACTED] | [REDACTED]

**Te Toka Tumai Auckland DHB** | Level 12 | Building 01 | Auckland City Hospital

**Welcome Haere Mai | Respect Manaaki | Together Tūhono | Aim**

**High Angamua**

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---

**From:** Alexis Starkey (NRA)

**Sent:** Thursday, 10 March 2022 1:37 pm

**To:** James Ihaka (CMDHB) <[REDACTED]>; Matthew Rogers (WDHB) <[REDACTED]>; Tracie Simpson (ADHB) <[REDACTED]>; Megan Wiltshire (ADHB) <[REDACTED]>

**Cc:** Jonathan Tudor (ADHB) <[REDACTED]>; Jared Heffernan (CMDHB) <[REDACTED]>; Hannah Adam (ADHB) <[REDACTED]>

**Subject:** RE: Media stand up key points

Fantastic, thanks James.

Ngā mihi

Alexis

**Alexis Starkey**

**Communications Principal**

Northern Region Health Coordination Centre

[REDACTED] | [REDACTED]  
Bledisloe House | Level 6 | 24 Wellesley St, Auckland 1010

<image001.png>

[vaccinateforauckland.nz](https://www.auckland.govt.nz/vaccinateforauckland.nz)

---

**From:** James Ihaka (CMDHB)

**Sent:** Thursday, 10 March 2022 1:02 pm

**To:** Alexis Starkey (NRA) <[REDACTED]>; Matthew Rogers (WDHB) <[REDACTED]>; Tracie Simpson (ADHB) <[REDACTED]>; Megan Wiltshire (ADHB) <[REDACTED]>

**Cc:** Jonathan Tudor (ADHB) <[REDACTED]>; Jared Heffernan (CMDHB) <[REDACTED]>; Hannah Adam (ADHB) <[REDACTED]>

<[REDACTED]>  
**Subject:** RE: Media stand up key points

Hi Alexis,

Here's what's happening at CMDHB

Hi James,

See below.

Cheers

Staff from across our services are supporting our response 24/7 with the whole organisation pulling together to ensure patients are receiving the care they need in the most appropriate location e.g. home visiting, telehealth, inpatient care.

As such we feel it is better to give examples of organisational team work:

- Public Health Nurses have come in to assist as clinical helpers in the hospital
- Allied Health clinicians have provided assistance to the orderly team or covered patient watches or Health Care Assistant roles.
- Elective surgical staff have been redeployed from satellite units to Acute Services (i.e. Manukau Surgical Centre to MMH)
- RN's, HCA's and non-clinical staff have pick up shifts outside their normal hours to assist roster gaps.
- Staff have been assisting to restock supplies on wards and with distribution to community and satellite sites.

**Jared Heffernan**  
**Group Communications Manager**  
**Counties Manukau Health**

---

Mobile: [REDACTED] Media Line: (09) 250 9857, 8am-7pm  
Middlemore Hospital | 100 Hospital Road, Otahuhu | Private Bag 93311 Otahuhu,  
Auckland 1640  
[countiesmanukau.health.nz](http://countiesmanukau.health.nz) | COUNTIES MANUKAU DISTRICT HEALTH BOARD  
<image002.png>

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**From:** Jared Heffernan (CMDHB)

---

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**Sent:** Thursday, 10 March 2022 11:33 a.m.  
**To:** Matthew Rogers (WDHB); Tracie Simpson (ADHB); Megan Wiltshire (ADHB); James Ihaka (CMDHB)  
**Cc:** Jonathan Tudor (ADHB); Jared Heffernan (CMDHB); Hannah Adam (ADHB)  
**Subject:** RE: Media stand up key points

Fantastic, thanks Matt. These are great examples!

Ngā mihi

Alexis

**Alexis Starkey**  
**Communications Principal**  
Northern Region Health Coordination Centre  
[REDACTED] | [REDACTED]  
Bledisloe House | Level 6 | 24 Wellesley St, Auckland 1010

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[vaccinateforauckland.nz](http://vaccinateforauckland.nz)

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**Cc:** Jonathan Tudor (ADHB) <[REDACTED]>; Jared Heffernan (CMDHB) <[REDACTED]>; Hannah Adam (ADHB) <[REDACTED]>  
**Subject:** RE: Media stand up key points

Yes, please, for Waitematā – we have seen a range of staff redeployed from their normal roles in areas being scaled back during the Omicron surge.

This includes our Chief Financial Officer doing ward shifts, including delivering patient meals and cleaning up, answering call bells and assisting patients' families to get answers to any questions they may have re medication, etc.

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wayfinding help for the public and prevent people coming in through the wrong entry, so as to maintain patient safety.

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## Megan Wiltshire

Director Communications

Mob [REDACTED] | [REDACTED]

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[REDACTED] >

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Ngā mihi

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**Alexis Starkey**

**Communications Principal**

Northern Region Health Coordination Centre

Bledisloe House | Level 6 | 24 Wellesley St, Auckland 1010

<image001.png>

[vaccinateforauckland.nz](https://www.vaccinateforauckland.nz)

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