
To:	General Practices, Pharmacists, After-Hours Centres and Emergency Departments in the greater Wellington and Wairarapa regions
From:	Dr Craig Thornley, Medical Officer of Health
Date:	15/03/2020
Title:	COVID-19 updates: border restrictions, case definition, notification process, confirmed cases

Please distribute the following information to relevant staff in your organisation.

All public health alerts are available at www.rph.org.nz/publichealthalerts

COVID-19 update: border restrictions, case definition, notification process, confirmed cases

ADVISORY SUMMARY:

This public health alert contains four COVID-19 updates:

- information from the National Health Alert issued 14/03/2020 concerning Cabinet decisions with regard to border restrictions;
- changes to the COVID-19 case definition;
- changes to the process for notifying suspected COVID-19 to Regional Public Health;
- information from the National Health Alert issued 14/03/2020 concerning the sixth confirmed case

NATIONAL HEALTH ALERT: Border restrictions

The following decisions were taken by Cabinet on 14/03/2020 concerning border and associated measures, and on cruise ships in relation to COVID-19.

From 23:59 hours on Sunday 14/03/2020, the following measure took effect:

- Cruise ships are directed not to come to New Zealand as of 23:59 on 14/03/2020 until 23:59 on 30/06/2020

From 23:59 hours on Sunday 15/03/2020, the following measures will take effect:

- Category 1A: Mainland China and Iran: current measures continue
- Category 1B has been expanded to include travellers from the rest of the world (including Australia), except the Pacific. Travellers in this category are expected to self-isolate/self-quarantine for 14 days from their last day in a category 1 country.
- Category 2 now comprises the Pacific. All travellers from category 2 countries and territories are expected to self-isolate if they show symptoms within 14 days of arrival in New Zealand.

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These decisions will be reviewed in 16 days' time (from 14/03/2020).

For clarification the Pacific was defined as all Pacific Island Forum members (except French Polynesia), Associate Member Tokelau, and Observer Wallis and Futuna

Updated advice for Health Professionals is available on the Ministry of Health website:

<https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals>

Additional advice for primary care will follow.

Changes to the COVID-19 case definition

The current COVID-19 case definition is available at <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals/case-definition-covid-19-infection>. This online version should be considered the most current.

The following revised case definition was published on 14/03/2020. Changes from the previous version are shown in **bold**.

A suspected case satisfies both the epidemiological and the clinical criteria for each of the following three scenarios (i.e. in the same row):

	Clinical criteria		Epidemiological criteria
1	Fever ($\geq 38^{\circ}\text{C}$) OR any acute respiratory infection with at least one of the following symptoms: shortness of breath, cough or sore throat with or without fever .	AND	Travel to or from (excluding airport transit) countries or areas of concern within 14 days before onset of illness
	OR		
2	Fever ($\geq 38^{\circ}\text{C}$) OR any acute respiratory illness with at least one of the following symptoms: shortness of breath, cough or sore throat with or without fever	AND	Close contact ¹ or casual contact ⁴ with a suspect, probable or confirmed case of SARS-CoV-2 infection in the 14 days before onset of illness
	OR		
	Healthcare workers ³ with moderate or severe community-acquired pneumonia	AND	Regardless of any international travel

In addition to the suspect case definition above, consider, for surveillance purposes, testing the following patients²

3	Critically ill patients in ICU/HDU with bilateral severe community-acquired pneumonia AND no other cause is identified	AND	No source of exposure has been identified (ie, regardless of travel history)
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Note that due to the ongoing changing global and domestic situation, clinical judgement should apply as to whether someone who doesn't quite meet the current case definition should be tested or not.

1. A 'Close contact' is defined as any person with the following exposure to a confirmed or probable case during the case's infectious period, without appropriate personal protective equipment (PPE):
 - direct contact with the body fluids or the laboratory specimens of a case
 - presence in the same room in a health care setting when an aerosol-generating procedure is undertaken on a case
 - living in the same household or household-like setting (eg, shared section of in a hostel) with a case
 - face-to-face contact in any setting within two metres of a case for 15 minutes or more
 - having been in a closed environment (e.g. a classroom, hospital waiting room, or conveyance other than aircraft) within 2 metres of a case for 15 minutes or more
 - having been seated on an aircraft within two metres of a case (for economy class this would mean 2 seats in any direction including seats across the aisle, other classes would require further assessment)
 - aircraft crew exposed to a case (a risk assessment conducted by the airline is required to identify which crew should be managed as close contacts)
2. While at this point this criterion is predominantly for surveillance purposes. Case management, including isolation and PPE, should be based on clinical judgement.
3. For the purpose of testing, healthcare workers are defined as those who may have been exposed to respiratory droplets from patients or residents.
4. Casual contact: Any person with exposure to the case who does not meet the criteria for a close contact.

Notification to Regional Public Health

COVID-19 is a notifiable disease (under the category "Novel coronavirus capable of causing severe respiratory illness", and as such must be reported on suspicion to the medical officer of health.

For routine notifications of patients suspected to have COVID-19, please phone 04 570 9267, or complete the **Health Practitioner Notice of Notifiable Disease** form (available at <http://www.rph.org.nz/health-professionals/notifiable-diseases/health-practitioner-notice-of-notifiable-disease.pdf>) and fax to 04 570 9373. See copy appended to this Public Health Alert.

Sixth confirmed COVID-19 case in New Zealand

Late on 13 March 2020 the Ministry of Health's National Health Coordination Centre was notified of the sixth positive COVID-19 test. This positive result is for a New Zealand citizen in his late 60's. The case has a recent history of travel to the United States of America, specifically New Jersey.

Casual contact tracing is underway for this individual and close contacts are already in self-isolation. The case is in self isolation in his home. He has appropriate clinical support from public health and district health board staff.

Like four of our positive cases, this person doesn't require hospital level care and neither does anyone else in the family home.

The situation is being closely monitored by the NHCC and updates will be provided on the Ministry's website.

Health practitioner notice of notifiable disease

Section 74, Health Act 1956

Instructions on use: This form is for notification of diseases listed in sections A and B of Part 1 of Schedule 1 of the Act. For **pertussis notifications**, please use the separate pertussis notification form.

Regional Public Health

HAUORA Ā IWI KI TE ŪPOKO ● O TE IKA A MĀUI
Better health for the greater Wellington region

Name of notifier:	Date:
Organisation:	Phone:
Disease being notified:	

CASE IDENTIFICATION	
Name of case:	NHI:
Current address:	Phone (home):
Email:	Phone (other):
Date of birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate
Caregiver's name if case is <16 years:	
Ethnicity (tick all that apply):	<input type="checkbox"/> NZ European <input type="checkbox"/> Māori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Island <input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Tongan <input type="checkbox"/> Other (please specify):
Current occupation:	
Place of work/school/preschool:	
High priority occupation:	<input type="checkbox"/> Food worker <input type="checkbox"/> Healthcare worker <input type="checkbox"/> Early childhood worker/attendee <input type="checkbox"/> High risk due to illness/disability

PLEASE ADVISE PATIENT OF DIAGNOSIS BEFORE NOTIFYING REGIONAL PUBLIC HEALTH

CLINICAL SYMPTOMS
Illness onset date:
Hospitalised? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Hospital name:
Diagnosis based on: <input type="checkbox"/> Clinical findings <input type="checkbox"/> Lab test <input type="checkbox"/> Contact with confirmed case
Symptoms:
If vaccine preventable (e.g. measles), dates and doses of vaccines given:
Any other information on the patient's situation, occupation, travel, or other activities that may be relevant for identifying the source or potential spread of the disease:

PATIENT MANAGEMENT
<input type="checkbox"/> Antibiotic, if given specify:
<input type="checkbox"/> Case advised of exclusion if required, details:
<input type="checkbox"/> Other comment:

Notify RPH within 24 hours by fax 04 570 9373 or email: RES-Entdisreptla@huttvalleydhb.org.nz