

22 April 2021

Ryan Potts

By email: [fyi-request-14743-404dc830@requests.fyi.org.nz](mailto:fyi-request-14743-404dc830@requests.fyi.org.nz)  
Ref: H202103376

Dear Ryan Potts

### **Response to your request for official information**

Thank you for your request under the Official Information Act 1982 (the Act) which was transferred from the Prime Minister, Rt Hon Jacinda Ardern, to the Ministry of Health (the Ministry) on 23 March 2021 for:

*"I'm seeking any officials reports or briefing material that include reference to the subject of undetected community transmission, particularly in relation to the "Valentine's Day" cluster."*

A case investigation report for the February 2021 Auckland cluster has been identified within the scope of your request and an excerpt of the most recent report has been released to you under section 16(1)(e) of the Act.

I trust this information fulfils your request. Under section 28(3) of the Act you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: [info@ombudsman.parliament.nz](mailto:info@ombudsman.parliament.nz) or by calling 0800 802 602.

Yours sincerely

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Gill Hall  
**Group Manager COVID-19 Science and Insights**  
**COVID-19 Health System Response**

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**Source investigation**

A source investigation is ongoing. A number of working hypotheses have been outlined below. At this stage the leading hypothesis based on ESRs advice regarding the genome of cases A and B is that it is likely a new border incursion.

Possible index case	Hypothesis	Implications	Evidence	Actions
Case B	- Infected at workplace - Infected by another border worker  NOTE: It is considered that fomite/environmental transmission is unlikely.	- possible fomite transmission - possible droplet/aerosol from shaking off laundry - infected co-worker (undetected community transmission)	Case B reports symptom onset on 12 February which could be consistent with an exposure event at work (last day at work was 5 February). LSG Sky Chefs (employer) – Case B does laundry from international flights including Emirates and Qatar airways who fly high risk routes. Case B could have infected Cases A and C, but Case A’s symptom onset is earlier than case Bs. Case A has negative serology.  Co-workers have returned negative tests – so there is less evidence that there is transmission in the workplace or that there the source of infection for case A (if it was in the workplace) infected others there.	Testing of all workplace contacts including 9 other laundry room workers if not surveillance swabbed in last 48 hours. Ongoing. Workmates PCR negative. Serology will also be done for the laundry workers to rule out recent infection. Investigation into overseas cases who transited through NZ or aircrew is ongoing. As of 19 February, investigation into this hypothesis as not resulted in a conclusion.
Case A	-Infected in 14 days prior to symptom onset (8 <sup>th</sup> Feb) – possibly school (first day at school during potential exposure period was 3 <sup>rd</sup> Feb)	Undetected community transmission	No evidence of community transmission in Auckland in late Jan or early Feb, however case A has earlier symptom onset than case B. Symptom onset - muscle aches from 8 February which ARPHS consider to be COVID-19 symptoms but not definitive (went for long walk on 7 February). Respiratory symptoms started 11 February. Negative serology received. A close contact of Case A (teacher) reported symptoms of anosmia on 1 February – PCR negative on 15 February. Serology requested. Following up household.	Thorough source investigation into case’s movements and testing of school contacts. Exposure history being investigated. Ongoing.

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Case C	Case C infected first and infected case A and B	Undetected community transmission	Negative serology received but case tested negative on re-swab – serology and swab will be repeated later this week but cannot rule out historic infection at this point.	Continuing investigations. Workmates have tested negative. Case C is now displaying symptoms but has returned a negative third PCR result.
Case A, B or C	Cases A B or C infected by Four Points case (via intermediaries)	Undetected community transmission  Undetected MIQ transmission	Four Points case is genomically similar but there is no epidemiological link and the timelines do not match. There could be intermediaries between.	<p>A plan to contact returnees who were in the Four Points at the same time as the case is underway. Contact Tracing have so far identified and contacted 149 returnees. 19 of these returnees have reported as being previously symptomatic and have been referred to PHUs. Work is underway to contact outstanding returnees. Returnees from the same floor as the case will be subject to serology. Any returnees who report having been symptomatic will also be subject to serology. Confirming all staff were appropriately tested.</p> <p>On 20 February were around 50 outstanding returnees yet to be followed up and tested. Attempts to contact these people have been made without success. ARPHS have highlighted these outstanding, uncontactable returnees as an issue for source investigation. The Ministry of Health is developing public messaging early next week to attempt to contact these people. Also, attempts to locate the remaining returnees through ethnic communities will be made. On 21 February there are 21 outstanding returnees yet to be followed up and tested. Of these, 10 are believed to have accurate contact details and will be attempted to be contacted. The other 11 remaining returnees have been referred to finders service. Of these, 2 have alternative contact numbers believed to be accurate and will be attempted to be contacted, some have been contacted via email and the returnee has provided contact numbers. These will be attempted to be contacted.</p>

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				<p>ARPHS have re-interviewed the case and he was not unwell after leaving the quarantine facility. He had two household contacts, one who reported symptoms and was tested with a negative result. Both household contacts will have serology done. The history of the cases movements since leaving the MIQ was ascertained and there are no crossovers with cases A, B or C.</p> <p>On 22 February it was confirmed that there were 265 returnees who were in the Four Points at the same time as the case. Of these, 36 returnees have since travelled overseas and will not be followed up.</p> <p>Of the remaining 229 returnees in New Zealand, 219 returnees have been contacted for symptom check during the period of interest.</p> <p>Of the 219 returnees contacted:</p> <ul style="list-style-type: none"><li>- 40 returnees have reported they were symptomatic during the period of interest and have been referred to their local PHU for follow-up.</li><li>- All returnees have been contacted and 1 person has refused a test.</li><li>- 15 returnees or their family members have been referred for serology. Of these, 8 have returned a negative result, 3 results are pending and 4 are yet to have a sample taken and will be followed up by the local PHU.</li></ul> <p>10 remaining returnees have not had a call completed and are currently assigned to NITC for initial contact. Of these,</p> <ul style="list-style-type: none"><li>- 4 returnees have arranged scheduled calls for 22 February.</li></ul>
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				<ul style="list-style-type: none"> <li>- 5 returnees (3 within same family bubble) have been emailed again today requesting the best phone number and time to call</li> <li>- 1 returnee is outstanding. Contact details for a person with the same surname in the same location has been identified as a possible next of kin and will be called today to try to reach their family member.</li> </ul>
Case A or B	Case B and/or A infected in New Plymouth	Undetected community transmission in New Plymouth (6 – 8 February)	Case A infectious from Sat 6 February (symptom onset 8 February) so would require a very short incubation period.	Taranaki DHB increased CTC testing and messaging

The following table outlines modes of transmission currently hypothesised to be possible.

<b>Mode</b>	<b>Notes</b>
Person to person transmission	Person-to-person is the most common mode of transmission of COVID-19. In this scenario there has been no contact identified with known cases of COVID-19 in New Zealand.
Fomite transmission from laundry	It is possible that the laundry that Case B handled in the course of her work acted as a source of transmission of COVID-19. The case wore gloves while touching the laundry. SARS-CoV-2 does not persist well on fabric. There have never been any confirmed cases of infection transmitted through fomites from laundry.
Aerosol transmission from laundry	It is possible that in the course of disturbing the fabric (shaking out blankets etc) aerosols or droplets could have been released into the air. Given Case B does not wear a mask in the course of her duties this is considered a possible mode of transmission. However there have been negative tests received on other staff working in the same manner. However, SARS-CoV-2 does not persist well on fabric. There have never been any confirmed cases of infection transmitted through fomites from laundry (which could then be aerosolised through shaking the fabric).