

Hon Chris Hipkins

MP for Remutaka

Minister for COVID-19 Response

Minister of Education

Minister for the Public Service

Leader of the House



Matthew Hooton
fyi-request-17592-1eac4e92@requests.fyi.org.nz

CHOIAH202203033

Dear Matthew

Response to your request for official information

Thank you for your requests under the Official Information Act 1982 (the Act) on 7 March 2022. Information in response to each part of your request is outlined below.

1. The number of people in the New Zealand contact tracing system.

On 11 March 2022, you were advised to clarify this part of your request to identify if you are seeking the number of COVID-19 cases or contacts in the contact tracing system, as some data will include people who have been both a COVID-19 case and contact, and therefore may be counted twice. On 22 March 2022, you advised that:

“Part one of my request is for the number of people using the contact tracing system (via the app or using paper) on the date of my request.”

On 17 November 2021, there were 2,785,815 QR code scans, 69,370 manual application entries, and 1,199,451 active devices (defined as the number of devices that have either scanned a code or added a manual entry during the period) on the on the NZ COVID Tracer App. The number of people in the system who were being actively managed as close contacts on 17 November 2021 was 5975.

2. The criteria for inclusion in the contact tracing system.

As of 17 November 2021, the following categories were used to define who would be considered a case or a contact for management and contact tracing purposes:

- Confirmed COVID-19 case
- Probable COVID-19 case
- Household close contact
- Close-plus contact
- Close contact
- Casual-plus contact
- Casual contact

Contacts that are identified in each these categories are then uploaded to the National Contact Tracing System. Further information about the operational definitions for each of these different categories is outlined in Appendix 1 of this letter.

3. Advice you have sought on how an arrival to New Zealand could gain entry into the contract tracing system.
4. Advice you have received on how an arrival to New Zealand could gain entry into the contract tracing system.
5. Advice you have received on any operational or administrative barriers to requiring all arrivals in New Zealand to enter into the contract tracing system.
6. Advice you have received on what cumulative risk those operational or administrative barriers would add to people already in New Zealand in terms of becoming (a) infected and (b) seriously ill with Covid 19.
7. Any other information on which your statement of 17 November quoted above was based.

My Office has not identified any information within scope of these parts of your request. Therefore, they are refused under section 18(e) of the Act. It is important to note that the quote your request centres on relates to the justification for border opening/restrictions: www.beehive.govt.nz/sites/default/files/2021-11/Press%20Conference%202017%20November%202021.pdf As such, you may wish to contact the Ministry of Business, Innovation and Employment for further information: www.mbie.govt.nz/about/open-government-and-official-information/make-a-request-for-official-information/

For your information, lists and copies of advice received by my Office from the Ministry of Health are proactively released on the following links:

- www.health.govt.nz/about-ministry/information-releases/advice-provided-ministers
- www.covid19.govt.nz/about-our-covid-19-response/proactive-releases/health-response/

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 or by calling 0800 802 602.

Yours sincerely



Chris Hipkins
Minister for COVID-19 Response

Appendix 1

Confirmed and probable cases of COVID-19

A confirmed case is anyone who has returned a PCR test which is positive for SARS-CoV-2.

A probable case is:

- (a) a close contact of a confirmed case that has a high exposure history, meets the clinical criteria and for whom testing cannot be performed, or
- (b) a close contact of a confirmed case that has a high exposure history, meets the clinical criteria, and has a negative PCR result but it has been more than 7 days since symptom onset before their first negative PCR test was taken.

Confirmed case is a case that has laboratory definitive evidence. Laboratory definitive evidence requires at least one of the following:

- (a) detection of SARS-CoV-2 from a clinical specimen using a validated NAAT (PCR). Very weak positive results will only be labelled a confirmed case when the result is confirmed on a second sample.
- (b) detection of coronavirus from a clinical specimen using pan-coronavirus NAAT (PCR) and confirmation as SARS-CoV-2 by sequencing
- (c) significant rise in IgG antibody level to SARS-CoV-2 between paired sera.

Probable case is:

- (a) a close contact of a confirmed case that has a high exposure history, meets the clinical criteria and for whom testing cannot be performed, or
- (b) a close contact of a confirmed case that has a high exposure history, meets the clinical criteria, and has a negative PCR result but it has been more than 7 days since symptom onset before their first negative PCR test was taken.

Household and household-like close contacts of cases of COVID-19

“All household members who live with someone who has tested positive for COVID-19 (a case) are household Close Contacts.”

“Household-like contacts are defined as those who have had frequent or prolonged indoor interactions, including sexual contacts, overnight guests, shared living spaces, shared custody arrangements. At the discretion of a medical officer of health (or delegate), other Close contacts may be upgraded to Household-like.”

Close and close plus contacts of cases of COVID-19

“Assessment of ‘close contact’ involves a public health risk assessment that considers multiple factors*, usually by a public health unit team led by a medical officer of health. A person may be considered a close contact if they have exposure to the same air as a confirmed (or probable) case during the case’s infectious period that is assessed as significant, without appropriate personal protective equipment (PPE). Exposure to the same air may include those in a setting immediately after the case, as well as while the case was present. Face-to-face exposure in an enclosed environment that is more than fleeting, and face-to-face contact outdoors within **1.5 metres** for more than 15 minutes, will usually be considered close contact.

In addition, any person with the following exposure will usually be considered a close contact:

- direct contact with the bodily fluids or the laboratory specimens of a case
- living in the same household or household-like setting (e.g., shared section of in a hostel) with a case
- having been seated on an aircraft within **1.5 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 public health unit in collaboration with the airline is required to identify which crew should be managed as close contacts).

*Factors that contribute to the public health risk assessment of the level of exposure include (but are not limited to) those related to:

- setting, duration, proximity, ventilation (e.g., indoor/outdoor, ventilation system, airflow), crowding/ability to physical distance, length of time, type of activity (e.g. eating/drinking, singing, shouting, talking, exercising)
- case: infectiousness, level of symptoms, face coverings, hand hygiene, age (e.g., child vs adult)
- contact: mitigating features (all wearing face coverings correctly, using hand sanitizer, vaccination status)”

Casual and casual plus contacts of cases of COVID-19

“Casual Contacts are individuals who were at the same place at the same time as someone who was infectious for COVID-19 (a location of interest). However, they are considered to be at low risk of contracting COVID-19, because they have not been close enough to the infectious person (within two metres), or near them for long enough (15 minutes or more) to be considered at high risk.” OR “Any person who has had contact with COVID-19 but who does not meet the close contact criteria.”

“A Casual Plus Contact is a Casual Contact where there is higher risk for transmission and/or anyone who receives a yellow notification for a location of interest via the NZ COVID Tracer app that says ‘Casual Plus Contact’.”