



## **Medical Officer of Health Report September 2020**

### **Public Health – Stronger after COVID-19 and ready for the next epidemic?**

As I write this, we have just returned to COVID-19 Alert Level One in our area. We will still be taking precautions, washing our hands, staying home if we are unwell, noting our trips with the COVID app, and getting tested if we have a new cough, sore throat etc. Otherwise life will return to the 'new normal' for many of us.

Much of the rest of the world is grappling with widespread infections, many deaths, and episodic lockdowns. Since 30 December 2019, there have now been 30 million cases worldwide, with over 900,000 deaths reported to the WHO.

So far in 2020 there have been 1,464 confirmed cases in New Zealand, mostly in our first wave earlier this year.

Our national approach to COVID-19 is to keep it out, with stricter border controls. When it reappears in the community, then to stamp it out by rigorous and fast case finding and contact tracing, with community restrictions (alert levels/lockdowns) in support if needed. This looks to have been successful once again as the Auckland clusters are brought under control.

So, from the perspective of a Medical Officer of Health in the Bay of Plenty and Lakes, where to from here?

We will continue to support those managing our borders. Locally that largely means advice for our Managed Isolation Facilities (MIFs) in Rotorua, and working with the Bay of Plenty DHB, Customs, shipping agents and Port staff to reduce the risk of COVID-19 getting into New Zealand.

There will be cases notified to us. Testing in our MIFs, at the Port and in primary care, with support from our amazing laboratory services, gives us the best chance of early notification.

We need to interview any cases, ensure they are isolated quickly, and that their close contacts are tested and quarantined promptly.

There are lessons from previous outbreaks and threats, not just of COVID-19. We had an influenza pandemic in 2009, a pertussis outbreak in 2013, plans and preparations were made to manage Ebola in 2014, and we had a major waterborne outbreak in 2016. All had reports or extensive discussion, recommendations were made, advice given, and there were some changes.

However only last year, there was another tragic outbreak/epidemic in New Zealand and the Pacific and across the world. Another highly infectious and dangerous viral disease – measles. Well over a thousand confirmed cases, and hundreds of hospitalisations. No deaths in New Zealand but the Pacific wasn't so lucky.

A report on the health sector response to measles in 2019 commissioned by the Ministry of Health has recently been released. Despite all of the reports and recommendations from the previous outbreaks above, this most recent report, sadly, still makes sobering reading.

There were well recognised gaps in our measles immunisation cover which had still not been fully addressed. In the years prior to the outbreak several important national public health functions had been split among organisations, such as ESR, PHARMAC and IMAC. The Ministry of Health had had several restructures, and some staff were unfamiliar with outbreak management. Public Health Units had not kept up with the growth of the health sector and in places were understaffed.

To quote the report “on all levels tasks that belonged in the preparedness phase of outbreak control had been neglected.” As the outbreak spread around the country, much of the response was coordinated at the local level. National coordination and leadership came late. Some public health services were overwhelmed and could no longer actively contact trace. Outcomes were inequitable.

The report makes many good recommendations. Many of these relate to immunisation, some of which will be very relevant if and when a COVID-19 vaccine becomes available.

However, it is the suggestions around outbreak management that are most helpful now. A few of the key ones are:

- For every outbreak threat, have one outbreak team, at an early stage
- Have a national generic outbreak plan, and regional disease specific plans
- Clarify the roles of national agencies
- Centralise and standardise functions and information
- Consider the role of Maori and Pacific leaders in outbreak management.

Unfortunately, COVID-19 was upon us even before this report was completed.

The report was with the Ministry in July, and we can see that some of the shortcomings highlighted above have and are being addressed through the national COVID response to date.

Significant financial resource has been made available to DHBs and public health units, although trained and experienced staff are still in short supply. DHBs and public health units have been working together. There is a national focus to our COVID response. Plans are being written and revised for many settings, many staff are being trained. Equity issues are acknowledged and some partnership work is happening.

Discussions are starting around making our COVID response more sustainable, given that a vaccine will be many months away at best. We are thinking ahead to planning vaccination.

There will be an end to this COVID pandemic.

What concerns me is that we have had many outbreaks, had reports, had recommendations and yet entered this ‘unprecedented’ outbreak clearly having not yet learned many of the lessons.

We have collectively missed or ignored many opportunities, rising to the quick fix, but failing to embed improvements longer term. As a result our vulnerability to outbreaks has increased and our capacity to manage them, before there is a risk of health services being overwhelmed and illness exported, has reduced. The measles report paints a pretty clear picture.

So what next?

The direction of travel isn’t too difficult to discern, even if the details will be.

There needs to be increased funding for the population health end of our health services, whether by relocation or increased resource. Public health interventions are cost effective. The Health

Services Review calls for a refocus on public health<sup>1</sup>. Public health leaders are calling for a reversal of the fragmentation of public health functions at the national level and suggesting the formation of a public health agency<sup>2</sup>. Leadership will be vital. When there is an issue at a national level, whether abrupt and obvious (like measles) or slower and quiet (like our syphilis epidemic), we need it to be recognised, owned, a response planned, and the necessary actions followed through.

What should this refocussing look like? A re-strengthened Ministry of Health? Public Health Aotearoa? Health Protection Aotearoa? Devolve public health funding to DHBs?

I have my preferences, but mainly I want a serious discussion on how New Zealand can emerge from this pandemic, with the clear aim that next time, and there will be a next time, we will be ready.

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28 September 2020

1. Health and Disability System Review Final Report (March 2020).  
<https://www.systemreview.health.govt.nz/assets/Uploads/hdsr/health-disability-system-review-final-report.pdf>
2. Baker, M; Wilson, N; Delany, N; Edwards, R; Howden-Chapman, P. (5 February, 2020). A preventable measles epidemic: Lessons for reforming public health in NZ , Public Health Expert website blog.  
<https://blogs.otago.ac.nz/pubhealthexpert/2020/02/05/a-preventable-measles-epidemic-lessons-for-reforming-public-health-in-nz/>