



[NEW ZEALAND \(/NEWS/NATIONAL\)](#) / [COVID-19 \(/NEWS/COVID-19\)](#)

## Dr Ayesha Verrall and Dr Ashley Bloomfield reveal plans for handling Covid-19 variants

1:45 pm on 22 June 2022

Covid-19 Response Minister Dr Ayesha Verrall held a briefing on the Ministry of Health's plans for handling new Covid-19 strains as the health system struggles to cope with winter illnesses.

Watch it here:

(RNZ, 2022m)  
[22 Jun 2022]

Dr Verrall says the virus is expected to continue to evolve, which is why the Ministry of Health has been asked to plan for how that may happen.

"There is a lot of uncertainty, and in that context having a highly prescriptive plan can actually be a liability. Instead we need to be prepared for different scenarios and to be able to adapt as we need to."

She says the ministry is now clear on what capabilities are needed.

Director-General of Health Dr Ashley Bloomfield says the ministry has developed five new variant scenarios, "each with a differing degree of severity and transmissibility - or actually more vaccine escape or immune escape - and this has led to the variants of concern strategic framework".

He said it was crucial the most vulnerable populations in the community were protected, and that disruptions to health, businesses and social and educational outcomes were minimised.

He said public health experts, iwi, Pasifika, faith, community and business groups were consulted and equity under Te Tiriti o Waitangi was considered.

Officials also looked at international evidence and overseas approaches.

"There's an old saying, 'plan for the worst and hope for the best'. We're not doing any hoping here. We're planning for the best and we're planning for the worst and everything that's in between."

He said we were now mostly seeing sub-variants of Omicron.

"Each of these scenarios we're assuming that the new variant has to be more transmissible than Omicron. So the transmissibility is a given - it will be more transmissible than Omicron and its current subvariants ... the two dimensions we're most interested in is what's the clinical severity of the new variant."

He said we saw with Omicron the severity was much lower than other variants like Delta.

"The first scenario ... one could call rightly the worst-case scenario. So a variant that's high clinical severity - so Delta or even worse - but also high immune escape. That is, prior infection or a vaccination with our current vaccines doesn't confer a lot of protection and also there are questions about whether our current therapeutics may or may not be effective against that new ... variant."

The second scenario is one that's low severity but more transmissible and with immune escape.

"So you see a lot of people getting infected again, so high impact in the community and you'd imagine high case numbers with that."

The third scenario is of high severity, but the virus has low immune response avoidance.

"In other words, actually prior infection or vaccination does confer a high degree of immunity, but if you do become unwell with it, you're more likely to get very unwell and it's more likely to cause hospitalisation and death."

The fourth scenario is of low severity and low immune response avoidance.

"You could think of some of these subvariants of Omicron as a bit like this. They've got an advantage in terms of transmissibility but at this point in time don't appear to be more severe."

The fifth scenario would be if there are multiple subvariants.

"The key thing about this ... is to make sure that we've got the information and intelligence that is alerting us to whether and when these variants are in the community, that we've got the infrastructure, the workforce and the capacity ... and we've also got the coordination and decision-making mechanisms ready to stand up quickly if they're needed."

Verrall said being prepared for a new variant did not commit us to a course of action, and that it was about being ready to respond when we needed to.

She said, although PCR was not the primary test at the moment, the government was ensuring it retained PCR capacity, and would retain contact-tracing networks.

New skills and workforces would be embedded in the new health system, she said, and the wastewater testing network and whole genome sequencing tools would be used for surveillance.

Stricter measures like lockdowns and border closures were being reserved as an absolute last resort, she said.

"However Covid has taught us we need to remain prepared for a range of scenarios."

Bloomfield said the existing contract for PCR testing was being changed to ensure they had standing capacity and the surge capacity would be maintained, to ensure cases can be genome sequenced as new variants arrive.

Bloomfield said the response had shifted as New Zealand faced different variants, and the traffic light framework was intended to be the framework for dealing with Delta when in fact it became the system used to deal with an Omicron outbreak.

"There's no doubt that we can and should remain open to reviewing it and the settings that are in it - or looking to see if in fact we need a new framework in future if we have a new variant."

Verrall said elimination of a more transmissible variant than Omicron may not be possible, so "something more like the CPF is what we have in mind".

She said stringent measures like border restrictions, when elimination was not possible, was not sustainable.

"We came very close to eliminating Delta over the summer in combination with vaccination so I think that was a very finely balanced decision there ... Omicron was also on the horizon and the next threat."

She said the lockdown at that time was necessary because Delta was much more severe, and New Zealand had low levels of vaccination at the time. Bloomfield says other countries had their highest mortality waves during the Delta outbreak.

She said at the moment we did not have excess mortality in any age group, and the pressure on our health system at the moment was largely from flu. Public health measures like masks have been important in suppressing the virus, she says.

Bloomfield urged people to get their influenza vaccine if they hadn't yet.

Bloomfield said the USA had a big lag in the reporting of deaths, and if New Zealand had a similar lag here we would only be reporting about 850 deaths at this point in time.

Verrall said the New Zealand approach was to be transparent, and more closely matches Britain and European countries. "We don't want to be arguing about why particular people died, so we just have to put the information out there and then we'll contextualise it appropriately."

Bloomfield said he was still forming his advice over the second booster shot, but at this point his view was no group should be mandated to get it.

Bloomfield said New Zealand luckily still had high levels of testing, whereas the UK must rely on weekly surveys to gauge the level of Covid-19 infection in the community.

Verrall said surveillance was not about having a complete library of all the variants that are out there.

Bloomfield says PCR testing and genome sequencing for people who have been hospitalised can be useful.

He said our seven-day average of case numbers had started dropping below the level it had been at for the first time in a long time.

"Really it had levelled off for quite a while and it's dropped in this last couple of weeks, which is good."

Meanwhile, emergency departments around the country are facing high demand and staff shortages, with at least one district health board delaying planned surgeries for weeks.

In Auckland, extra payments to GPs within Counties Manukau area was trialled last weekend and will go ahead again over the Matariki long weekend to try and relieve pressure on Middlemore Hospital.

The government yesterday denied that the health system was in crisis, (<https://www.rnz.co.nz/news/political/469518/health-system-under-pressure-not-in-crisis-minister-andrew-little>) but admitted it was under strain.

National leader Christopher Luxon told *Morning Report* today that its plan to add nurses and midwives to the fast-tracking residency scheme (<https://www.rnz.co.nz/news/political/469566/national-says-fast-tracking-nurses-and-midwives-residency-would-ease-health-system-strain>) would help the current strain on the health system.

Earlier this month microbiologist Siouxsie Wiles said with the new Omicron subvariants, BA.2.2, BA.4, and BA.5, now in New Zealand (<https://www.rnz.co.nz/news/national/468970/new-zealand-may-be-nearing-next-omicron-wave-microbiologist>) the question was when the next wave of Covid-19 cases would hit.