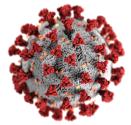
© ESR MAY 2020

COVID-19 IN NEW ZEALAND

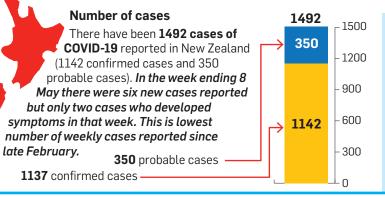
8 MAY 2020



COVID-19 is the disease caused by a novel coronavirus called SARS-CoV-2. It is a respiratory infection that can affect your lungs and airways. The latest COVID-19 heath advice can be found on the Ministry of Health webpage.

This report summarises COVID-19 cases reported in New Zealand from **30 January 2020 to 8 May 2020**.

Click here for the ESR COVID-19 dashboard.

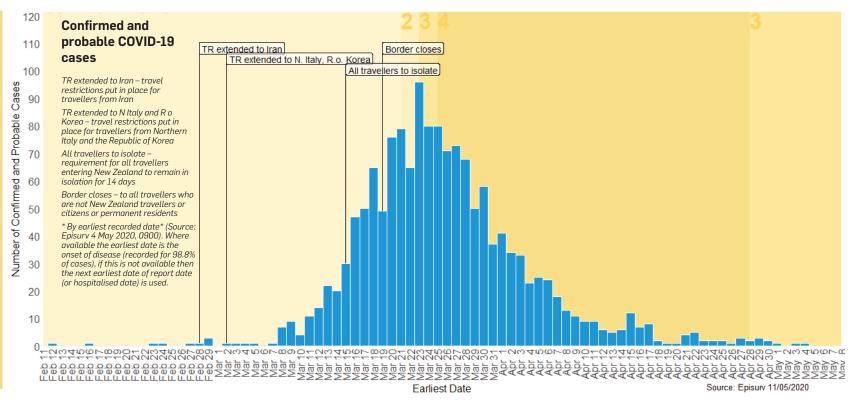


Confirmed cases are patients who have had COVID-19 confirmed by a laboratory test. Probable cases are patients whose laboratory test for COVID-19 is inconclusive but either a doctor believes they have symptoms of COVID-19 (and has ruled out any other causes) or they have been in close contact with someone with the COVID-19.

Cases COVID-19 have been reported in every district health board (DHB) across the country. The highest number of cases have been reported in Southern, Waikato, Auckland and Waitemata DHBs.

On 1 April 2020, the case definition for COVID-19 was broadened, meaning that more people met the criteria to be tested. Before this time, testing had largely been focused on people with link to international travel or those in close contact with a case. The broadened case definition will help to improve the understanding of the extent of community transmission in New Zealand.

Reported numbers of cases of COVID-19 have been declining in every DHB since 1 April 2020, despite more people are being tested.



© ESR May 2020

COVID-19 IN NEW ZEALAND

8 MAY 2020

Who has been infected?

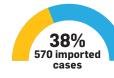
- Many of our cases have been in people returning from overseas. As expected, with the influx
 of people returning to New Zealand ahead of the enhanced border restrictions, COVID-19
 cases in returning travellers peaked on 23 March. Most of these travellers were aged 20–34
 years, of European or Other ethnicity and live in less socioeconomically deprived areas of
 New Zealand.
- However, most of our cases have been in people that have been in contact with a person
 who became infected overseas. In this group there is a higher number of cases in females,
 the younger age groups, among those reporting Māori and Pacific peoples ethnicity and
 people in more socioeconomically deprived areas of New Zealand. These differences are
 influenced by the outbreaks that we have experienced. For example, the higher number of
 younger age people is due of the outbreak associated with a college, which included many
 people in the 5-19 year age group.

What was the source of infection?

The source of infection of COVID-19 is assigned to one of these 4 categories:

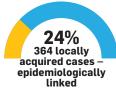
- Imported cases: Patients who reported international travel within 14 days prior to the start of their of symptoms – 570 cases (38%)
- Import related cases: Patients that have a reported link (e.g. are a close contact) to an imported case 474 cases (32%)
- Locally acquired cases, source unknown: Patients that have no reported history of international travel within 14 days prior to the start of their symptoms and have no recorded link to a case - 67 cases (5%)
- Locally acquired cases, epidemiologically linked: Patients
 that have a reported link (e.g. are a close contact) to a locally
 acquired case that has an unknown source 364 cases (24%)

The source of infection for some recently reported cases is still under investigation. Those numbers are not included here. Some cases may move between categories (for example from "locally acquired, source unknown" to "locally acquired, epidemiologically linked") as investigations continue and further information is identified.







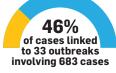


What are the most commonly reported symptoms?

- The most common symptom reported was cough, followed by headache, sore throat and fever. Forty-three patients were initially reported as having no symptoms. Nineteen patients who initially reported no symptoms, went on to develop symptoms later.
- In New Zealand, the proportion of infected people who have severe outcomes (have been hospitalised, have been admitted to Intensive Care or have died) is less than has been seen in other countries. Ninety-two people have been hospitalised, nine have been admitted to Intensive Care and twenty-one people have died.
- Generally, COVID-19 is more severe in older people and those with underlying medical conditions. People were more likely to be hospitalised if they had an underlying health condition. The most commonly reported underlying conditions are cardiovascular disease, diabetes or chronic lung disease. Eight of the people who have died had an underlying health condition and all but one was aged over 65.
- In New Zealand, the majority of our cases are in people aged under 65, with over 85% of
 patients not reporting an underlying medical condition. This likely accounts for the lower
 number of patients with severe outcomes in New Zealand, compared to other countries.

Outbreaks and clusters of COVID-19

- Household clusters are linked cases that are confined to a single household group. Most
 cases in New Zealand have been part of household clusters. This would be expected given
 the public health measures that have been in place during Level 3 and Level 4 since
 24 March.
- There have been 36 children aged less than 15 years that have been part of a household cluster. Five of these children were the first people in their household to report symptoms.
- Outbreaks are linked cases that have spread beyond a household group. To date, there have been 33 outbreaks, involving 683 cases (46% of all cases).



- Seventeen of these outbreaks are linked to international travel.
- Sixteen outbreaks have included cases in more than one district health board.
- The largest outbreaks have been in Southern (a wedding, 98 cases), Waikato (a hospitality venue, 77 cases) and Auckland (a college, 95 cases).

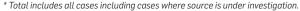
© ESR May 2020

COVID-19 IN NEW ZEALAND

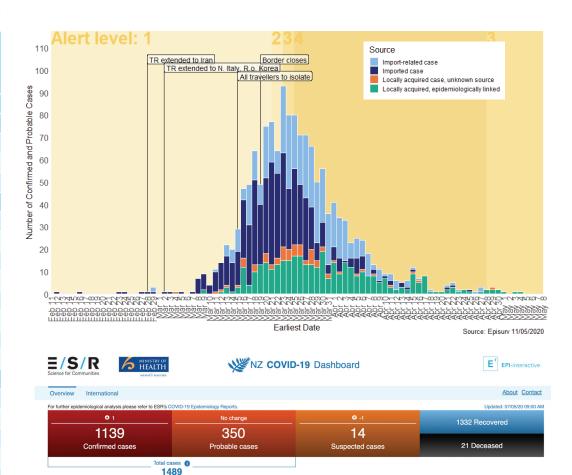
8 MAY 2020

Demographic breakdown of confirmed and probable COVID-19 cases by source

| • . | | | - | - | |
|--------------------------------------------------------------------------------|---------------|--------------------|--------------------------------------------------|------------------------------------------------|--------|
| Demographics | Imported case | Import- related | Locally acquired, epidemiologically linked | Locally acquired case, unknown source | Total* |
| Total | 570 | 474 | 364 | 67 | 1492 |
| Sex | | | | | |
| Female | 280 | 264 | 237 | 36 | 828 |
| Male | 289 | 210 | 127 | 31 | 663 |
| Unknown | 1 | 0 | 0 | 0 | 1 |
| Age groups (yrs) | | | | | |
| <1 | 0 | 1 | 3 | 0 | 4 |
| 1–4 | 1 | 10 | 5 | 1 | 17 |
| 5–19 | 15 | 59 | 60 | | 134 |
| 20–34 | 257 | 121 | 106 | 16 | 504 |
| 35–49 | 90 | 105 | 86 | 15 | 299 |
| 50-64 | 130 | 123 | 59 | 23 | 340 |
| 65–79 | 74 | 40 | 26 | 11 | 155 |
| ≥80 years | 3 | 15 | 19 | 1 | 39 |
| Ethnic group [¥] | | | | | |
| Māori | 32 | 69 | 23 | 5 | 133 |
| Pacific peoples | 11 | 12 | 48 | 4 | 77 |
| Asian | 38 | 41 | 86 | 7 | 174 |
| European or Other | 480 | 349 | 200 | 47 | 1085 |
| Unknown | 9 | 3 | 7 | 4 | 23 |
| At least one underlying condition † | 66 | 59 | 44 | 9 | 182 |
| Hospitalised | 31 | 22 | 30 | 5 | 92 |
| * Total includes all eaces including eaces where course is under investigation | | | | | |



[¥] NHI derived ethnicity data has been used in these analyses.



Incidence Count

Incidence (per 100,000) 8.17 - 19.69

> 31.23 - 42.75 42.76 - 54.28

Incidence: 30.49 (per 100,000) - New Zealand

Gender n

Female

55% I 826 cases

Age group (years) 1

Male

45% I 662 cases

Unknown

0% I 1 cases

Cases O Confirmed Probable

[†] Includes 'Other' underlying conditions.