



# TOITU TAIRĀWHITI

NGATI POROU - TE AITANGA A MAHAKI - RONGOWHAKAATA - NGAI TAMANUHIRI

## PANUI

**23 HEPETEMA 2021**

*Ko te wero arai i te mate Covid-19 te arai matua mo tātou, kihai hoki tenei mate e turakina mā te wero arai anake, ēngari ia he whakangungu rākau mo tatou i nga weriweri kino o tenei mate. Mā reira hoki e pai ai tā tatou tiaki i nga mea e ngakaunui ana e tatou.*

Vaccination is one of our best lines of defence, it will not eradicate the virus, but it will give us the best protection against its most deadly consequence. It will help us protect our loved ones, the vulnerable and future generations.

**Tena tatou,**

*There are 5 million good reasons to get vaccinated* with new modelling showing that even with an 80 percent vaccination rate, we could still face 7000 deaths a year.

Auckland University Professor Shaun Hendy presented findings from the vaccine modelling that he and his team have been working on, and while the modelling uses some 'worse case scenario's, it serves the purpose of providing us with a timely Wake-up Call. [WHITIKI](#)

The Te Pūnaha Matatini's research, suggest than an 80 percent vaccination rate, is simply not going to cut it, because 60,000 people with COVID-19 would swamp our hospitals. "Our healthcare system couldn't cope with this level of illness, and we would need to continue to use lockdowns," Prof Hendy said.

Here in Tairāwhiti, the effect would be devastating, with our high Maori population, high levels of chronic conditions and respiratory diseases, our youthful population with a high percentage of under 12-year-olds at one end of demographic scale and high numbers of pakeke at the other end. This profile coupled with health services and health infrastructure that is already over-stretched and under-resourced makes us one of the most vulnerable, to COVID, regions in the country.

"The figures are just horrible, said Andrew Sporle, a Senior Research Fellow at the University of Auckland's Department of Statistics. **The more people left unvaccinated, the worse it is for Māori.**

"Not only is it going to be sudden, it is going to be severe, and it's also going to affect really young age groups," Sporle said.

In the current Delta outbreak, 13 babies under 1 have caught COVID-19, as well as 253 children under 12.

Prof Hendy's modelling is based on 5- to 11-year-olds also being eligible for Pfizer which is already on the horizon, and infants could be next.

Director-General of Health Dr Ashley Bloomfield, said "We are also watching the studies being done on under 5s and the key thing here is, if the vaccine is effective and safe for the whole population, that's a huge advantage, because it helps protect those younger members of the population,"

"If we can get up to that 90 percent range then we can say goodbye to lockdowns," said Prof Hendy. Masks, ventilation, rapid testing and contact tracing would do the trick, though 50 people would still die a year - a stark reduction on the 7000.

The Prime Minister said that "we don't want to use lockdowns and nor should we have to us them in the future," "We've previously had to use lockdowns because we didn't have individual armour and now, we do so we do want to move away from those."

That individual armour is the two shots in the arm, that every eligible New Zealander should be lining up for. However, on the basis of current vaccination rates, a 90 percent strike rate would certainly make a huge difference in terms of the reduction in COVID cases and a significant reduction in COVID mortality numbers.

There are 15 new community cases of Covid-19, all located in Auckland, the Health Ministry says. The number brings the total cases in the current Delta variant outbreak to 1123, of which 861 have recovered.

Most of today's community cases are household contacts of current cases, but three are still not linked to other cases. There were also two new cases today in managed isolation.

Yesterday, the ministry announced 23 new cases - all of which have now been linked.

### National COVID Case Summary

Summary		
New cases reported during the past 24 hours		17 (15 Community cases and 2 at the border)
Active cases	At the border	28
	In the community	261
	Under investigation/other	0
	<b>Total</b>	<b>289</b>
Most recent case reported		23 September 2021
Most recent case reported due to community transmission (spread within our communities)		23 September 2021
All case outcomes since first New Zealand case		
COVID-19 cases	Change in last 24 hours	Total
Active	-12	289
Recovered	28	3819
Deceased	0	27

## Iwi Update

Pa and workplace mobile vaccination clinics have been the flavour of the week, with Ngati Porou Hauora taking their Vaccination team to Te Poho o Rawiri Pa and Turanga Health running a combination of rural and workplace clinics.

The whanau at Te Poho o Rawiri have provided manaaki, that is second to none, with hangi packs for whanau who have lined up to have their jabs, after work. As of Thursday 23 September, approximately 200 people had been vaccinated at the Pa. Therefore, a big mihi to our teams of vaccinators and the iwi kainga of Te Poho o Rawiri, for your efforts in the fight against COVID.

## Ngati Porou Hauora

### Puhi Kaiti Clinic

Te Poho o Rawiri Marae	Fri 24 September	9.30am-12.00pm
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## Turanga Health

### Rural Clinics

Whatatutu - Mangatu Marae	Friday 24th September, 3pm-6pm	
Te Karaka - Rangatira Scout Hall	Saturday 25th September	11am - 4pm
Matawai - Community Hall	Thursday 30th September	3pm - 6pm
Manutuke - Ohako Marae	Saturday 2nd October	11am - 4pm
Waihirere - Parihimanihi Marae	Monday 4th October	3pm - 6pm
Waituhi - Pakowhai Marae	Thursday 7th October	3pm - 6pm
Waerenga o Kuri - Community Hall	Thursday 14th October	3pm - 6pm
Muriwai - Tamanuhiri Marae	Friday 15th October	3pm - 6pm

### Workplace Clinics - for employees and students

Kaiaponi	Monday 27 <sup>th</sup> September	10am – 2pm
EIT Tairawhiti	Tuesday 28 <sup>th</sup> September	10am – 2pm

**All vaccination clinics are open to all whānau 12 years and older. Children 12+ must be accompanied by a parent or caregiver to receive the vaccine.**

### Refreshed Comms

Toitu Tairawhiti will launch its website next Friday, 1 October and announce a new event that will be introduced into the January 2022, Ngati Porou Inter-marae aka Pa Wars We are hoping that this event will inspire the friendly competitiveness amongst our 48 Marae, as they all try to be the #1 vaxed

Ngati Marae in Ngati Porou. A similar event will be organised for the 19 Turanga Iwi Marae.

We will also be refreshing our Toitu Tairawhiti Comms Plan on Friday with an emphasis on keeping whanau, protected and safe.

## Regional Update

### No confirmed COVID-19 cases in Tairawhiti.

Hauora Tairawhiti Board members and Staff met with the Toitu Tairawhiti Iwi Chairs, CE's, Advisors, and Iwi Health Provider CEs to conduct a Joint (Rapid) Review of our Tairawhiti Maori COVID-19 Vaccination Campaign on Wednesday 22 September 2021.

Key outcomes from the meeting are;

### Key Themes

- Moving to Alert Level 4, especially in the first week of 'lockdown' gave a boost to local turnout for the vax. (e.g., over 1k vax daily at its peak). This trend was mirrored nationally.
- We have had good initial success across our rural communities, with more work to do.
- But now, we have a big drop off in vax turnout. This drop-off started during the last week of lockdown, though novel initiatives, such as the Vax Drive-Thru, helped lift our numbers post lockdown.
- As part of this we also see significantly lower rates of vax uptake by our young adult cohorts 20-24 years, 25-29 years, and 30-34 years. Again, this mirrors national Maori trends and, to some extent, national pakeha trends.
- The risk is that young Tairawhiti Maori, if left un-vaxed, will carry the burden (health, social and financial) and likely future restrictions arising from the pandemic.
- In parallel with this challenge, is the need to get more targeted and tailored messages to our younger audiences
- We need to convert the spike in 'first dosers' during Lockdown to maximize our completion of 2nd doses i.e., fully vaccinated Tairawhiti people.

### Decisions Forward.

- Targeted & tailored- We need to target in two ways (distinctly and in concert) our 'hotspot' localities at a neighbourhood level, where possible and our young adult cohorts 20-24 years, 25-29 years, and 30-34 years.
- Our supporting comms campaign will be revised to avoid clutter and the risks of inconsistency and be tailored to reflect the real fears, hopes and motivations of our young audiences.
- Generic messaging will be left to government agencies
- A 'one page' revised comms plan will be drafted/confirmed this week.
- We will extend the campaign's 'reach' through active engagement with/through other networks e.g., kohanga/ECE (to reach young parents), Haahi and Sport codes (whose memberships tend to be multi-generational in our region), and 'non-establishment' leaders and influencers at a regional and hotspot neighbourhood level.

### Completing Second Doses

- Our Hauora providers will actively contact their patients to arrange/confirm their appointments for Dose 2.

- To make this as uncomplicated as possible, the local clinics run for 'dose 1' will be stood up again for 'dose 2' so that people don't face a locality change that might stop them bothering to show up.
- Our supporting comms will promote 'complete your jabs' as a key theme in coming days/weeks.

### Consistent Frontline Practice:

- Hauora Tairāwhiti will issue explicit guidance to providers that allows for people to get their #2 vax dose from the end of their third week of being vaxed. Hopefully this will deal with the confusion, inconsistent practice, and 'leakage' of people arising from the 6wk period subsequently preferred by MoH.

### Timeframe

- These decisions apply to the next three months (to end Dec)
- There will be a further – midpoint – review in November with scope to make further changes/refinements to the vax campaign as required.

### Resourcing

- There will be formal consideration by chairs/decision-makers should a good case for further resourcing be presented, in support of achieving better 'cut-through' and vax uptake by our target audiences.

## National Update

### Vaccination Rates

Māori Vaccinations by DHB of Residence (Grouped) as at end of 21/09/21	First Dose 20/09/21	Fully Vaccinated 20/09/21	First Dose 21/09/21	Fully Vaccinated 21/09/21	Total Vaccinations Up / Down on Previous Day	Total First Dose	Total Fully Vaccinated	% People First Dose	% Fully Vaccinated
Auckland	1226	636	1586	685	Up 409	75,609	36,882	57.1%	27.9%
Bay of Plenty	346	133	343	175	Up 39	21,549	10,270	45.1%	21.5%
Canterbury	235	173	282	171	Up 45	19,624	9,390	53.1%	25.4%
Capital & Coast and Hutt Valley	215	162	270	233	Up 126	28,192	12,747	61.2%	27.7%
Hawke's Bay	105	158	91	158	Down 14	17,234	8,706	50.6%	25.6%
Lakes	25	9	211	113	Up 290	13,542	7,436	45.0%	24.7%
MidCentral	80	42	100	85	Up 63	12,781	6,238	52.8%	25.8%
Nelson Marlborough	19	29	26	30	Up 8	6,298	3,325	56.0%	29.6%
Northland	261	187	239	178	Down 31	23,549	11,568	46.6%	22.9%
Overseas and undefined	-	2	4	3	Up 5	115	55	-	-
South Canterbury	5	12	26	18	Up 27	1,864	927	54.4%	27.0%
Southern	75	104	90	109	Up 20	14,225	7,453	60.2%	31.5%
Tairāwhiti	49	45	53	38	Down 3	10,424	5,361	52.5%	27.0%
Taranaki	76	70	99	73	Up 26	7,150	2,945	45.0%	18.5%
Waikato	234	240	330	344	Up 200	34,469	16,707	49.4%	24.0%
Wairarapa	14	10	12	13	Up 1	3,243	1,741	51.5%	27.6%
West Coast	7	6	19	7	Up 13	1,500	723	54.2%	26.1%
Whanganui	36	21	53	46	Up 42	6,640	3,491	49.1%	25.8%
<b>Total</b>	<b>3,008</b>	<b>2,039</b>	<b>3,834</b>	<b>2,479</b>	<b>Up 1266</b>	<b>298,008</b>	<b>145,965</b>	<b>52.2%</b>	<b>25.6%</b>

Māori Vaccinations by Age Band as at end of 21/09/21	First Dose	Fully Vaccinated	Percentage Vaccinated First Dose	Percentage Fully Vaccinated	No First Dose	Not Fully Vaccinated	HSU Population
12 to 34	109,053	28,974	37.7%	10.0%	180,048	260,127	289,101
35 to 44	41,054	16,220	50.1%	19.8%	40,968	65,802	82,022
45 to 54	52,479	26,404	63.3%	31.9%	30,378	56,453	82,857
55 to 64	51,904	36,943	76.6%	54.5%	15,878	30,839	67,782
65 and over	43,518	37,424	88.3%	75.9%	5,772	11,866	49,290
<b>Total</b>	<b>298,008</b>	<b>145,965</b>	<b>52.2%</b>	<b>25.6%</b>	<b>273,044</b>	<b>425,087</b>	<b>571,052</b>

Vaccinations by Ethnicity as at end of 21/09/21	First Dose	Fully Vaccinated	Percentage Vaccinated First Dose	Percentage Fully Vaccinated	HSU Population
Asian	540,939	283,784	90.4%	47.4%	598,618
European or other	2,084,511	1,124,844	76.3%	41.2%	2,730,829
Māori	298,008	145,965	52.2%	25.6%	571,052
Pasifika	192,841	102,109	67.3%	35.6%	286,681
Unknown	29,850	14,363	134.6%	65.6%	21,877
<b>Total</b>	<b>3,146,149</b>				

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## Personal travel across Alert Level boundaries

From 11.59pm tonight, Thursday 23 September 2021, most people aged 12 and over, who are permitted to travel across the Alert level 3 and 2 land and air boundaries for personal reasons, will need to get a COVID-19 test before they travel.

The evidence you need to carry depends on the reason for your travel. Some people also do not need to be tested. The list of permitted travel is on Unite Against COVID-19. The website provides information on:

- whether someone needs to be tested
- how long before travel a person needs to be tested
- what evidence people need to carry – including whether they need evidence of a negative result or just evidence of having been tested

## Education

### NCEA update

Changes are being made to provide reassurance to Auckland students that their qualifications and awards remain within reach. Auckland high school students will get extra NCEA credits for time spent in lockdown. The threshold for receiving merit or excellence NCEA certificates will also be lowered from 46 to 40 credits.

Tamaki Makaurau students will be eligible for up to 16 LRCs at NCEA Level 1, and 12 LRCs at Levels 2 and 3

### Alert Level 3 return to Kura/Schools and Early Learning Centres

At Alert Level 3, most children and young people will learn from home. Schools and early learning services can open for children and young people whose parents or carers need to go to work and there is no one home to supervise them.

The reasons why families need early learning services to enable the carers in the house will vary. Families will need to make their own decision about this.

For schools and ECEs All staff are encouraged to be vaccinated, especially those at higher risk from severe illness from COVID-19, including those over 65.

Distance learning should be provided for all students who are off-site, including those required to self-isolate and those at home waiting for COVID-19 test results.

It is mandatory for teachers and Year 9-13 students to wear a face covering at school, in indoor environments under Alert Level 3.

Educational facilities must close if there is a confirmed case who was infectious while at school/ECE. Schools must have contact tracing in place.

### Exam advice At Alert level 1 and 2,

Under the most current advice received from Public Health, NCEA and NZ Scholarship exams will go ahead at Alert Level 1 and 2. Should this position or the requirements for running exams at these alert levels change for any reason, schools will be notified as soon as possible.

At Alert Level 3 and 4, under current advice from Public Health, NCEA and NZ Scholarship exams will not go ahead. From a public health perspective this also applies to International Baccalaureate.

Should this position change for any reason, such as having sufficient vaccination rates for students in Year 11-13 schools and teachers/supervisors, the viability of running exams at Alert Level 3 will be reconsidered.

Tertiary Students in Alert Level 2 areas are permitted to travel to their principal home or place of residence in Alert Level 3 areas, i.e., Auckland, but they will not be able to leave Auckland until it is at Alert Level 2.

Ministry of Education recommend capacity limits of 200 staff and students for teaching/learning spaces (previously was 100). Also recommend physical distancing of at least 1 metre in place at examinations

**KIA MATAARA, KIA MANAWANUI**