

14 June 2022

s 9(2)(a)

By email: s 9(2)(a)
Ref: H202203663

Tēnā koe s 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to the Ministry of Health (the Ministry) on 8 March 2022. You asked:

“You do not need to have proof of vaccination if you: are a New Zealand citizen. However, New Zealanders who do not have proof of vaccination must enter managed isolation and quarantine (MIQ). Given the changing nature of Covid-19 and the community spread of Omicron amongst citizens of every vaccine status.
Can I please request all relevant scientific evidence/rationale correspondence which contributed to enabling this specific requirement?”*

The public health risk assessment on 23 February 2022, was part of the internal advice within the Ministry about next steps in the public health response to the Omicron outbreak. A second memo on 27 February, provided further internal advice to the Director -General of Health about the next planned steps by Government in reconnecting New Zealand.

In particular, this assessment and memo relate to continued use of the border restrictions including the use of Managed Isolation and Quarantine (MIQ) facilities for travellers across the border.

The risk assessment questions whether there remains a sufficiently strong public health justification for MIQ or the full seven days of self-isolation for eligible arrivals given the wide spread of Omicron within New Zealand. The risk assessment says that despite new international arrivals presenting a relatively lower public health risk, any transition would need to be carefully managed to reduce potential negative impacts on communities and the public health system.

The memo makes clear that the border measures, including MIQ, were proportionate when New Zealand was pursuing the elimination strategy initially, and then preventing a widespread Delta outbreak.

Further on 18 March 2022, requirements to enter New Zealand on the self-test on arrival pathway were adjusted. This meant that all New Zealand citizens (whether they were vaccinated against COVID-19 or not), and non-New Zealand citizens who met the specified COVID-19 vaccination requirements are now able to skip Managed Isolation and quarantine (MIQ) and instead, upon arrival take a rapid antigen test (RAT) on day 0/1 and day 5/6 and report the results of the tests to the Ministry.

For more information about border changes for entry to New Zealand, please visit the Unite Against COVID-19 Website: <https://covid19.govt.nz/international-travel/travel-to-new-zealand/when-new-zealand-borders-open/>.

The Ministry has identified two documents within scope of your request. These are itemised in Appendix 1 of this letter and copies of the documents are enclosed and have been released to you in full.

I trust this information fulfils your request. 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.

Please note that this response, with your personal details removed, may be published on the Ministry website at: www.health.govt.nz/about-ministry/information-releases

Nāku noa, nā

A handwritten signature in blue ink, appearing to read 'S. Turner', is positioned above the printed name and title.

Sarah Turner
Deputy Director-General
Office of the Director-General

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	23 February 2022	Memo: Proportionality of MIQ and self-isolation requirements for international arrivals to NZ	Released in full.
2	27 February 2022	Memo: Reconnecting New Zealand Further advice on removing self-isolation requirement for international arrivals	

Memo

Proportionality of MIQ and self-isolation measures for international arrivals to New Zealand in the context of our response to widespread community transmission

Date: 23 February 2022

To: Dr Ashley Bloomfield, Te Tumu Whakarae mō te Hauora, Director-General of Health

From: Caroline Flora, Acting Deputy-Director General, System Strategy and Policy

For your: Decision

Purpose of report

1. This memo:
 - a. Notes the outcome of a recent Public Health Risk Assessment (PHRA) that found the risk posed by international arrivals transmitting COVID-19 is no longer higher than the domestic risk posed by our current Omicron outbreak and its likely trajectory.
 - b. Highlights the need to review our current public health border measures alongside the domestic Omicron response to ensure those measures remain fit for purpose, proportionate, and justifiable.

Current situation

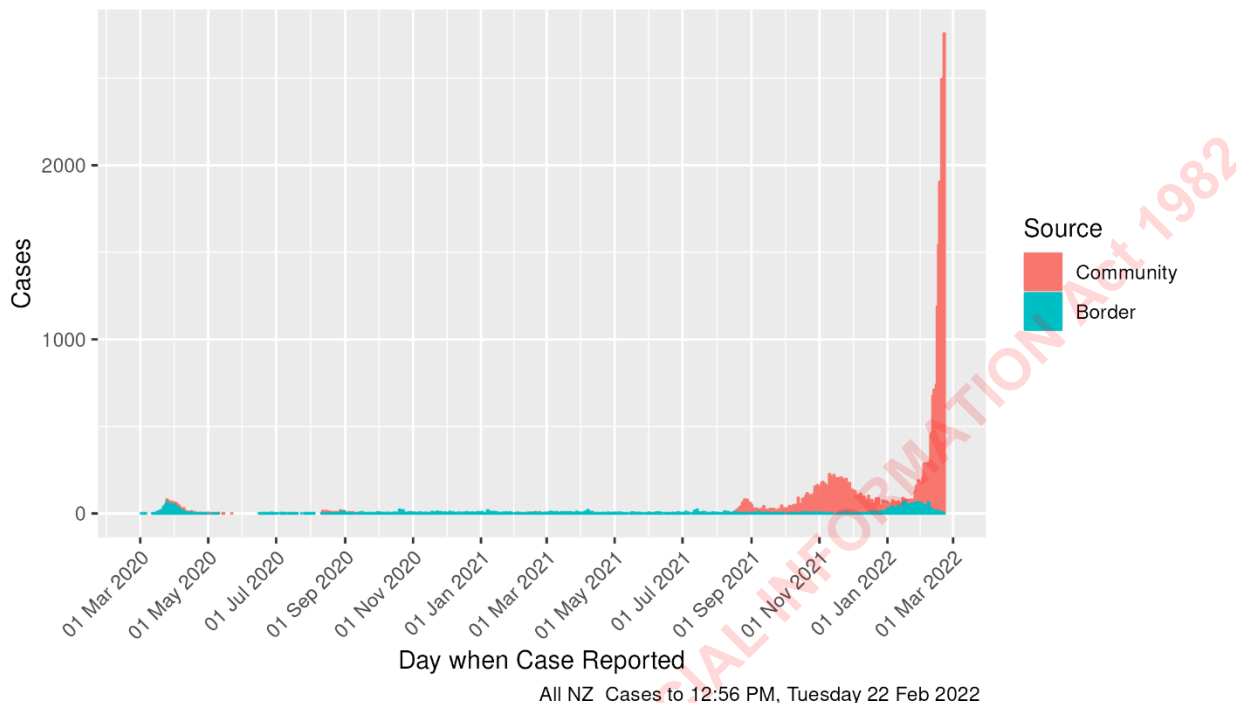
2. In recent weeks there has been significant growth of COVID-19 cases in the New Zealand community due to the highly transmissible Omicron variant. Case numbers are now doubling every three days. Based on modelling projections, cases are likely to continue to escalate and peak within the next four to six weeks.

COVID-19 cases detected at the border are now a small proportion of overall cases in New Zealand

3. The graph in figure 1 illustrates the recent sharp increase in community cases with the current Omicron outbreak compared with cases detected at the border from international arrivals.
4. Border cases detected in recent international arrivals peaked first in March 2020, then reduced quickly when border controls were put in place. A steady stream of active and historical cases were detected and contained in MIQ until August 2021, when a border incursion triggered a community outbreak. Border cases next increased after December 2021 as the Omicron variant reached New Zealand, triggering our current community outbreak in mid-January 2022.
5. Cases detected at the border in international arrivals are now a small proportion of overall cases in New Zealand.

6. Border cases have been decreasing since 27 January 2022, both in number and as a proportion of arriving travellers. In the fortnight to 22 February 2022, 65 acute cases were reported in international arrivals, down from 461 acute cases two weeks earlier.

Figure 1: COVID-19 reported cases since March 2020 in New Zealand

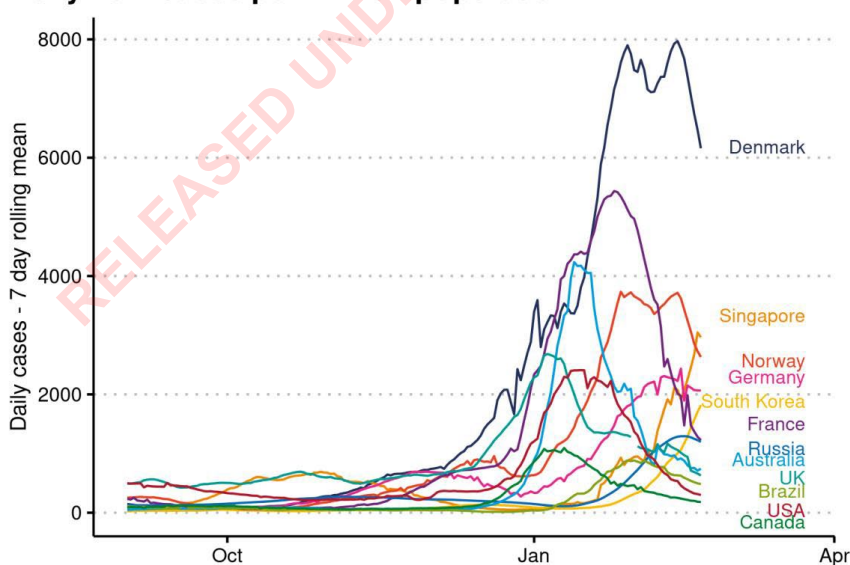


Source: Ministry of Health Data Warehouse. Includes historical and active cases

7. Appendix 1 sets out the imported cases of COVID-19 in both absolute numbers and as a rate per 1,000 international arrivals from point of departure in the fortnight to 21 February 2022.

Figure 2: Daily COVID-19 cases per million population to September 2021 to February 2022

Daily new cases per million population



Source: International Surveillance Report: 21 February 2022. Ministry of Health

8. This downward trend is reflected in the global situation (illustrated in figure 2). International surveillance reports show that after a significant surge in COVID-19 cases from many countries in January 2022 due the spread of the Omicron variant, case incidence in many countries is now declining.

Estimates of cases arriving during March 2022 with the commencement of RNZ

9. Advice to Cabinet on 1 February 2022 on commencing a phased reopening of the international [CAB-MIN-008] suggested that Step 1 of RNZ is likely to bring between 5,000 and 6,000 travellers per week from Australia
10. In the two weeks to 21 February, 4 active cases were detected per 1,000 arrivals whose country of origin was Australia. For comparison, before Omicron, there were around 3 per 1,000. In late January 2022, there were 15 active cases per 1,000 arrivals. In addition, there may have been other cases in flights and passengers transiting Australia.
11. Using the ranges of 5,000 to 6,000 travellers per week, and 0.5% to 1.5% cases per arrival, we estimate that Stage 1 of Reconnecting New Zealand (RNZ) could bring between 20 and 90 active cases per week from Australia entering on the self-isolation pathway.
12. For Step 2 New Zealand citizens and other eligible people from all other countries may enter on the self-isolation pathway. Travel numbers are expected to increase by another 10,000 to 13,000 per week. In recent weeks, 1.9% of arrivals from countries beyond Australia have been active cases; rates were much higher in mid-January.
13. Assuming 1.0% to 5.0% are active cases at time of arrival, Step 2 could see another 100 to 600 cases entering on the self-isolation pathway per week.

Effect of future cases on community outbreak

14. Te Pūnaha Matatini have modelled the effect on the current outbreak of cases entering across the air border. They assume that 25% of active cases can be detected by testing on arrival. The other 75% of active cases would slip through the safe-guards of testing and self-isolation into the community and seed new outbreaks.
15. The model estimates that 90 active cases arriving each week under Step 1 would increase community cases and hospitalisations by about 0.3% overall, compared to the current expected trajectory of the outbreak.
16. The worst scenario for Step 2 is another 600 active cases week entering the self-isolation pathway each week. The Te Pūnaha Matatini model estimates that would increase community cases and hospitalisations by less than another 1% over the course of the current outbreak – which is much less than the difference between the “high” and “medium” scenarios in the current Te Pūnaha Matatini model.
17. This prediction may be optimistic, because international arrivals may go to any part of New Zealand, and seed new outbreaks in areas that do not yet have significant numbers of cases. The model also assumes that the variants of the imported cases present are similar in transmissibility and health outcomes to the current Omicron variant.

Public health advice and recommendations

A recent Public Health Risk Assessment considered the proportionality of measures at the border

18. A PHRA was held on 21 February 2022 to consider whether to shift from Phase Two to Three of the Omicron response. The assessment involved a comprehensive analysis and discussion of the outbreak and an assessment against pre-agreed critical indicators: rate of growth in domestic case numbers; contact tracing and case management capacity; and testing demand and capacity. On the basis of that assessment, you recommended moving to Phase Three of the Omicron response plan on 11.59pm Wednesday 23 February [HR20220289 refers].
19. As part of the PHRA, the proportionality of the border settings alongside the settings for the domestic management of COVID-19 was considered. Advice to the Minister noted that the shift to Phase Three measures will have implications on the legitimacy of our current border settings and self-isolation settings proposed under Reconnecting New Zealanders.
20. With the relative risk at the border diminishing as the rate of domestic transmission increases it is unlikely that all MIQ or self-isolation settings will remain required from a public health risk management perspective. The briefing included a recommendation for the Minister to note that work is underway to advise him on the proportionality of certain border settings, particularly the requirements for self-isolation, if the government agrees to move to Phase Three in its domestic public health settings.
21. Given the relative risk of becoming infected with COVID-19 in the community now exceeds the risk at the border the PHRA agreed that further consideration of border measures is now warranted to ensure these measures are fit for purpose, proportionate and justifiable.
22. The core policy objective of MIQ, self-isolation, and testing requirements for international arrivals is to prevent and limit risk of an outbreak or limit the spread of COVID-19 in the New Zealand community.
23. These measures were proportionate when we were pursuing an elimination strategy, and the aim was to take all reasonable steps to reduce the possibility of a case at the border seeding a community outbreak.
24. With the current situation of an escalating COVID-19 outbreak in the community, there is now a greater level of infection risk within the community compared to the risk of arrivals importing COVID-19 from overseas. As such, it is harder to justify tighter restrictions on international arrivals than those applied to those in the community from a public health risk management perspective.
25. It is questionable whether there remains a strong public health justification for either MIQ or the full seven days self-isolation for eligible arrivals. Reassessing each of these measures in detail should now be undertaken as a priority and any changes should be implemented as soon as is feasible.
26. Despite the assessment that international arrivals now present a relatively lower risk, we are mindful that any transition would need to be managed carefully to reduce potential negative impacts on communities and the health system.
27. Based on the modelling by Te Pūnaha Matatini, the proportion of community cases seeded by international arrivals is likely to be relatively small in the context of the current outbreak. The expected impact on hospitalisations is projected to be less than 2% which is likely to be manageable as part of the current Omicron response.

28. It should be noted that this modelling is based on the upcoming self-isolation setting, and it is likely that should border settings loosen there would be more travellers across the border which may result in a higher number of cases.
29. Furthermore, all arrivals entering under the self-isolation pathway, who are aged 17 years and above, will be fully vaccinated, which will provide protection against severe disease and hospitalisation. The high levels of vaccination in the domestic population also provides additional protection.
30. There is likely a reasonable public health rationale to maintain a testing requirement for international arrivals in order to assess for any new variants. Follow-up PCR tests on positive RATs would enable whole genomic sequencing to take place, as long as this can be supported by domestic testing capacity.
31. There is very good international surveillance of circulating COVID-19 variants. It is highly likely that we would be alerted to any new variant of concern well before it is detected in a traveller to New Zealand. Currently Omicron is the dominant variant globally with all other variants continuing to decline across all six World Health Organization regions.

Policy considerations

Orders made under the COVID-19 Public Health Response Act 2020 must be kept under review

32. We have an ongoing obligation to review all rights limiting measures that are applied through the COVID-19 Public Health Response Act 2020 (the Act). These need to be continually assessed as the threat presented by the pandemic evolves and our response adjusts.
33. Limitations on rights set out under the New Zealand Bill of Rights Act 1990 (NZBORA) will only be lawful if they are rationally connected to the policy objective they were intended to meet and are proportionate to the importance of that achieving that objective. NZBORA requires that the least restrictive measure is used to achieve a policy objective.

Previous advice was that international arrivals present similar risk as close contacts

34. We had recently advised that international arrivals present a similar COVID-19 risk profile to close contacts in the community, and therefore, as a general principle, arrivals should be required to meet broadly similar testing and isolation requirements as close contacts of domestic cases. Based on this advice, Cabinet agreed that the self-isolation pathway settings should broadly align with settings for managing close contacts in the community [CAB—22-MIN-008 refers].
35. Border measures for international arrivals are set out in appendix two. On 16 February the period of MIQ was reduced from ten to seven days, to match the self-isolation requirements under Phase Two of the Omicron response. Arrivals eligible for the self-isolation pathway must have a negative pre-departure test, be fully vaccinated against COVID-19, remain in self-isolation for seven days, take a RAT on days 0/1 and 5/6, report the results, and if tested positive get a PCR test from a community testing centre.
36. Once the Omicron response moves to Phase Three, the requirements on close contacts of cases in the community loosen. Close contacts of cases are no longer required to self-isolate or be tested. Only those who are acute cases and their household contacts must self-isolate

and testing is advised only for those who are symptomatic, using a RAT (or a PCR if clinically advised).

Adjusting the requirements at pace will be challenging

37. Given that new variants of concern are likely to continue to emerge, border settings need to be flexible enough to adapt to a changing situation, if required.
38. Some measures, however, are easier to adjust than others. Adjusting testing requirements for arrivals would be relatively simple. Removing the requirement for MIQ completely, at short notice, would have significant operational implications. If the epidemiological context was to shift and MIQ was once again needed it would be logistically challenging to reinstate MIQ at pace.
39. Moving to ease the border restrictions with the commencement of RNZ has required significant effort across agencies. With Step 1 commencing in less than a week, there is a risk that adjustments to the settings that are done at pace will disrupt the commencement of the initial RNZ steps.

Next steps

40. I am recommending, therefore, that further work is undertaken to more closely identify which aspects of MIQ and self-isolation measures for international arrivals could be modified to match the public health risk and by when. This will contribute to advice that is being prepared by the Department of Prime Minister and Cabinet (DPMC).
41. Initial advice from DPMC to the Minister is due by 25 February 2022 and will include input from other agencies including border agencies, the Ministry of Business Innovation and Enterprise (MIQ) and Crown Law Office. DPMC have proposed that a more detailed briefing will be prepared for Ministers the following week.

Recommendations

It is recommended that you:

1.	Note as part of the recent Public Health Risk Assessment that recommended moving to Phase Three of the Omicron response plan, officials considered whether this shift has any implications for border settings.	Noted
2.	Note that the relative COVID-19 transmission risk posed by international arrivals is no longer higher than the domestic risk of COVID-19.	Noted
3.	Note that the MIQ or self-isolation requirements for international arrivals may no longer being proportionate and justifiable in the context of the current outbreak and our Omicron management response.	Noted
4.	Agree to officials undertaking further work to identify in more detail what changes need to be made to the MIQ and self-isolation settings to ensure these are proportionate to the risk.	Yes

5.	Agree share this memo with the Department of Prime Minister and Cabinet to inform their initial advice to Ministers on 25 February 2022.	Yes
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Ashley's comment:

Agreed but this should be expedited. The starting point should be that requirements on incoming travellers should be similar to those of people in the community; retaining the distribution of RATs to support people arriving to test is probably worthwhile (as a point of difference).



Dr Ashley Bloomfield
Te Tumu Whakarae mō te Hauora
Director-General of Health

Date: 24 February 2022

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Appendix 1: COVID-19 cases detected at the border to 21 February 2022

New Zealand's imported COVID-19 cases in the last two weeks

Point of departure	Acute	Historical	Total	Arrivals	Acute cases per 1000 arrivals
Malaysia	16	0	16	39	410.3
India	14	1	15	408	34.3
Singapore	6	0	6	64	93.8
Unknown	5	0	5		
Iraq	4	0	4	1	
Pakistan	4	0	4	81	49.4
United Kingdom	3	0	3	502	6.0
Australia	2	0	2	456	4.4
Iran	2	0	2	24	83.3
Jordan	2	0	2	2	
Philippines	2	0	2	94	21.3
Fiji	1	0	1	25	40.0
Papua New Guinea	1	0	1	16	62.5
Saudi Arabia	1	0	1	12	83.3
United Arab Emirates	1	2	3	93	10.8
United States of America	1	1	2	317	3.2
Other	0	0	0	1,662	0
Total	65	4	69	3,796	17.1

Note: Point of departure data for cases and arrivals are self-reported and are best estimated based on the data available. Work is underway to improve data quality.

Source: Ministry of Health.

Appendix 2: Pre-departure testing, vaccination, isolation testing requirements for the entry pathways

	No isolation pathway	Self-isolation pathway	MIQ pathway
Pre-departure testing	No requirement	<ul style="list-style-type: none"> PCR test within 48 hours of departure OR supervised RAT within 24 hours of departure OR supervised LAMP within 24 hours of departure. 	<ul style="list-style-type: none"> PCR test within 48 hours of departure OR supervised RAT within 24 hours of departure OR supervised LAMP within 24 hours of departure.
Vaccinations	<ul style="list-style-type: none"> Complete course of any combination of the 10 Medsafe/WHO approved vaccines; OR Complete course of any other govt approved vaccines + 1 dose of Pfizer, AstraZeneca, Moderna or Janssen; OR A single dose of any other government approved vaccine +1 dose of Pfizer, AZ, Moderna or Janssen. <p>Applies to non-New Zealand citizens only.</p> <p>Those aged 16 years of age and under are exempt from the vaccination requirements.</p> <p>Upon application the DG may grant an exemption to those coming from a jurisdiction without sufficient access to vaccination.</p>	<ul style="list-style-type: none"> Complete course of any combination of the 10 Medsafe/WHO approved vaccines; OR Complete course of any other govt approved vaccines + 1 dose of Pfizer, AstraZeneca, Moderna or Janssen; OR A single dose of any other government approved vaccine +1 dose of Pfizer, AstraZeneca, Moderna or Janssen <p>Those aged 16 years of age and under are exempt from the vaccination requirements.</p> <p>No medical exemption available.</p>	<ul style="list-style-type: none"> Complete course of any combination of the 33 vaccines approved by any government or approval authority <p>Applies to non-New Zealand citizens only</p> <p>Those aged 16 years of age and under, refugees, arrivals from Antarctica, evacuees from Afghanistan and those with a certificate from a health practitioner that confirms they cannot receive a COVID-19 vaccine due to medical reasons are exempt from the vaccination requirements</p> <p>Upon application the DG may grant an exemption to those coming from a jurisdiction without sufficient access to vaccination.</p>
Isolation & test requirements	No isolation or test requirements	<p>7 days self isolation</p> <p>RAT on day 0/1 and 5/6 and must self-report the results.</p> <p>Must seek a follow-up PCR at a CTC if test is positive</p> <p>Case is then managed as a community case.</p>	<p>7 days managed isolation (at own expense)</p> <p>Daily health checks in person or by phone</p> <p>PCR test on day 0/1 and 5/6. (note transition to move to RAT, and PCR if positive is in consideration).</p> <p>If considered a close contact in MIQ you must remain in MIQ for an additional 7 days after last exposure.</p> <p>If a person remains in a bubble with a positive case, they must remain in MIQ for an additional 10 days after the case has been deemed recovered and low risk of being infectious</p> <p>If a person tests positive, they are transferred to a quarantine facility. They can leave MIQ after 10 days since testing</p>

			positive or since the onset of symptoms (whichever is later); and have been symptom free for 72 hours; and pass a health check from a health practitioner.
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Memo

Reconnecting New Zealand: Further advice on removing self-isolation requirement for international arrivals and bringing forward Step 2

Date: 27 February 2022

To: Dr Ashley Bloomfield, Te Tumu Whakarae mō te Hauora, Director-General of Health

Copy to: Bridget White, Deputy Chief Executive, COVID-19 Health System Response

From: Caroline Flora, Associate Deputy Director-General, System Strategy and Policy

For your: Action

Purpose of report

1. This memo provides you with further advice on removing the self-isolation requirement for people entering New Zealand and new advice on bringing forward Step 2 of Reconnecting New Zealand. We understand that Ministers intend to make an in-principle decision at Cabinet on Monday 28 February 2022 and an announcement the same day. Implementation could be as early as Friday 4 March 2022.
2. Associate Minister of Health, Hon Dr Ayesha Verrall, will present an oral item to Cabinet on Monday 28 February 2022. DPMC is preparing a briefing today to support the Cabinet discussion, and it will be informed by advice from the Skegg Group on removing MIQ and self-isolation. This memo provides a Ministry of Health view to support the DPMC briefing to Hon. Verrall and covers:
 - a. Removing the self-isolation requirement for people coming into New Zealand under the Reconnecting New Zealand programme
 - b. Bringing forward Step 2 of Reconnecting New Zealand
 - c. Testing and vaccination requirements for people arriving in New Zealand
 - d. Operational and lead-in requirements
 - e. Future of MIQ.

Background and context

3. On 1 February 2022, Cabinet agreed to key settings and the timing of a 5 Step programme for Reconnecting New Zealanders with the world. The first step for New Zealanders and other eligible travellers from Australia commences at 11.59pm Sunday 27 February. Step 2 captures New Zealanders and other eligible travellers from other countries and is set to commence at 11.59pm Sunday 13 March.
4. Returnees under the 5 Step programme will no longer be required to enter Managed Isolation and Quarantine (MIQ) facilities but will be required to enter self-isolation.

Effect of future border cases on community outbreak

5. Te Pūnaha Matatini have modelled the effect on the current outbreak of cases entering across the air border. They assume that 25% of active cases can be detected by testing on arrival. The other 75% of active cases would slip through the safe-guards of testing and self-isolation into the community and seed new outbreaks.
6. The model estimates that 90 active cases arriving each week under Step 1 would increase community cases and hospitalisations by about 0.3% overall, compared to the current expected trajectory of the outbreak.
7. The worst scenario for Step 2 is another 600 active cases week entering the self-isolation pathway each week. The Te Pūnaha Matatini model estimates that would increase community cases and hospitalisations by less than another 1% over the course of the current outbreak – which is much less than the difference between the “high” and “medium” scenarios in the current Te Pūnaha Matatini model.
8. This prediction may be optimistic, because international arrivals may go to any part of New Zealand, and seed new outbreaks in areas that do not yet have significant numbers of cases. The model also assumes that the variants of the imported cases present are similar in transmissibility and health outcomes to the current Omicron variant.

Removing self-isolation requirements for arrivals into New Zealand

9. On 21 February 2022 a Public Health Risk Assessment considered the proportionality of the border settings alongside the settings for the domestic management of COVID-19. With the shift to Phase Three measures of the Omicron response there are implications on the legitimacy of our current border settings and self-isolation settings proposed under Reconnecting New Zealand programme.
10. The relative risk of becoming infected with COVID-19 in New Zealand now exceeds the risk at the border so it is unlikely that all MIQ or self-isolation settings will remain required from a public health risk management perspective.
11. The core policy objective of MIQ, self-isolation, and testing requirements for international arrivals is to prevent and limit risk of an outbreak or limit the spread of COVID-19 in the New Zealand community.
12. These measures were proportionate when we were pursuing an elimination strategy and more recently preventing a widespread Delta outbreak, and the aim was to take all reasonable steps to reduce the possibility of a case at the border seeding a community outbreak.
13. With the current situation of an escalating COVID-19 outbreak in New Zealand, there is now a greater risk of being infected within the community compared to the risk of arrivals importing COVID-19 from overseas. As such, it is harder to justify tighter restrictions on international arrivals than those applied to those in the community from a public health risk management perspective.
14. Despite the assessment that international arrivals now present a relatively lower risk, we are mindful that any transition would need to be managed carefully to reduce potential negative impacts on communities and the health system. This would mean continuing to

manage the risk offshore in the short-term, i.e. requiring vaccination and pre-departure testing.

Bringing forward Step 2 of Reconnecting New Zealand

15. Step 2 of Reconnecting New Zealand is scheduled to commence at 11.59pm Sunday 13 March 2022 and will allow all New Zealanders and other eligible travellers from all countries to enter New Zealand without the requirement for entering MIQ.
16. The Ministry of Health's view is that it will be difficult to reinstate settings once they are removed. We recommend that this is clearly stated in the DPMC advice, as decisions taken now may have impacts on our ability to respond to future variants, which may be more serious than Omicron.

Treating border arrivals like close contacts

17. We had recently advised that international arrivals present a similar (or lower) COVID-19 risk profile to close contacts in the community, and therefore, as a general principle, arrivals should be required to meet broadly similar testing and isolation requirements as close contacts of domestic cases. Based on this advice, Cabinet agreed that the self-isolation pathway settings should broadly align with settings for managing close contacts in the community [CAB—22-MIN-008 refers].
18. With the move to Phase Three of the Omicron response and wider spread of COVID-19 in New Zealand, non-household close contacts are no longer required to undertake self-isolation, irrespective of vaccination status. Our view is that the requirement for international arrivals should be similar.

Testing requirements

19. The current testing requirements for arrivals under the self-isolation pathway are:
 - a. a negative pre-departure test
 - b. take a RAT on days 0/1 and 5/6
 - c. report the results, and if tested positive get a PCR test from a community testing centre.
20. While these requirements are greater than those that are now required by non-household close contacts in New Zealand, we propose that some testing requirement is justified. There is a reasonable public health rationale to maintain a testing requirement for international arrivals to assess whether people coming across the border are positive and potentially looking for any new variants.
21. The testing requirements we propose are a RAT on day 1/2 with a requirement to log a positive result and isolate if positive, just like a community case.
22. We propose a high trust model of monitoring and compliance, as it will not be possible to take a more active enforcement role given the volume of people expected to enter New Zealand.
23. We do not recommend a follow up PCR test for positive RATs. The main reason that PCR tests would be required would be to do whole genome sequencing as part of surveillance of potential new variants. We expect that we will get warning of these from surveillance in

other countries. On balance there is not a strong case for doing PCR and whole genome sequencing (WGS) on all arrivals, but we recommend that we review PCR and WGS priorities over the coming two weeks to see how they are best deployed as we move through the Omicron outbreak.

Vaccination requirements

24. Under the Reconnecting New Zealand programme only fully vaccinated arrivals can self-isolate and avoid entering MIQ.
25. If self-isolation requirements are removed and Step 2 is brought forward, decisions are required about whether it is proportionate for unvaccinated arrivals or people with unapproved vaccines to still enter MIQ.
26. The Strategic COVID-19 Public Health Advisory Group, chaired by Prof Sir David Skegg, provided advice to Hon Dr Ayesha Verrall on 27 February 2022 on the relaxation of border restrictions (attached as Appendix 1). In that advice the Group recommended that it is appropriate to remove the requirement for self-isolation of fully vaccinated travellers after they arrive in New Zealand. The Group developed this advice on the assumption that unvaccinated people would continue to enter the MIQ system.
27. In the time available, it has not been possible to consider alternative MIQ configurations that could result in MIQ or self-isolation being used in a proportionate and justified way for unvaccinated (or inadequately vaccinated) people.
28. Therefore, options that are available are to either:
 - a. treat unvaccinated and vaccinated people the same, which would allow unvaccinated people to avoid entering MIQ (similar rationale for treatment of close contacts in the community at Phase 3); or
 - b. retain existing MIQ settings for unvaccinated people, which would require that unvaccinated people entering MIQ for seven days.
29. Given the current situation, our advice is that MIQ will no longer be warranted for unvaccinated (or inadequately vaccinated) people entering the country. Further, we understand that most airline policies preclude the carriage of unvaccinated travellers.
30. As a result, our advice is that unvaccinated people should not be required to enter MIQ. We recommend that advice to Ministers reflects that there are risks associated with this approach and that more robust decisions could be made following more fulsome consideration of alternative MIQ and self-isolation configurations, such as requiring unvaccinated returnees to complete a period of self-isolation until a negative RAT test (or series of tests) is returned.

Operational and lead-in requirements

Legislative

31. Operational arrangements will not be able to be finalised until the appropriate legislation is in place.

32. To give effect to the possible changes, amendments to several Orders made under the COVID-19 Public Health Response Act 2020 would be required. We expect that these amendments will take around a week to draft.
33. We understand that Ministers may wish to make rapid changes to MIQ requirements for people who have arrived from Australia and are currently in MIQ. Legal teams are meeting to discuss this more fully this evening. One option could be for an exemption power to be used, either by you or by the Medical Officers of Health assigned to MIQ (who currently make individual decisions about early release). We will provide you with further advice on this on 28 February 2022.

Health border teams

34. The proposed shifts would create an opportunity for the role of border health teams at the airport to be reconsidered. This workforce is currently available for self-declared symptomatic arrivals only and for those arriving to MIQ (as part of the staffing of MIQ facilities). With the increasing shift of risk away from the border to community transmission this workforce would be better utilised across the wider Omicron response.

Communications and logistics

35. While self-isolation guidance can easily be removed from the website, there is considerable collateral and communications exercises that would need to be undertaken. Until such time that settings, testing requirements and timings are confirmed, this work cannot commence.

Digital enablers

36. Ensuring the digital tools are ready to move to Step 2 will take approximately 48 hours.
37. The current Traveller declaration, Nau Mai Rā, will need to be updated. There will be increased demand on our data and digital team for all the affected systems, and this may be difficult to implement in this short timeframe. There are also on-the-ground difficulties for those arrivals that have already submitted their declaration for travel after any changes come into effect.

Recommendations

It is recommended that you:

1.	Note	that the relative COVID-19 transmission risk posed by international arrivals is no longer higher than the domestic risk of COVID-19	Noted
2.	Note	that care needs to be taken removing current settings as this could reduce our ability to manage future outbreaks	Noted
3.	Agree	that, from a public health perspective, the requirement for people entering New Zealand to self-isolation should be removed to bring it in line with the requirements on non-household close contacts in the community	Yes/No


4.	Agree	that this should also mean there would be no MIQ requirement for unvaccinated people entering the country, which would also be consistent with broader settings across the community	Yes/No
5.	Note	that the number of people choosing to cross the border if the self-isolation requirement is removed will increase although this will be limited by flight capacity.	Yes/No
6.	Agree	to keep the requirement for a negative pre-departure test, for now, to mitigate in part the risk of active cases arriving into the country.	Noted
7.	Agree	that arrivals must still undertake a RAT on days 0/1 until further notice.	Yes/No
8.	Agree	that under the proposed changes a high trust model without active follow-up or enforcement of testing requirements for international arrivals is required.	Yes/No
9.	Note	that the Government may need to consider bringing forward Step 2 of Reconnecting New Zealand from 13 March 2022 if self-isolation requirements are removed for international arrivals.	Noted
10.	Note	the operational challenges of bringing forward this date.	Noted
11.	Agree	to share this advice with the Department of Prime Minister and Cabinet for advice to Associate Minister for Health, Hon Dr Ayesha Verrall to present on these issues at Cabinet on Monday 28 February 2022.	Noted

Signature

Caroline Flora

Associate Deputy Director-General, System Strategy and Policy

Date: 27 February 2022



Signature

Dr Ashley Bloomfield

Te Tumu Whakarae mō te Hauora, Director-General of Health

Appendix One: Advice from the Strategic COVID-19 Public Health Advisory Group

Date: 27 February 2022