

Briefing

Opportunities to increase vaccine uptake: new arrivals to New Zealand

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To:	Hon Chris Hipkins, Minister for COVID-19 Response		
Copy to:	Hon Andrew Little, Minister of Health Hon Dr Ayesha Verrall, Associate Minister of Health		

Contact for telephone discussion

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Minister's office to complete:

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|---|------------------------------------|--|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Decline | <input type="checkbox"/> Noted |
| <input type="checkbox"/> Needs change | <input type="checkbox"/> Seen | <input type="checkbox"/> Overtaken by events |
| <input type="checkbox"/> See Minister's Notes | <input type="checkbox"/> Withdrawn | |

Comment:

Opportunities to increase vaccine uptake: new arrivals to New Zealand

Security level: IN CONFIDENCE **Date:** 9 August 2021

To: Hon Chris Hipkins, Minister for COVID-19 Response

Purpose

1. You have requested advice on whether vaccination can be offered to people (returnees) during or at the close of their stay in Managed Isolation and Quarantine Facilities (MIQF).
2. This paper sets out the benefits and risks of this approach, along with alternative ways we could increase immunisation of returnees either before or after their stay in MIQF. We consider whether these approaches support the objectives of New Zealand's COVID-19 Vaccine and Immunisation Programme (the Immunisation Programme) and the COVID-19 Elimination Strategy (the Elimination Strategy).

Context

3. The purpose of MIQF is to prevent the transmission of COVID-19 into the community by isolating returnees until we can be confident they are not infectious.
4. Returnees stay in managed isolation for a minimum of 14 days when they enter New Zealand. There have been more than 150,000 people returning through MIQF since it was established, and just over 1,100 cases of COVID-19 detected in MIQF, 14 of which were documented transmission events within MIQF to staff or other returnees. Four led to further transmission to people outside of MIQF. While this is a small proportion, reduction of this risk is important to decrease the risk of community spread and fulfilling the aim of the first point of the elimination strategy, "Keep it out", particularly in light of the Delta variant.
5. Strict infection prevention and control and public health measures, including grouping returnees in cohorts, reduce the risk of transmission within MIQFs. Other measures that reduce the risk of transmission into the community include mandatory vaccination and testing of MIQF staff.

Vaccination on arrival provides minimal protection within MIQ

6. The Pfizer/BioNTech vaccine approved for use in New Zealand is administered in two doses, at least three weeks apart. Protection begins to develop from approximately eight days after the first dose, with maximum protection from two weeks after the second dose. Immunity against the Delta variant appears to be weaker after only one dose, but well-retained after two doses.
7. Because of the gradual development of protection, a single dose of vaccine delivered in MIQF is unlikely to significantly reduce the risk of returnees becoming infected during

their stay and transmitting COVID-19 into the community. This risk is already very low because of the other protective measures in place. However, from a purely clinical point of view, any decrease would be valuable. Vaccination will eventually provide significant protection to the individual following their second dose, and the more people who are vaccinated, the better our community's protection will be against future outbreaks.

MIQF may be a convenient delivery setting for some returnees

8. Returnees who have not been vaccinated overseas need to be able to access vaccination at some point after their arrival. MIQF may still be a useful delivery setting for returnees, for the following reasons:
 - a. From the point of view of the returnees, receiving their first dose during their stay may be convenient, as they would not need to travel or co-ordinate with other activities. Convenience is likely to support uptake for returnees who are complacent about vaccination.
 - b. Returnees who are eligible to receive earlier vaccination due to age or other risk factors would receive their first dose as soon as practicable after arrival.
 - c. Returnees may have been out of the country for long periods and not be closely connected to health services within New Zealand, making them harder to reach by any recall systems if they do not present for vaccination on their own.

MIQF's primary function is to keep COVID-19 out of the community

9. MIQF is a unique environment designed to reduce the risk of transmission of COVID-19 into the community, using infection control and other public health measures. Currently, MIQF sites are not designed for administering vaccinations, and adding new functions will have consequences for MIQF processes and systems.

Infection prevention and control

10. Providing sufficiently ventilated space for 20 minutes of post-vaccination observation while maintaining infection control will be a significant challenge in many facilities. Serious adverse reactions such as anaphylaxis would be difficult to treat while maintaining infection prevention and control.
11. Fever and influenza-like symptoms are more common adverse reactions to COVID-19 vaccination that may be difficult to distinguish from the actual disease. Recently vaccinated people exhibiting these symptoms would need to undertake additional tests for COVID-19, along with their contacts. There is also a risk that staff may assess symptoms as being down to vaccination and fail to follow up effectively.

Impact on workload

12. The existing workload of MIQF health staff is a significant barrier to introducing vaccination within MIQF and there are current challenges in maintaining sufficient resources for existing tasks.
13. Any external vaccinators brought into MIQFs to address this would become subject to border vaccination and testing rules and would be unable to return immediately to their

community work. Under current rules, health staff are prevented from working in other health services for 48 hours after working in MIQFs.

Equipment and Resources

14. Facilities for vaccine storage and refrigeration and clinical equipment to manage adverse reactions are not available within MIQFs. While staff include qualified nurses, they would need to complete training to administer COVID-19 vaccines and as noted above, this cannot be delivered within existing MIQF health resources.

However, we can use MIQFs to connect returnees to the Immunisation Programme

15. Establishing vaccination sites at up to 31 MIQFs, given the challenges noted above, is likely to divert from the wider effort and restrict capacity in other areas of the Immunisation Programme. This could potentially impact on equitable outcomes for Māori and Pacific people. However, there are other opportunities to connect returnees to the COVID-19 Immunisation Programme, either before or after their stay in MIQF, in ways that would safeguard New Zealand and achieve the objectives of the Immunisation Programme.

Supporting vaccination before MIQ

16. With the increasing availability of COVID-19 immunisation in some other countries, particularly the United Kingdom, Europe and the United States, an increasing proportion of returnees are able to be vaccinated before arrival. Encouraging and potentially requiring travellers to get vaccinated before their journey to New Zealand supports their own protection as well as reduces the chances of introduction of COVID-19 into New Zealand.
17. We will continue to consider the relationship between previous vaccination and quarantine at the border in our work on Reconnecting New Zealanders. Collecting overseas vaccination information on the COVID-19 Immunisation Register when people enter into New Zealand would support our understanding of population vaccination coverage and vaccine efficacy into the future.

Vaccination after exiting MIQ

18. We can use the opportunity to connect returnees in MIQFs to the Immunisation Programme to support immunisation, for example:
 - a. providing information about the Immunisation Programme to people in MIQF as part of the initial health check
 - b. supporting people during their stay to book vaccination appointments for after their exit, including arranging priority access for people within priority groups.
19. These options would not impact on safety within MIQF as booking and providing information are less complex tasks, and people could contact Healthline who would be able to assist with their booking. They would not affect the resources of the Immunisation Programme as they use existing vaccination sites that are designed for the general population including returnees. They would support maximising uptake of

vaccines, especially among people likely to travel again in the future. These initiatives would also have the additional benefit of linking people with limited connections with New Zealand's health and disability services to primary health care providers for their wider healthcare needs.

Next steps

20. We will review our messaging for people considering travel to New Zealand and processes for providing health services within MIQF to implement your decisions. We propose taking the above approach over the next two months and review once the wider Immunisation Programme is more advanced.

Recommendations

The Ministry recommends that you:

- a) **Note** that vaccination of returnees within managed isolation is a valid approach to decrease the risk of transmission and infection within managed isolation, however this benefit is minimal.
- b) **Note** that there are limitations to MIQF ventilated space and staff capacity and Immunisation Programme infrastructure that currently make vaccination impractical within MIQFs. In particular, there is a risk of increasing the likelihood of in-MIF transmission through congregation of returnees in shared spaces for vaccination and post vaccination stand down.
- c) **Agree** to the following measures to support vaccination of people coming through MIQF at this point:
- i. encouraging people to be vaccinated where possible for their own protection before they travel to New Zealand ☒ Yes/No
 - ii. providing assistance to people in MIQF to book vaccination appointments, with priority for those in high priority groups, for after they have completed MIQ. ☒ Yes/No
- d) **Note** that we will review this approach in October once the wider Immunisation Programme is further advanced.


Dr Ashley Bloomfield

Te Tumu Whakarae mō te Hauora
Director-General of Health

Date:



Hon Chris Hipkins

Minister for COVID-19 Response

Date: 17/2/2021

ENDS.

*I still think there is merit in offering the 1st dose of vaccine alongside the Day 12 test. Can this be considered as part of the next round of advice please? Thanks
Ch.*