



# Joint Briefing

## Approach to managed isolation and quarantine for community cases and close contacts

<b>Date due to MO:</b>	N/A	<b>Action required by:</b>	N/A
<b>Security level:</b>	IN CONFIDENCE	<b>Health Report:</b>	20211926
		<b>MBIE Report:</b>	NZ-002
<b>To:</b>	Hon Chris Hipkins, Minister COVID-19 Response		

### Contact for telephone discussion

Name	Position	Telephone
<b>Maree Roberts</b>	Deputy Director-General, System Strategy and Policy, Ministry of Health	s 9(2)(a)
<b>Megan Main</b>	Deputy Secretary, MIQ, Ministry of Business, Innovation and Employment	s 9(2)(a)

### Minister's office to complete:

- |   |                                    |  |
|---|------------------------------------|--|
| <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 Withdrawn |  |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:

# Approach to isolation and quarantine for community cases and close contacts

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**Security level:** IN CONFIDENCE **Date:** 23 August 2021

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

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## Purpose of report

1. This briefing provides advice on the current isolation and quarantine situation for community cases and close contacts and seeks confirmation of ongoing settings, particularly in light of the Delta variant and its operational implications.

## Summary


2. The level of COVID-19 in the community and the associated close contacts are placing pressure on quarantine and isolation settings. This is due to the rise in the number of community cases and close contacts that require management.
3. We are seeking confirmation that you are comfortable with the current settings for quarantine and isolation for community cases and close contacts. Ongoing clarity is required to maintain an effective and consistent response.
4. We are proposing that positive community cases continue to be managed in managed quarantine facilities where it is deemed safe and appropriate to do so. Close contacts continue to remain in the community where it is deemed safe and appropriate to do so. In some instances, Medical Officers of Health may require a close contact to isolate in a managed isolation facility. To assist MBIE with forward planning and certainty, we propose that up to 100 spaces are reserved (tagged) in Managed Isolation and Quarantine Facilities (MIQF) for this purpose. In preparation for the likely event that this capacity will be reached, MBIE and Health officials are working together to develop options for alternate arrangements.
5. We intend to update guidance and communications to reconfirm the continued approach to managing community cases and close contacts, including arrangements for safely transporting cases and close contacts, to ensure an efficient response.

## Recommendations

We recommend you:

- a) **Note** that the current rise in COVID-19 cases in the community and the increased transmissibility of the Delta variant means we need to review our approach and accountabilities for management of community cases and close contacts.

- b) **Note** the current pressure and constraints on managed isolation and quarantine capacity and the expected increase in community cases needing to enter quarantine facilities in the next few days.
- c) **Agree** that 100 spaces are reserved (tagged) in the MIQ system for community close contacts in order to manage capacity impact across the system and support the provision of quarantine spaces for positive community cases. **Yes/No**
- d) **Note** that in preparation for the likely event that this capacity will be reached, MBIE and Health officials are working together to develop options for alternate arrangements.
- e) **Confirm** that managed quarantine facilities will remain the default for community cases, where it is deemed safe and appropriate to do so. **Yes/No**
- f) **Confirm** community close contacts will be managed in the community by local DHBs, where it is deemed safe and appropriate to do so. **Yes/No**
- g) **Note** the Ministry of Business, Innovation and Employment, the Ministry of Health and other relevant government agencies will work together to model scenarios to plan for immediate demand on managed quarantine and isolation facilities.
- h) **Note** that DHBs will continue to manage travel for cases within their regions and MBIE will continue to manage travel inter-regionally.
- i) **Note** we will develop guidance and communications to re-confirm and support these decisions.




Dr Ashley Bloomfield  
Te Tumu Whakarae mō te Hauora  
Director-General  
**Ministry of Health**  
Date:

Hon Chris Hipkins

**Minister for COVID-19 response**

Date:

  
Megan Main  
Deputy Secretary, MIQ  
**Ministry of Business, Innovation and  
Employment**  
Date: 25 August 2021

# Approach to Managed isolation and quarantine for community cases and close contacts

## Background and context

6. The current outbreak of COVID-19 and consequent rise in cases in the community and the increased transmissibility of the Delta variant has meant that we need to consider how we can enhance our current approach to managing community cases and their close contacts.
7. To date, positive community cases are typically directed by Medical Officers of Health to enter MIQF under section 70 of the Health Act 1956, unless the Medical Officer of Health deems that there is a strong case for an alternate arrangement.
8. The close contacts of cases are normally expected to isolate at home, unless otherwise directed by a Medical Officer of Health. In these cases, additional support is provided where required through an all-of-government response coordinated by DHBs with support from MSD and other welfare agencies and organisations.
9. In certain circumstances, alternative local community isolation accommodation may be offered or required if the usual place of residence is not suitable. It is important to note that a priority is placed not to split 'bubbles' or family groupings, and this will be considered in identifying appropriate quarantine or isolation arrangements.
10. The recent outbreak of COVID-19 in the community has led to the need to revisit key issues:
  - a. What is the on-going impact of using managed isolation and quarantine facilities for community cases and some close contacts and how do we manage the impact this has on the availability of appropriate spaces within Managed Isolation and Quarantine Facilities for both community cases and scheduled international arrivals?
  - b. What should happen to close contacts of community cases where they need to isolate or quarantine?
  - c. How do we ensure safe transport of cases to managed quarantine facilities?

## Issue 1: The rise of community cases is placing pressure on managed isolation and quarantine capacity

### *Current context:*

11. During this current outbreak, the direction has been that positive community cases should go into a managed quarantine facility wherever safe. Spaces in MIQF are limited and the system is being placed under pressure by the increase in community cases. MBIE provided separate advice to you on this issue [MBIE briefing NZ001 refers].

12. MBIE have already expanded quarantine capacity in Wellington and are in the process of assessing options for a second quarantine facility in Auckland. Current modelling indicates that this facility will be required in the next 2-3 days.
13. MBIE has limited options to further expand quarantine capacity in Auckland at short notice. In addition to demand from scheduled international arrivals and workforce pressure, hotels are understandably reluctant to agree to shifting from managed isolation to quarantine designation at short notice.
14. Depending on the trajectory of the outbreak, it is likely that there will come a point early next week where MIQ does not have capacity for community positive cases.
15. MBIE are also looking at options to manage arrivals across the border over the coming days if further intervention is required. So far this has included working with the horticulture industry to defer 150 RSE workers that were due to arrive today and temporarily ceasing the release of MIQ vouchers. MBIE will be providing further advice separately on this issue.
16. In the very small numbers of community cases where it may not be deemed safe for a case to enter into MIQF, Medical Officers of Health will identify appropriate quarantine and isolation plans.
17. In preparation for the likely event that MIQ will run out of quarantine capacity, officials are working together to develop a plan for the continued safe management of cases and close contacts, including the role of DHBs and the health system. This will likely need to involve community-based quarantine for at least some community cases.

*Proposed responses:*

18. To provide ongoing clarity and assurance, we propose that you re-confirm the existing quarantine and isolation approach to use managed quarantine facilities for positive community cases.
19. To support this work, agencies will work together on scenario planning to identify potential demands on managed isolation and quarantine and develop effective options to respond.
20. Scenario planning will help identify future capacity constraints, and whether different quarantine and isolation settings are required in the future.

**Issue 2: What should happen to close contacts – where should they be accommodated and who should provide support?**

*Current context:*

21. Given the scale of the current outbreak, and with the safety measures in place at Alert Level 4, most close contacts of community cases will be safe isolating at home. In some instances, for example where there is overcrowded housing or it involves hostels or university accommodation, isolation away from home may be required. The Ministry of Health manages the health needs of close contacts isolating at home or in the community while their non-health welfare needs are managed by the Care for Community (CSC) programme overseen by the Ministry for Social Development.

22. As at 24 August, there were more than 14,000 close contacts identified in this current outbreak. Only a small proportion of these, a total of 9 people in Auckland, are deemed to be unable to safely isolate in their own homes and are being managed in MIQFs.
23. Given the pressures on managed isolation and quarantine facilities, enabling close contacts to safely isolate at home is the primary response and they are only placed into a facility if there is no other safe, viable alternative. The Holiday Inn Hotel in Auckland (200 rooms) is currently being used as managed isolation facility for close contacts who cannot self-isolate at home and symptomatic border arrivals.
24. The 200 rooms in the Holiday Inn need to remain flexible so that they can be used within the system as required. With the current pressure on managed isolation and quarantine capacity, any free space in the system needs to be utilised appropriately. This may mean that the Holiday Inn is used for a combination of community close contacts, symptomatic border arrivals and other returnees, or it may need to be designated as a dual use isolation and quarantine facility.
25. Depending on the trajectory of the outbreak, there may come a point where MIQ does not have capacity for community close contacts (unless they are going into quarantine facilities with a positive case).
26. DHBs also have a small number of community isolation rooms which could be used but not all DHBs currently have this capacity established. DHB-led services to provide community-based wrap-around options for close contacts with higher health or welfare needs are currently being implemented. These services are funded to manage a limited number of people during small outbreaks. There is currently a small amount of capacity in a limited number of regions, and the wrap-around support services provided by the Ministry of Social Development (MSD) and community agencies are stretched, particularly in Auckland.
27. The experience in New Zealand over the last 18 months has been that compliance with requests for cases and contacts to self-isolate has been very high. Ongoing compliance is dependent on good relationship management and adequately supporting the health, welfare, and cultural needs of those isolating.

*Proposed responses:*

28. To assist MBIE with forward planning and certainty, we propose that up to 100 spaces are reserved (tagged) in Managed Isolation and Quarantine Facilities (MIQF) for close contacts if needed.
29. In preparation for the likely event that MIQF capacity for close contacts will be reached, MBIE and Health officials are working together on plans for alternate arrangements.
30. We are also actively considering how we can continue to strengthen our management and support of close contacts in community isolation and home-based isolation. The ongoing success and safety of this would depend on effective coordination and clear accountabilities, as well as managing equity considerations and being responsive to individual and family needs (e.g cultural or disability related needs).
31. Considerations around quarantine and isolation will need to continue to inform and be informed by decisions around Alert Level changes.

### Issue 3: Ensuring availability and safety of transport options for cases and close contacts required to travel to quarantine and isolation facilities

#### *Current context:*

32. Currently transport for cases and close contacts if required is managed by MBIE between the air border and managed isolation facilities. If there is a need to transport a case within a district, for example home to hospital, DHBs have plans to safely do so working closely with MIQF regional coordinators and private transport providers. Inter-regional travel, which has been coordinated by MBIE working closely with private transport providers (buses and in some cases charter flights), has been arranged on a case-by-case basis which has previously led to delays. In both cases, Medical Officers of Health approve a Transport Plan to ensure transportation is safe and in accordance with infection prevention controls.
33. As 15 out of 20 DHBs do not have MIQFs in their regions, inter-regional travel may be in high demand if there is any spread of COVID-19 to regions without facilities and MIQ-based quarantine or isolation is required. Inter-regional travel can lead to a range of operational challenges, including Medical Officer of Health time in planning, risks of transmission during transport (including for the driver and staff) and logistics of managing vehicles and staff being away from their local Public Health Unit.
34. We have guidance in place to support Medical Officers of Health's role in making appropriate plans for safe transport for individuals and/or their household contacts.

#### *Proposed responses:*

35. To ensure clarity around transport, we propose to re-confirm that DHBs lead coordination for travel within their region and MBIE leads coordination for inter-regional travel for community cases (and in some cases close contacts) if required. Medical Officers of Health would provide relevant support as required, particularly around managing health risks and establishing the safety of the proposed transport. These accountabilities would support the availability, consistency and safety of inter-regional transport options.
36. We will update relevant guidance and send out communications to this effect.

### Communicating the approach to managing community cases and their close contacts

37. We will develop communications and update supporting guidance for all relevant stakeholders on the ongoing approach to managing community cases and close contacts. This would include MIQF, Public Health Units, Medical Officers of Health, the Ministry of Social Development and NEMA. We would update other agencies involved in the all of government response.

### Equity

38. To maintain the integrity of the quarantine and isolation system, it will be important that equity is considered in ongoing responses. Scenario based planning will consider equity implications, and this will inform the ongoing support services provided.

## Next steps

39. Both ministries will continue to provide advice on settings as the context changes, and if any changes are required as a result of scenario planning.

ENDS.

PROACTIVELY RELEASED