

# Briefing

## Advice on the ongoing role of Managed Isolation and Quarantine for international travellers

|                        |   |                              |          |
|------------------------|---|------------------------------|----------|
| <b>Date due to MO:</b> | N/A   | <b>Action required by:</b>   | N/A      |
| <b>Security level:</b> | IN CONFIDENCE                                     | <b>Health Report number:</b> | 20212511 |
| <b>To:</b>             | Hon Chris Hipkins, Minister for COVID-19 Response |                              |          |

### Contact for telephone discussion

| Name                        | Position                   | Telephone |
|-----------------------------|----------------------------|-----------|
| <b>Dr Ashley Bloomfield</b> | Director-General of Health | s 9(2)(a) |
| <b>Dr Caroline McElroy</b>  | Director of Public Health  | s 9(2)(a) |

### Minister's office to complete:

- Approved
  Decline
  Noted  
 Needs change
  Seen
  Overtaken by events  
 See Minister's Notes
  Withdrawn

Comment:

# Advice on the ongoing role of Managed Isolation and Quarantine for international travellers

---

**Security level:** IN CONFIDENCE      **Date:** 22 November 2021

---

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

---

## Purpose of report

1. This advice provides policy consideration of recently revised public health advice on the ongoing role of Managed Isolation for international travellers entering New Zealand, including cumulative risk and the timing of making and enacting policy decisions as a consequence of the revised Public Health Risk Assessment.

## Summary

2. As part of an ongoing requirement to consider the public health rationale against Bill of Rights Act considerations, we have conducted a Public Health Risk Assessment of border settings and the potential risk associated with international travellers entering New Zealand.
3. Based on the assessment, given the current ongoing COVID-19 outbreak there is considered to be a lower relative level of public health risk from international returnees generally than there was when New Zealand was pursuing an elimination approach. However, the advice highlights that any transition away from Managed Isolation as the primary tool for managing risk from international returnees will need to be carefully managed to reduce potential impacts on communities and the health system resulting from the cumulative risks of changing from one system to another too quickly.
4. We have considered both the public health and policy implications, as well as seeking external review of the public health risk assessment from epidemiologists Professor Philp Hill and Professor Antony Blakely, who support moving away from Managed Isolation by default but note that this needs to be carefully managed.
5. Given the cumulative risk that is associated with transitioning to the Reconnecting New Zealanders with the World approach (Reconnecting New Zealanders) and implementing the COVID-19 Protection Framework, we note the need for caution. Furthermore, while maintaining a considered risk-based approach to the potential spread of COVID-19 from across the border, we are not advising to progress any further changes to Managed Isolation and Quarantine settings (on top of the recent move to a 7 day Managed Isolation and the 3 days self-isolation day isolation period) ahead of proposed Reconnecting New Zealanders timeframes.
6. This position has been considered alongside the potential of increased legal risk, and this advice includes independent advice from Crown Law Office.

## Recommendations

We recommend you:

- a) **Note** that we provided you with revised public health advice on Tuesday 16 November on MIQ settings for international travellers entering New Zealand.
- b) **Note** that this was developed in response to the legal proceedings in *Bolton vs The Chief Executive of the Ministry of Business, Innovation and Employment*, which raised Bill of Rights Act considerations.
- c) **Note** that a risk-based approach to preventing border related transmission of COVID-19 has been developed as part of the Reconnecting New Zealanders with the World approach, including consideration of appropriate timeframes for a phased re-opening of the border.
- d) **Note** that based on the Public Health Risk Assessment, I commissioned advice on the policy implications resulting from the public health advice, including in relation to Reconnecting New Zealanders with the World approach and the COVID-19 Protection Framework.
- e) **Note** that I also sought independent peer review of the Public Health Risk Assessment from Professor Philip Hill and Professor Antony Blakely.
- f) **Note** that we have sought legal advice from Crown Law.
- g) **Note** that current Managed Isolation settings involve limitations on rights guaranteed by the New Zealand Bill of Rights Act 1990 (NZBORA) that must be demonstrably justified if it is to continue.
- h) **Note** that the public health risk at the border has changed but that there still needs to be a considered transition from Managed Isolation as the 'default' setting for most people arriving in New Zealand to a new approach.
- i) **Note** that the public health risk of any changes to the Managed Isolation settings need to be considered and managed alongside the implementation of the COVID-19 Protection Framework and Reconnecting New Zealanders with the World approach.
- j) **Agree** that the Reconnecting New Zealanders with the World approach allows for a risk-based managed transition to new Managed Isolation and/or self-isolation arrangements alongside the introduction of the new COVID-19 Protection Framework.  Yes  No

- k) **Agree** that the timeframes proposed currently under the Reconnecting New Zealanders with the World approach support this approach.  Yes  No
- l) **Agree** that the human rights limitations caused by the current Managed Isolation settings continue to be demonstrably justified.  Yes  No



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



Hon Chris Hipkins  
**Minister for COVID-19 Response**  
Date: 23/11/2021

PROACTIVELY RELEASED

# Advice on the ongoing role of Managed Isolation and Quarantine for international travellers

## Background

1. We have an ongoing requirement to consider the public health rationale for Managed Isolation and other legislative restrictions which is set out in the COVID-19 Public Health Response Act 2020 (the Act) and the NZBORA. These obligations need to be carefully and consistently managed against the public health rationale for Managed Isolation. Any Order made by the Minister or Director General of Health must be kept under review.
2. Recently, this was tested in the High Court decision in *Bolton v The Chief Executive of the Ministry of Business, Innovation and Employment* which has considered the right for people to self-isolation on Bill of Rights Act grounds.
3. The case prompted the development of a Public Health Risk Assessment (PHRA) that considers the current risk posed by international travellers entering New Zealand across the Air Border in light of a changing domestic and international context. We provided this to your office on Tuesday 16 November
4. The assessment indicated that with increased vaccination rates domestically and internationally, and the increasing prevalence of COVID-19 within some communities in New Zealand – although largely contained within the Auckland boundary, the risk of international arrivals transmitting COVID-19 is no longer consistently higher than the domestic transmission risk.
5. Despite the assessment now indicating a lower relative level of public health risk from international returnees generally, the advice highlights that any transition will need to be carefully managed to reduce potential impacts on communities and the health system resulting from the cumulative risks of changing from one system to another too quickly.
6. This assessment is underpinned by the current range of assumptions, including the current level of community transmission in the Auckland region and lower levels of community transmission across 7 other DHBs, current local and international vaccination rates, and lower levels of border transmission.
7. This point-in-time assessment does not represent the impact of higher numbers of people crossing the border or new variants of the disease, or the evolving situation once the COVID-19 Protection Framework comes into effect. The PHRA, given the need to consider current legal challenges, was also predominately focussed on an individual risk profile, but does acknowledge the cumulative benefit of measures including the higher vaccination rates and the current New Zealand environment. This advice raised a number of questions in response to current policy settings.
8. Given the significance of this advice, we have sought further advice from Professor Antony Blakely and Professor Philip Hill who have reviewed the advice and provided their own professional and independent opinion (paragraphs 27 -31).

## Current approach to managing risk at the border

9. The recent PHRA reflects the current state of policy settings as well as the domestic COVID-19 situation. As we move to enact changes, we need to carefully consider the range of upcoming policy changes that will affect the cumulative risk profile and inform considerations around the timing of making and enacting policy decisions as a consequence of the revised PHRA.
10. The key current settings to manage risk at the border include:
  - a. Highly limited entry pathway over the Air Border, with approximately 2,200 people arriving each week and entering Managed Isolation. From 8th of November, one way quarantine free travel arrangements also allow arrivals from low-risk jurisdictions: Samoa, Tonga, Vanuatu, and Tokelau.
  - b. Pre-departure testing is required for people returning from the vast majority of overseas jurisdictions.
  - c. Since 1 November vaccinations are required for all non-New Zealand citizens who are returning across the Air Border.
  - d. Mandatory 7 days of Managed Isolation followed by self-isolation until a negative test result is returned after day 9. Returnees are tested on day 0/1, 3, 5/6 and then in the community on day 9.
11. There are also domestic measures that are relevant to the current cumulative risk:
  - a. The ongoing use of a border around the Auckland region, until confirmation that it will be removed on 15 December.
  - b. Until then, community transmission is primarily limited to Auckland with lower level outbreaks in other parts of the country. There are active cases in 7 DHBs outside of Auckland metropolitan DHBs and possible undetected transmission.
  - c. Increasing vaccination rates in communities.
  - d. Sufficient health sector capacity to respond to cases as they emerge.
12. These measures, centred around the use of Managed Isolation, have been effective in maintaining border protections and preventing the introduction of new variants of COVID-19 and formed a key part of the elimination strategy.
13. The change to 7 days of Managed Isolation and 3 days of self-isolation has only been in place since 14 November and it is too soon to see yet whether there has been any potential increased risk associated with the self-isolation component, particularly for those people isolating outside Auckland.

## The development of a risk-based approach to border management

14. The risk-based approach to border management has been in development since March 2021, with initial Cabinet consideration in July 2021 [CAB-21-MIN-063 refers].
15. The development reflects a careful and evolving consideration of the domestic and international context. This includes increasing vaccination rates, the Delta outbreak, and the shift from the Elimination strategy to the COVID-19 Protection Framework. This has involved careful consideration of appropriate public health settings, and the appropriate

mitigations to manage potential border risk. In the process, options have been considered including shorter timeframes, however they were not considered appropriate within the context and objectives of the overall COVID-19 response.

16. Based on these considerations, timeframes for transition to a risk-based approach have been proposed that support the implementation of the appropriate mitigations at the border. The advice supports opening up in a phased way that is manageable to implement appropriate public health measures and manages pressures on our health system [CAB-21-MIN-074 and CAB-21-MIN-0498 refers]. This also allows time to make careful decisions in an evolving context, based on emerging and current information.

## **Significant changes in our COVID-19 response will change the cumulative risk profile**

17. If the ongoing role of Managed Isolation as a default for all border returnees becomes disproportionate to the public health risk, we will need to move to quickly transition away from the current settings for Managed Isolation.
18. The challenge we are facing is the need to balance this need to move quickly, with limiting the impact to the cumulative public health risk at a time when significant changes are planned both at the border as part of Reconnecting New Zealand and in domestic settings. Essentially, there is limited justification for Managed Isolation by itself, however there is significant cumulative risk when changes are considered in the context of other significant changes being made. This challenge is complicated further by limited evidence to draw on, particularly because of the evolving public health settings.
19. There are operational implications as well, as transitioning away from Managed Isolation for international returnees will require changes to enable large scale isolation and testing regimes. Changes include implementation of day 0/1 testing regimes through community testing, as well as ensuring that we have systems that can manage the large scale of arrivals. This will also require the Traveller Health Declaration System to support validation of testing and vaccination information at scale. These changes are being considered at a time when the health system is currently under considerable pressure to establish, among other things, a large scale self-isolation programme for positive COVID-19 cases in the community.
20. We are considering any changes to MIQ settings in the context of implementing the COVID-19 Protection Framework and the Reconnecting New Zealanders. This is consistent with the shift to a minimisation and protection framework, enabled by high levels of vaccination against COVID-19.

### *The COVID-19 Protection Framework*

21. Under the COVID-19 Protection Framework, which will be in place from 11.59pm on 2 December, the key objectives include suppressing and minimising COVID-19, ensuring that the health system has the capacity and capability to manage COVID-19 cases appropriately and targeting support for vulnerable communities.
22. Under the COVID-19 Protection Framework there is a pivot from a focus on case numbers to focusing on the impact of those cases. This reflects that with vaccination there is both a reduction in likelihood of becoming a case and significant reduction in

the consequences of a case. Risk is therefore no longer just about the number of cases – it is also about the consequences of those cases on the health system.

23. Aligned to this transition to a minimisation and protection approach, decisions around the implementation of the COVID-19 Protection Framework will inform an assessment of the level of public health risk for all parts of New Zealand. It is highly likely that with the removal of the border around the Auckland region there will be an increase in the spread of COVID-19 across the country and resulting pressure on the health system.
24. Based on preliminary analysis of current case numbers, we expect that there is between 10 and 50 times lower probability of a vaccinated community case leaving Auckland once the border is removed than a vaccinated case arriving in New Zealand.
25. These changes will require careful ongoing consideration to ensure that the changes are manageable within the overall context of the COVID-19 response. This includes the impact of COVID-19 entering different regions where there may be different population risks or health system capacity.
26. Modelling on the effects of these changes, combined with changes to border settings, is too early to be conclusive. The Te Pūnaha Matatini impact of border mitigation model/ jurisdictional risk model currently suggests that changes to border settings could go on to trigger an outbreak in the community, although the net impact of this is lower when there is already active transmission. Given COVID-19 is currently predominantly restricted to Auckland, changing the settings too soon risks seeding outbreaks in the South Island or in vulnerable communities with lower vaccination rates. Ongoing modelling work is required to understand the impact of public health mitigations in place, and the potential impact on the health system and vulnerable communities and we will work with Te Pūnaha Matatini to progress this.

#### *Reconnecting New Zealanders with the World*

27. The Reconnecting New Zealanders approach proposes a carefully managed, risk-based approach to re-opening New Zealand's borders, including ongoing isolation settings. The proposals that are being developed include risk-based pathways that include compulsory vaccination and pre-departure testing requirements, as well as self-isolation for travellers from medium risk countries to manage associated risk.
28. On Monday 15 November, Cabinet agreed that opening the border will commence with fully vaccinated NZ citizens, residents, residence-class visa holders, and other eligible travellers returning from Australia from 11.59pm, January 16 2022 . This would be followed by fully vaccinated New Zealand citizens, residents, residence-class visa holders, and other travellers from other medium risk countries by 31 March 2022.
29. We note that the first step is likely to increase arrivals from 2000 to 9000 people per week, and step 2 of the re-opening plan will be significantly higher. Given the scale of these arrivals, the likelihood of transmission from across the Air Border is likely to increase significantly without appropriate mitigations. Our modelling indicates that an additional 24,000 – 50,000 non-New Zealander arrivals each week are estimated to bring in 40 – 67 additional community cases without any additional public health mitigations

on arrival. In the fortnight from 1 November, of the 3131 people entering Managed Isolation, 2434 were vaccinated (this excludes under 12s) and there were 11 cases<sup>1</sup>.

30. Against this context the proposed transitional phases of the Reconnecting New Zealand approach continue to appropriately reflect the anticipated reduction over time in the public health risk emerging from the border.

*Potential constraints that will affect Reconnecting New Zealanders timeframes*

31. The timeframes proposed as part of Reconnecting New Zealand take into consideration operational and other implications, including:
- a. the time required to strengthen testing capacity, including consideration of airport testing and implementation of rapid antigen testing for people in self-isolation.
  - b. the time required to implement validation of testing and vaccination status, being developed as part of the Traveller Health Declaration System, and the capacity to use a manual declaration process as an interim step.
  - c. implementing large scale self-isolation, particularly if there are compliance and monitoring systems that need to be developed.
  - d. the length of time required to enact a new Order and/or make significant amendments to other Orders under the COVID-19 Public Health Response Act 2020.
32. Given the need to make these changes to continue to carefully manage the public health risk for border returnees, there will be operational risks and potential public health risks if we progress changes to Managed Isolation ahead of the agreed Reconnecting New Zealanders timeframes.
33. Further consideration is required on the ongoing role of Managed Isolation as part of New Zealand's wider response. This will need to take into account the role of Managed Isolation for higher-risk travellers, for example unvaccinated New Zealander citizens or people from very high-risk countries, the potential for new variants and changing domestic and international circumstances, as well as the ongoing role of Managed Isolation and Quarantine in supporting the safe management of community cases. This is progressing as part of MBIE's workstream on the future of MIQ.

## **External advice on the Public Health Risk Assessment**

34. The Public Health Risk Assessment was provided to Professor Phillip Hill and Professor Antony Blakely for their consideration. We invited additional comment on future scenarios from them, including the impact of re-opening borders, transition related risks and the COVID-19 Protection Framework.
35. The overarching feedback was that they supported a managed or phased transition, particularly in light of the vaccination programme being rolled out more rapidly than anticipated. However, it was noted that health system readiness and adequate public

---

<sup>1</sup> We expect that vaccine requirements will reduce the likelihood of cross-border transmission, although New Zealanders returning from Australia prior to 1 February will not be subject to vaccination requirements imposed by Air New Zealand, Qantas or Emirates.

health measures needed to be a pre-requisite for change. As Professor Hill noted, this needs to include pre-departure, on arrival, and post-arrival requirements, including for testing and self-isolation, which is consistent with the Ministry's thinking and advice to date.

36. They both highlighted the increased public health risk that is associated with increased international arrivals, particularly at the scale envisaged under the Reconnecting New Zealanders's approach. This will mean that the number of new 'introductions' of the virus into the community could increase substantially without appropriate measures in place.
37. They also highlighted concerns about the potential for a widespread 'seeding' effect, where there is a significant impact if new cases emerge in areas where there is currently no or low levels of transmission, if appropriate mitigations were not in place. This could have a significant impact on local health systems as well as the national testing, case follow-up and contact tracing capacity.
38. To manage these cases, Professor Blakely strongly advocated for a risk-based approach at the border, that closely aligns to the approach under Reconnecting New Zealanders with the World, where an assessment of the risk of a traveller's country of departure would inform their isolation requirements.
39. Based on the Public Health Risk Assessment, and consideration of cumulative risk, there is a rationale to transition to Reconnecting New Zealanders and move away from Managed Isolation as the default setting, in line with the Reconnecting New Zealanders timeframes. The managed transition process allows for:
  - a. Managing the risk within Auckland ahead of the implementation of the removal of the Auckland boundary
  - b. Managing cumulative risk as the country shifts to the COVID-19 Protection Framework and works to implement the Reconnecting New Zealanders approach which will see much greater numbers of travellers entering the country, and supports the effective implementation of the new settings proposed under Reconnecting New Zealanders.
  - c. Mitigates the risk of seeding in communities where there is no (or low levels of) community transmission
  - d. Supports ongoing health system readiness at a time when there is likely to be greater pressure due to the shift to the COVID-19 Protection Framework.

s 9(2)(h)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

s 9(2)(h)

[Redacted]

s 9(2)(h)

[Redacted]

## Equity

57. The proposal for a phased transition is dependent on higher levels of vaccination across the entire population and ongoing public health measures at the border and domestically. Without adequate levels of protection, vulnerable communities will be at greater risk of experiencing new cases as a result of border related transmission.

## Next steps

58. Based on the ongoing public health rationale, we are proposing that we maintain the phased transition that is planned as part of Reconnecting New Zealanders with the

World. We can prepare further advice on potential trade-offs to implementing the Reconnecting New Zealanders approach that will need to be considered if you wish to progress changes ahead of current Reconnecting New Zealanders timeframes.

59. We also note that as the context changes and the effect of policy changes take effect, the public health assessment will require ongoing consideration.

ENDS.

PROACTIVELY RELEASED