Te Kāwanatanga o Aotearoa
New Zealand Government

MANATŪ HAUORA
MINISTRY OF HEALTH

Minister of Health

Cabinet material and briefings: COVID-19 Public Health Measures

Date of consideration: 14 August 2023
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These documents have been proactively released by the Ministry of Health on behalf of the Minister, Hon Dr Ayesha Verrall.

Title of Cabinet paper:

- COVID-19 Public Health Measures

Title of briefings and minutes:

- Cabinet Minute of Decision: COVID-19 Public Health Measures (CAB-23-MIN-0369)
- Briefing H2023028724: Review of the COVID-19 Orders July 2023
- Briefing H2023028717: Cabinet paper cover brief: COVID-19 public health measures
- Memo: Update on the operational implications of removal of isolation orders and mask mandates
- Aide-Mémoire H2023030601: Talking points for COVID-19 public health measures paper for Cabinet on 14 August 2023
- Briefing H2023027102: Revoking COVID-19 Orders: for signature

Key to redaction code/s:

- Section 9(2)(h) to maintain legal professional privilege
- Section 9(2)(a) to protect the privacy of natural persons

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CAB-23-MIN-0369

Cabinet

Minute of Decision

COVID-19 Public Health Measures

Portfolio **Health**

On 14 August 2023, Cabinet:

1 **noted** that in June 2022, the Cabinet Social Wellbeing Committee agreed to retain the following mandatory COVID-19 public health measures:

1.1 seven-day mandatory self-isolation for cases;

1.2 masks for visitors to health services;

[SWC-23-MIN-0070]

2 **noted** that there is an authorisation under section 8(c) of the COVID-19 Public Health Response Act 2020 in force to authorise the making of COVID-19 orders for self-isolation of cases, and masks for visitors to health care settings, until 31 August 2023;

3 **noted** that, if the decision is to extend the use of Orders beyond 31 August 2023, the Prime Minister will receive advice on renewing the section 8(c) authorisation;

4 s 9(2)(h) [redacted]

Review of case isolation requirements

5 **agreed** to revoke the COVID-19 Public Health Response (Self-isolation Requirements) Order 2022, effective from 15 August 2023, and replace it with guidance from Manatū Hauora/Te Whatu Ora;

6 **agreed** that revoking the COVID-19 Public Health Response (Self-Isolation Requirements) Order 2022 will end Alternative Isolation Accommodation for COVID-19 positive cases, with any remaining funding being returned to the centre;

7 **agreed** that revoking the COVID-19 Public Health Response (Self-isolation Requirements) Order 2022 will trigger the closure of the COVID-19 Leave Support Scheme as cases and caregivers will no longer be eligible for the scheme;

8 **agreed** that 14 August 2023 will be deemed the final day that employees who are, or have household members who are, in the category of people who are most at risk of severe illness from COVID-19 (as defined in public health guidance) and have been advised to self-isolate by a medical practitioner are self-isolating for the purposes of accessing the COVID-19 Leave Support Scheme;

9 **agreed** to close the COVID-19 Leave Support Scheme for applications on 10 October 2023 to allow employers to submit applications for up to eight weeks after the employee's self-isolation period ends;

10 **approved** the following changes to appropriations to return savings of $30 million from the appropriation, with a corresponding impact on the operating balance and net debt:

	$m - increase/(decrease)			
Vote Social Development **Minister for Social Development and Employment**	**2023/24**	**2024/25**	**2025/26**	**2026/27 & Outyears**
Non-departmental Other Expenses COVID-19 Leave Support Scheme	(30.000)	-	-	-
Total Operating	**(30.000)**	**-**	**-**	**-**

11 **agreed** that the change to appropriations in 2023/24 above be included in the 2023/24 Supplementary Estimates;

12 **noted** that the above changes are unlikely to be reflected in the appropriations and fiscal forecasts provided to the Treasury for preparing the Pre-election Economic and Fiscal Update;

13 **agreed** that any remaining underspends in the COVID-19 Leave Support Scheme appropriation following closure of the scheme be returned to the centre;

14 **authorised** the Minister for Social Development and Employment and Minister of Finance to:

14.1 return any further underspends in the COVID-19 Leave Support Appropriation;

14.2 make other technical and minor policy changes required to close the COVID-19 Leave Support Scheme;

Review of government mandated mask requirements

15 **agreed** to revoke the COVID-19 Public Health Response (Masks) Order 2022, effective from 15 August 2023, and replace it with guidance from Te Whatu Ora;

Next steps

16 **noted** that the above decisions will be announced following Cabinet agreement;

17 **noted** that COVID-19 response settings will continue to be regularly reviewed;

18 **directed** Te Whatu Ora to provide advice to the Minister of Finance and Minister of Health by 15 September 2023 on the financial implications of the shift in COVID-19 operational activities and services, including ongoing stock management plans and forecasted underspends for 2023/24, based on expected and actual volumes, in line with revoking the COVID-19 orders.

Rachel Hayward
Secretary of the Cabinet

In Confidence

Office of the Minister of Health

Cabinet

COVID-19 public health measures

Proposal

1 Following a review of the public health measures in place for COVID-19, this paper proposes to revoke the two remaining COVID-19 orders effective from 15 August 2023. These orders require people who test positive for COVID-19 to isolate for 7 days, and visitors to health service settings to wear masks.

Relation to government priorities

2 This paper concerns the Government's response to COVID-19.

Executive Summary

3 COVID-19 orders are an emergency measure and our reliance on them has reduced to ensure our overall response remains appropriate and proportionate to the risk presented by COVID-19.

4 The current set of public health measures for COVID-19 have provided an effective approach to managing COVID-19 to date. The measures were intended to reduce risk of transmission, encourage testing, maintain high vaccination coverage, provide a system of care including antivirals for those at higher risk, communicate with the public, and maintain ongoing surveillance.

5 The two remaining mandatory measures – 7-day case isolation, and masks for visitors to health service premises – have formed critical elements of our response to date. However, the changing nature of the pandemic means the ongoing use of COVID-19 Orders is no longer necessary.

6 Following a Public Health Risk Assessment on 13 July the Director-General of Health (the Director-General) has provided advice that the current risk is low relative to other periods of the epidemic, and hospitalisations have stabilised. As such, the mandatory self-isolation and mask requirements for visitors to health service settings are no longer considered a proportionate response to the risk.

7 The Director-General has provided assurance that the health system has appropriate measures in place to manage any residual risk, including new national guidance relating to mask use and an ongoing focus on preventing severe disease in vulnerable populations through vaccination and access to antivirals.

8 In brief, we have been cautious and have taken a precautionary approach. The outbreak continues to stabilise as we move further beyond the emergency phase of the pandemic and through the winter to date. The key indicators of infection, hospitalisation and mortality are moving in the right direction, and we have assurance that the health system has the capacity and capability required to manage pressures going forward.

9 I therefore recommend that the two remaining mandatory public health measures be revoked, effective from 15 August 2023.

10 The end of mandatory self-isolation will lead to the closure of the COVID-19 Leave Support Scheme. This decision will free up to $40 million of funding for other priorities, of which $30 million can be realised immediately.

Background

11 Under the COVID-19 Public Health Response Act 2020 (the COVID-19 Act) and the New Zealand Bill of Rights Act 1990 (NZBORA), I must:

11.1 have regard to the advice from the Director-General about the risks of the outbreak or spread of COVID-19 and the appropriate measures to address those risks (where this advice is provided)

11.2 be satisfied that the order does not limit or is a justified limit on the rights and freedoms in the New Zealand Bill of Rights Act 1990

11.3 have consulted the Prime Minister and the Minister of Justice

11.4 be satisfied that the order is appropriate to achieve the purpose of the Act.

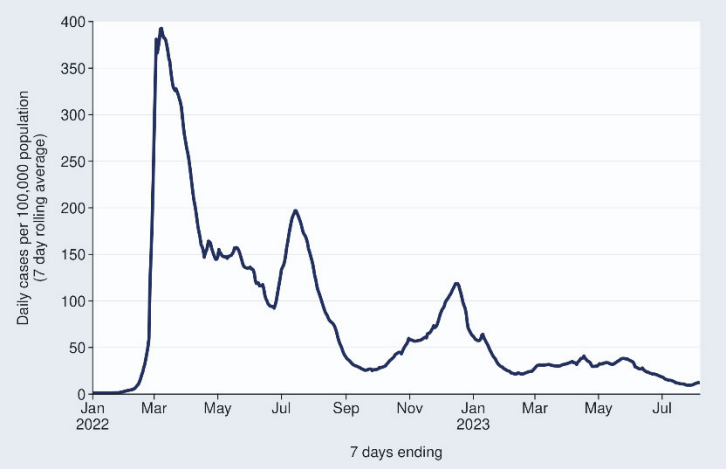
Outbreak context

The COVID-19 outbreak continues to stabilise…

12 Overall key case, hospitalisation and mortality trends for COVID-19 have declined and stabilised at lower levels compared to similar timepoints in 2022.

12.1 Reported cases have declined from 2022 to 2023 (see Figure 1). Comparing case counts in 2022 to 2023 for a similar time period (January to August) indicated that in 2022 there were approximately 1.7 million reported cases compared to 326,000 in 2023. It is important to note that case ascertainment has been declining over time, which affects the number of reported cases versus the actual infections in the community. However as noted below, wastewater data, which is not affected by case reporting, indicates a lower level of infection in the community in 2023.

Figure 1: Daily COVID-19 cases per 100,000 population (7 day rolling average)



12.2 The rate of COVID-19 hospital admissions is the lowest it has been since February 2022 (see Figure 2). This trend is supported by inpatient test positivity trends which are similarly at their lowest level since the start of the Omicron outbreak in February 2022 (0.5%) (see Figure 3).

Figure 2: Daily admissions for COVID-19 per 100,000 population (7 day rolling average)

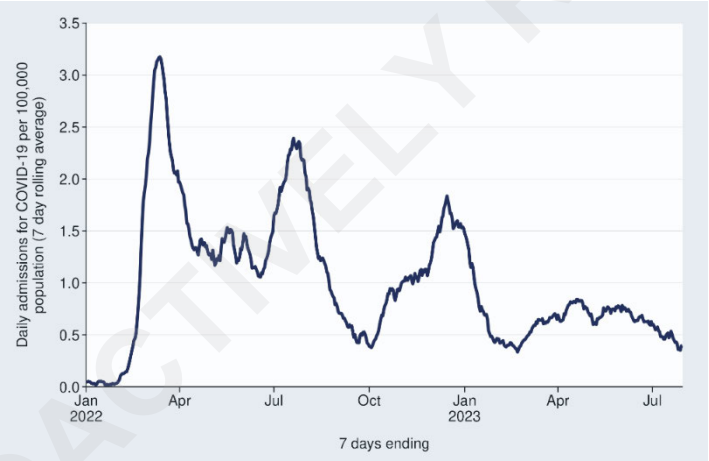
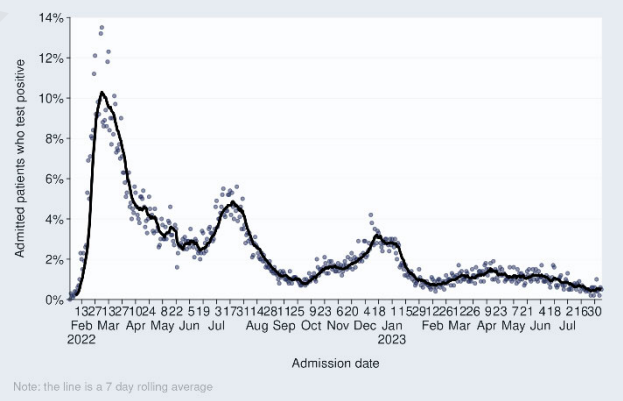
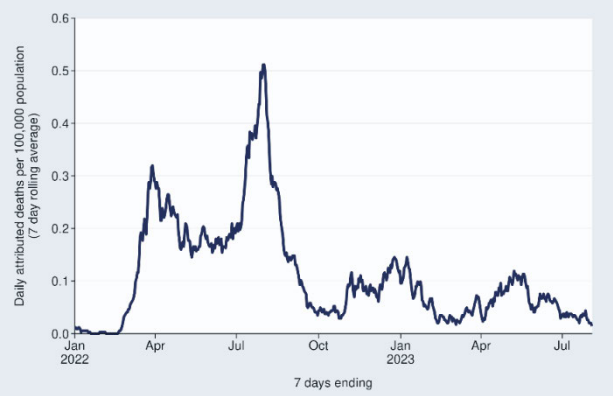


Figure 3: Percentage of admitted patients who test positive for COVID-19



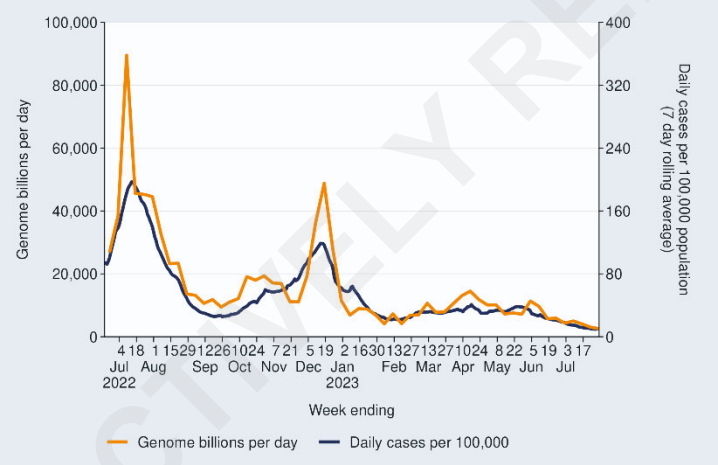
12.3 Daily attributable deaths have also declined to their lowest levels since February 2022 (see Figure 4).

Figure 4: Daily deaths attributed to COVID-19 per 100,000 population (7 day rolling average)



12.4 Wastewater surveillance also indicates a consistently lower level of infections in the community in 2023 compared to 2022 (see Figure 5).

Figure 5: SARS-CoV-2 RNA rate detected in wastewater (genome billions per day)



13 As of 10 August 2023, 90.1% of the population aged 12+ have completed a primary course of vaccination.

13.1 73.1% of eligible people aged 18+ have received a first booster dose, while 55% of eligible people aged 50+ having received a second booster dose.

13.2 For people aged 65 and older, first booster uptake is at 92.8% for all ethnicities, with Māori uptake at 90.2% and Pacific peoples uptake at 88.5%.

14 Population immunity is a function of vaccination status and prior infection, which both wane over time. Levels of prior infection are also much higher in 2023 compared to 2022; however, it is difficult to quantify the prevalence of prior infection. Nonetheless, hybrid immunity (i.e., the protection from the combination of prior infection and vaccination) has been shown to provide robust and long-lasting protection against severe outcomes.

15 XBB recombinant lineages remain dominant across the motu, accounting for just over half of the sequenced cases in Aotearoa New Zealand in June, with XBB.1.5 the most common sublineage. On 19 July 2023, the WHO added Omicron EG.5 to the list of variants under monitoring. As of 31 July 2023, EG.5 has now been reported in New Zealand. As with previous new Omicron variants, EG.5 does not appear any more severe than earlier variants, but may be associated with some increased transmission. This is likely to be the ongoing pattern with COVID-19, with new variants driving ongoing transmission in the community, but at lower and manageable levels given the hybrid immunity now built up in the population.

16 Cases, hospitalisations and deaths have all stabilised at low levels since our last review on 23 May 2023, providing confidence that the pandemic has moved into a new phase characterised by consistently lower levels of infection without the peaks seen in previous waves.

…and the overall risk is considered low…

17 Having reviewed the status of the COVID-19 epidemic in New Zealand, the Director-General considers the current risk to be at its lowest relative to earlier periods of the epidemic, with the incidence of hospitalisations and deaths having stabilised at low levels.

…but continues to have disproportionate impacts across population groups

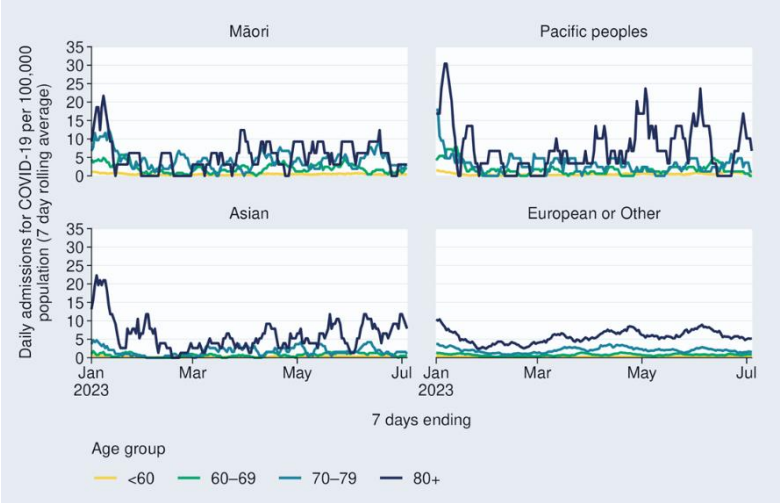
18 The Director-General notes that older people, especially those over 80, remain at the highest risk of mortality from COVID-19 with elderly Māori and Pacific peoples being at a higher risk.

19 Age-adjusted admission risk ratios for Māori and Pacific peoples remain generally higher compared to a people of European or Other ethnicity, indicating an ongoing greater risk of hospital admission. Risk ratios for smaller population groups are more variable due to smaller numbers of cases.

20 On a population basis, people aged 80 or over have consistently had the highest hospital admission rate, as shown by Figure 6 below. Since 1 January 2023 there have been over 2,000 hospital admissions for COVID-19 by people aged 80 years or over.

21 With lower numbers of people now hospitalised, the health system is well positioned to manage people who do become seriously unwell with COVID-19 on an ongoing basis, without the need for extra-ordinary measures.

Figure 6: Hospital admission rates for COVID-19 in the older age groups 60+ (NMDS/Inpatient data feed, 9 July 2023)



Managing the risk of COVID-19

22 The use of mandatory public health measures has been a pragmatic approach to managing the risk of COVID-19 throughout the response. These measures have limited transmission of COVID-19 by reducing the proportion of infectious people having contact with, and infecting others, in the community, including vulnerable populations. This has been achieved through encouraging testing, maintaining high vaccination coverage, providing a system of care including antivirals for those at high risk, ongoing communication to the public, and maintaining surveillance.

23 Case isolation has been one of the cornerstone measures of New Zealand's public health response to COVID-19 to date. Case isolation has limited transmission of COVID-19 by reducing the proportion of infectious people having contact with and infecting others in the community, including vulnerable populations.

24 Mask mandates have also been an important measure in ensuring continued use of masks to prevent transmission in healthcare settings, where vulnerable people are typically present. The mask mandate has also served to protect the health workforce, who underpin the system's ability to respond to COVID-19 outbreaks.

25 In line with Cabinet directions to integrate COVID-19 into business-as-usual healthcare services [SWC-22-MIN-0239 refers], dedicated funding for non-mandatory COVID-19 public health measures significantly reduces at the end of winter. Additionally, the recent approval of the new COVID-19 Framework provides a road map for our priorities in managing the ongoing response to COVID-19 [SWC-23-MIN-0095-refers].

26 While the COVID-19 Act is in place, regular reviews of the public health measures (mandatory and non-mandatory) will continue to occur. If a new variant of concern was to emerge, the same process of risk assessment and

identification of appropriate measures followed by consultation with agencies would occur.

27 I appreciate some population agencies have concerns regarding the removal of both Orders. However, as noted further below, the ability and necessity to continue using wide ranging, rights limiting measures in the current outbreak situation can no longer be justified. The shift in response to more targeted measures to protect vulnerable populations (e.g. targeted vaccination and the provision of antivirals) are more appropriate for managing COVID-19 in the longer term.

Review of requirement that cases must isolate for 7 days

Recommendation

28 While COVID-19 remains an ongoing public health concern, the Director-General advises that the current public health risk no longer justifies the ongoing use of a mandate to legally require case isolation. I recommend revoking the Self-isolation Order, effective from 15 August 2023.

29 As noted below, some agencies have indicated their preference to retain mandatory case isolation. Despite the variable impact across certain population groups, the continued stabilising of the outbreak and lessening pressures as we move out of the winter period mean it would not be proportionate to retain such measures.

30 While I have previously considered shifting to a mandatory requirement of 5-day isolation followed by test-to-release, this option was not considered in this review as it is no longer appropriate.

Public health advice

31 The Director-General recommends that, as the key measures of COVID-19 infection have declined since the last assessment and hospitalisations have remained stable through winter, use of a mandatory case isolation is no longer a proportionate response to the risk.

Population and sector implications

32 **Whaikaha** supports retaining the status quo model of mandatory case isolation. **Oranga Tamariki** supports retaining some form of mandatory case isolation. **MSD** notes mixed support for the proposal.

33 **Te Puni Kokiri** supports the proposed change to revoke the order for the 7-day case isolation, provided Māori and disabled communities receive adequate and ongoing support to respond to these changes where needed. The **tourism branch at Ministry of Business, Innovation and Employment** (MBIE) notes that isolation requirements create logistical and financial impacts for tourists (domestic and international) who contract COVID-19. The **Ministry of Transport** strongly supports removing mandatory isolation and replacing it with guidance.

34 Several population agencies noted concerns at the potential impact that revoking mandatory case isolation might have on vulnerable and/or higher risk groups. This includes the **Office for Seniors**, **Te Aka Whai Ora, Whaikaha, the Ministry of Pacific Peoples, Oranga Tamariki**. Corrections and **Ministry of Housing and Urban Development** also noted the impact on the vulnerable communities they serve as well.

35 Many agencies noted the need for clear guidance to support the change, particularly on the roles and responsibilities of employers and employees.

Economic impacts [The Treasury]

36 Now that the emergency phase of COVID-19 response is over, **The Treasury** supports an immediate shift away from an isolation mandate in favour of more targeted approaches to managing COVID-19, such as improving vaccination rates.

37 As noted in previous Cabinet papers, modelling is not able to estimate directly the impact of shifting from an isolation mandate to guidance to isolate for 7 days and the Treasury is not able to model the labour market impacts of this change.

38 Earlier returns to work would help to ease workforce shortages faced by businesses in the persistently tight labour market. Reduced isolation days would likely be particularly beneficial for small businesses and sole traders, with fewer staff available to cover sick leave.

39 The economic impacts of a shift to guidance will depend on the extent to which people are complying with the current mandate, which applies only to those who return a positive result and is unenforced. There is a risk that the removal of the LSS (which provides financial support to businesses to compensate for staff absences due to COVID-19) could lead to a change in behaviour, but (depending on current compliance) this could be negligible. Removal of support would be consistent with how all other illnesses are treated.

40 Comments from other agencies in previous Cabinet papers have highlighted the impact isolation settings are having on specific sectors of the economy, such as contributing to the pressure that workforce shortages are putting on the aviation sector. In addition, workers would be required to use fewer sick leave days under guidance or test-to-release, meaning that they could save sick leave for when they are sick or injured in future, which would support people staying home when unwell with other illnesses.

41 If the Self-isolation Order was revoked on 15 August 2023, and the LSS was closed at the same time, it would free up to $40 million of funding for other priorities, of which $30 million could be realised through this paper.

Review of requirement that visitors to health service settings must wear masks

Recommendation

42 I recommend revoking the Masks Order, and replacing it with guidance from Te Whatu Ora, effective from 15 August 2023, to support healthcare providers to further develop their own policies (health and safety, and infection, prevention and control) for reducing risk of transmission of COVID-19 and protecting their workforce.

43 This approach would enable healthcare providers to use the experience gained over the past three years of managing COVID-19 to best meet the needs of the community they are serving through infection prevention and control (IPC) measures that are proportionate to the COVID-19 risk relevant to their setting, at any given time.

44 Moving to a policy approach based on health and safety requirements will encourage healthcare providers and those managing other risk settings to set appropriate restrictions that are enforced within existing health and safety frameworks.

Public health advice

45 The Director-General recommends revoking the Masks Order. The Director-General recommends that there is a need to normalise mask use in health service settings to protect against transmission of other respiratory infections, as well as COVID-19. Replacing an order dependent on emergency powers with organisational policy will support the transition to a more enduring infection prevention control measure.

46 The Director-General also recommends that masks remain a core part of our COVID-19 response. The Director-General notes that their use should continue to be strongly recommended in high-risk settings, especially over winter when influenza and other viruses such as respiratory syncytial virus (RSV) are typically prevalent.

47 Te Whatu Ora have developed national Infection, Prevention and Control (IPC) guidance in relation to mask use which will be used to support the adoption of appropriate local policies across the health sector,

48 Similar to comments concerning the retention of mandatory case isolation from certain agencies, there is an even less compelling case to retain mask requirements when agency policies can better identify and manage risks appropriately in different settings. It is noted that revoking the Masks Order is not a comment on the value of masks in certain settings, just that it is no longer appropriate to mandate their use as an emergency provision.

Population and economic implications

49 Several agencies noted concerns regarding the potential for adverse impacts on vulnerable populations if the mandate was removed. This includes the **Office for Seniors**, **Whaikaha,** the **Ministry for Social Development**, **Oranga Tamariki,** and **Customs.**

50 Overall**, Customs**, **MSD**, and **Whaikaka** support retaining the requirement. **Te Aka Whai Ora** supports the orderly removal of mask requirements. **TPK** supports the proposed change to revoke the order requiring visitors to health service settings wear masks, provided Māori and disabled communities receive adequate and ongoing support to respond to these changes where needed.

51 **Te Whatu Ora** supports removing the remaining mandates, with that view informed by advice and subject matter expertise in relation to reported case volumes, hospitalisations attributable to COVID-19 and public health advice regarding proportionate measures to respond to COVID-19. Te Whatu Ora recognises that mandatory COVID-19 requirements should be removed and replaced with good public health practices that are supported by strong guidance and effective communications, particularly within priority populations most at risk of severe disease from COVID-19. Te Whatu Ora notes the potential impact of mandates being removed that could result in an increase in cases and hospitalisations.

52 The Treasury does not consider that current mask requirements have any measurable economic impact.

Non-mandatory measures

53 Several agencies provided feedback on the retention or expansion of current non-mandatory supports. Specific comments included continued availability of rapid antigen tests (RATs) and masks, expansion of mask guidance to include large event holders and community groups, minimum ventilation standards or guidance, review of the eligibility criteria for antivirals (and continuing with current eligibility as a minimum), and a clearer strategy in relation to vulnerable communities.

54 There were also several comments in relation to public communications, including recommending a change narrative framed around supporting continued high levels of infection control and a responsibility to protect vulnerable people, and strong public communications and health messaging generally.

Implementation

55 There are several operational implications associated with potential changes to existing case isolation and masking settings. This includes lead in time necessary to implement the changes and dependencies with other measures, including the limited funding available post-winter for current COVID-19 related activities following Budget decisions for 2023/24.

Consequential changes to guidance or regulation

56 Table 1 below provides an overview of the consequential changes to either guidance documents or regulation that would be required if the isolation mandate is revoked.

Table 1: Consequential change(s) to guidance or regulation if mandates are revoked

Agency	Consequential change(s) to guidance or regulation if mandates are revoked
Te Whatu Ora	• Te Whatu Ora has developed **national Infection Prevention and Control (IPC) guidance in relation to mask use**, to support the implementation of local IPC policies across the health sector. The approach taken will ensure that visitor policies are consistent and there is not significant local variation unless justified by epidemiology. This will help support these providers to develop their own policies as the person conducting a business or undertaking (PCBU). For all settings and services run by Te Whatu Ora (hospitals and services), a single IPC policy has been developed. • **Alternate Isolation Accommodation** will cease for people who test positive from the day the order is revoked – this service provides alternate accommodation options for COVID-19 cases or household contacts who cannot isolate in their own home and is no longer required in the absence of mandatory isolation. • The **Proactive follow up Case Investigation Service** will cease – this service proactively contacts priority cases (Māori and Pacific aged 35 and over and all other cases aged 65 and over) who have not completed the online case investigation form. • Te Whatu Ora will provide updated **case isolation guidance**. This guidance will recommend that cases isolate for at least 5 days, and until the person feels well. The reduction to 5 days (from 7 days) reflects the changing risk profile of COVID-19 and the guidance will recommend mask use if the case leaves the house, and not visit a healthcare facility (except to access medical care), an aged residential care facility, or have contact with anyone at risk of getting seriously unwell with COVID-19.
MBIE	• The employment relations and employment standards system group at MBIE have developed **guidance for employers and employees**, with input from WorkSafe and health agencies. • Following release of this guidance, some PCBUs are likely to want to **prepare or update a policy for their staff** and others present in their setting in relation to case isolation and/or masks. This process typically involves consultation with staff and union representatives, and **can take several weeks.**
Ministry of Education (MoE)	• MoE will update **licensing criteria for Early Childhood Education (ECE) facilities** (3rd tier legislation), which specifies exclusion periods for children for a range of common infectious diseases. Under regulation 57 of the Education (Early Childhood Services) Regulations 2008 a service provider can exclude people from the service whom they believe to have an infectious or contagious disease. • MoE will continue to recommend that all education providers (ECE, schools, and tertiary providers) follow public health guidance. However, education providers set their own policies and procedures to ensure they meet their obligations under the Health and Safety at Work Act 2015. As PCBUs, education providers have a duty to manage workplace risks, and any potential or actual outbreaks of

	communicable disease such as influenza, measles and COVID-19, among other health and safety responsibilities outlined in the Health and Safety at Work Act 2015. • MoE expects that early learning sector providers and tertiary providers are likely to need two weeks from the time of the health and employment guidance has been released to update their policies, provided MoE receives this guidance prior. For schools, this step may take longer, as each school sets their own policies through their Board, and Boards usually meet once a month. However, most schools are likely to update their practice shortly after any announcement.
Corrections	• Corrections need to review, consult on, and amend the current **prison guidance** if any change is made to mandatory isolation. This review needs to be undertaken to align with the COVID-19 Testing Plan and Testing Guidance. Corrections also need to review their IPC settings for prisons, where viral amplification is more likely compared to other settings. This requires advice on what is reasonably practicable in a prison setting. Corrections has confirmed they are able to make the required changes for a 15 August implementation date.
Ministry of Social Development (MSD)	• The Leave Support Scheme (LSS) will cease when the Self-Isolation Order is revoked. However, the 6-8 week development time mean communications in alternate format will not be completed, meaning some disabled people who rely on alternate formats may not be adequately informed of the changes on the date of the changes.

57 The revocation of the remaining mandates does not affect the status of COVID-19 as a notifiable disease under the Health Act 1956. Both COVID-19 and any "novel coronavirus capable of causing severe respiratory illness" are scheduled as notifiable infectious diseases (and separately as quarantinable diseases) under the Health Act 1956. The removal of, or changes to, the mandates under the COVID-19 Act will have no immediate consequences for the Health Act schedule entries.

Leave Support Scheme (LSS)

58 When the legal requirement to self-isolate is removed, cases will no longer be eligible to receive support through the Leave Support Scheme (LSS). Government support to business for the cost of people (voluntarily) isolating will end and businesses will face the full costs of sick leave provisions. Some workers, who do not have sick leave entitlements, may not be supported (or have any income) when they are unable to work.

59 If the requirement for case isolation ends at 12.01am on 15 August 2023, cases and caregivers will no longer be eligible for the LSS, triggering the closure of the scheme. With the 8-week window for LSS applications after the final date of eligibility, this would mean the LSS would be totally closed from mid-October.

60 $50 million has been approved for the 2023/24 financial year. Closure of the LSS will result in fiscal savings. The total savings likely available if self-isolation ends on 14 August 2023 will be up to $40 million. Applications will continue to be received from those eligible for the 8-week period after the final eligibility date, meaning remaining funding would be returned to centre after this period.

61 Agreement is sought to return $30 million immediately through this paper. Once the scheme closes in late October (8 weeks after the final eligibility date), any remaining balance can be returned to the centre.

Welfare Support for people with COVID-19

62 As the CIC Welfare Programme was wound down at the end of June 2023, MSD no longer makes direct referrals for support or allocation of additional targeted funding to partners to support those impacted by COVID-19. However, Community connectors and food supports continue to be available from our community partners including to support people and whānau self-isolating and/or impacted by COVID-19 in 2023/24. Following Budget 23 decisions, the number of community connectors across New Zealand will reduce from 500 to 165 at the end of September 2023.

How would the COVID-19 response look different if the mandates are both revoked?

63 At a practical level, it will mean continuing to encourage people to 'do the right thing' – this means staying home if you are sick, testing if you have COVID-like symptoms, improving ventilation where you can, and following other public health guidance. There are people in our community who are at higher risk of poor outcomes from COVID-19, and we all need to do what we can reasonably practically do to help reduce the risk that they get COVID-19. While the mandates would no longer be in place, there would be guidance from health, employment, and education perspectives, which will help everyone to understand what is recommended.

64 To help protect your own health, people will still be encouraged to stay up to date with their vaccinations, and to seek antivirals early if they are eligible and get COVID-19.

65 While the mandates were in place, they significantly reduced the risk of transmission in the workplace. If they are revoked, some employers may wish to complete a risk assessment, or review their existing risk assessment. What this looks like will vary considerably depending on the nature of the workplace – for example, an aged residential care facility may decide they need to do a full updated risk assessment, but a lawn mowing company may decide they do not need to do anything.

66 There will be reduced support to help people with COVID-19 to isolate, as the LSS and AIA would no longer be in place. In parallel, there have been a number of changes to non-mandatory public health measures and supports in 2023 to date, and further are planned to come into effect over the next six months. In December 2022, Cabinet agreed to a scaled transition of funding

for the COVID-19 public health response for the period until June 2023, and delegated future decisions to Joint Ministers [SWC-22-MIN-0239 refers]. Nevertheless, the limited wrap around supports and outreach services available will be targeted to the most at-risk groups.

67 There are also new governance arrangements in relation to vaccines. An Outcomes Collective (involving all six health agencies), will support and inform Pharmac's decisions in relation to vaccines with a focus on cross-agency collaboration and information sharing. The group will provide operational governance over the immunisation Programme, including co-ordinating health agency advice to Pharmac to support Pharmac's decision-making on vaccine funding and eligibility. While the funding and decision-making regarding vaccinations and antivirals will change, there will be no noticeable impact on the availability for those who need them in the short term.

Ability for people with COVID-19 to vote on Election day

68 The Electoral Commission has confirmed that regardless of whether the isolation mandate remains in place, someone who is isolating with COVID-19 on election day (or unwell due to other reasons) is still able to vote by requesting a 'takeaway vote'. This process involves voting papers being delivered to the person by family, a friend or neighbour, or couriered to them by elections staff. Information on this process will be added to the Electoral Commission website closer to the start of the voting period.

Te Tiriti o Waitangi

69 Māori continue to experience disproportionately poor COVID-19 outcomes compared to non-Māori. Second COVID-19 booster vaccination uptake has been low, particularly among Māori. There is also the risk of other illnesses such as RSV and influenza disproportionately affecting Māori during winter.

70 The National Iwi Chairs Forum have been informed of the proposed changes.

Cost-of-living Implications

71 The proposals in this paper have both positive and negative implications for cost-of-living pressures. The main positive implication is that people who test positive for COVID-19 will is able to return to work earlier than under the current requirement (provided they wish to, and that doing so does not conflict with their employer's health and safety policy).

72 The main negative implication is that the LSS will no longer be available to help financially support people who meet eligibility criteria to isolate (or to help others to do so).

Financial Implications

73 Financial implications have been included in relevant sections of the paper.

Legislative Implications

74 If the current requirements for case isolation and mask use for visitors to health service settings are assessed as no longer appropriate, the Self-isolation Order and the Masks Order would need to be revoked.

75 The Ministry of Education has noted that if mandatory isolation was removed, changes would need to be made to regulations relating to licensing for early childhood education centres (3rd tier legislation). This would typically require two months' lead time, but this process can be expedited, and guidance used in the interim.

Impact Analysis

76 A Regulatory Impact Statement has been completed and is attached as Appendix Two. The Ministry of Health QA panel has reviewed the Impact Statement titled "Continuing with mandatory public health measures under the COVID-19 Public Health Response Act 2020", produced by the Ministry of Health and dated 1 August 2023. The panel considers that the Impact Statement meets the quality assurance criteria.

Human Rights

77 The Ministry of Justice (MoJ) notes that public health advice is that the current risk of COVID-19 is low relative to other periods of the pandemic, the key measures of COVID-19 infection have declined since the last assessment and remained stable through winter, and the incidence of hospitalisations is reported to have stabilised.

78 s 9(2)(h) [redacted]

Crown Law advice *[legally privileged]*

s 9(2)(h) [redacted]

s 9(2)(h) [redacted]

s 9(2)(h)

s 9(2)(h)

s 9(2)(h)

Section 8(c) of the COVID-19 Public Health Response Act 2020 (Crown Law Office advice) *[legally privileged]*

s 9(2)(h)

Use of external resources

91 A contractor was used for approximately 15 days to draft the Regulatory Impact Assessment (RIA), the section 8(c) advice, and to assist with related work. This was necessary as the team responsible only has a staffing of 3 (including the manager), one of whom was on planned annual leave for part of the period in which the Cabinet paper and RIA needed to be prepared.

Consultation

92 This paper was prepared by Manatū Hauora. The following agencies were also consulted: The Department of the Prime Minister and Cabinet, Crown Law Office, New Zealand Customs Service, Department of Internal Affairs, Department of Corrections, Ministry of Business, Innovation, and Employment, Ministry of Education, Ministry for Ethnic Communities, Ministry of Foreign Affairs and Trade, Ministry of Housing and Urban Development, Ministry of Justice, Ministry for Pacific Peoples, Ministry for Primary Industries, Ministry of Social Development, Ministry of Transport, Oranga Tamariki, Parliamentary Counsel Office, Police, Public Service Commission, Te Aka Whai Ora, Te Arawhiti, Te Puni Kōkiri, Te Whatu Ora, WorkSafe, the Treasury, and Whaikaha – Ministry of Disabled People.

Communications

93 I will announce decisions on this paper following Cabinet agreement.

Proactive Release

94 This paper will be proactively released following Cabinet consideration.

Recommendations

The Minister of Health recommends that the Committee:

1 **note** that in June 2022, Cabinet agreed to retain the following mandatory COVID-19 public health measures [CAB-23-MIN-0259]:

1.1 seven-day mandatory self-isolation for cases; and

1.2 masks for visitors to health services.

2 **note** that there is an authorisation under section 8(c) of the COVID-19 Public Health Response Act 2020 in force to authorise the making of COVID-19 orders for self-isolation of cases, and masks for visitors to health care settings, until 31 August 2023;

3 **note** that, if the decision is to extend the use of Orders beyond 31 August 2023, the Prime Minister will receive advice on renewing the section 8(c) authorisation;

s 9(2)(h)

Review of case isolation requirements

5 **agree** to:

EITHER

5.1 **retain** status quo 7-day isolation for cases as required under the COVID-19 Public Health Response (Self-isolation Requirements) Order 2022

OR

5.2 **revoke** the COVID-19 Public Health Response (Self-isolation Requirements) Order 2022, effective from 15 August 2023, and replace it with guidance from Manatū Hauora/Te Whatu Ora *(recommended by the Director-General of Health)*;

If the decision is taken to revoke the COVID-19 Public Health Response (Self-isolation Requirements) Order 2022:

6 **agree** that revoking the COVID-19 Public Health Response (Self-Isolation Requirements) Order 2022 will end Alternative Isolation Accommodation for COVID-19 positive cases, with any remaining funding being returned to the centre;

7 **agree** that revoking the COVID-19 Public Health Response (Self-isolation Requirements) Order 2022 will trigger the closure of the COVID-19 Leave Support Scheme as cases and caregivers will no longer be eligible for the scheme;

8 **agree** that 14 August 2023 will be deemed the final day that employees who are, or have household members who are, in the category of people who are most at risk of severe illness from COVID-19 (as defined in public health guidance) and have been advised to self-isolate by a medical practitioner are self-isolating for the purposes of accessing the COVID-19 Leave Support Scheme;

9 **agree** to close the COVID-19 Leave Support Scheme for applications on 10 October 2023 to allow employers to submit applications for up to eight weeks after the employee's self-isolation period ends;

10 **approve** the following changes to appropriations to return savings of $30 million from the appropriation, with a corresponding impact on the operating balance and net debt;

	$m - increase/(decrease)			
Vote Social Development **Minister for Social Development and Employment**	**2023/24**	**2024/25**	**2025/26**	**2026/27 & Outyears**
Non-departmental Other Expenses COVID-19 Leave Support Scheme	(30.000)	-	-	-
Total Operating	**(30.000)**	**-**	**-**	**-**

11 **agree** that the proposed change to appropriations in 2023/24 detailed above be included in the 2023/24 Supplementary Estimates;

12 **note** that the proposed changes are unlikely to be reflected in the appropriations and fiscal forecasts provided to the Treasury for preparing the Pre-election Economic and Fiscal Update;

13 **agree** that any remaining underspends in the COVID-19 Leave Support Scheme appropriation following closure of the scheme are returned to the centre

14 **authorise** the Minister of Finance and Minister for Social Development and Employment to:

14.1 return any further underspends in the COVID-19 Leave Support Appropriation; and

14.2 make other technical and minor policy changes required to close the COVID-19 Leave Support Scheme

Review of government mandated mask requirements

15 **agree** to:

EITHER

15.1 **retain** the COVID-19 Public Health Response (Masks) Order

OR

15.2 **revoke** the COVID-19 Public Health Response (Masks) Order 2022, effective from 15 August 2023, and replace it with guidance from Te Whatu Ora *(recommended by the Director-General of Health)*;

Next steps

16 **note** that decisions on this paper will be announced following Cabinet agreement;

17 **note** that COVID-19 response settings will continue to be regularly reviewed.

Authorised for lodgement

Hon Dr Ayesha Verrall

Minister of Health

Appendix 1: Public health advice from the Director-General of Health (attached)

Appendix 2: Regulatory Impact Statement (attached)

Briefing

Review of the COVID-19 Orders July 2023

Date due to MO:	27 July 2023	**Action required by:**	31 July 2023
Security level:	IN CONFIDENCE	**Health Report number:**	H2023028724
To:	Hon Dr Ayesha Verrall, Minister of Health		
Copy to:	Rt Hon Chris Hipkins, Prime Minister		
Consulted:	Te Whatu Ora: ☒ Te Aka Whai Ora ☒		

Contact for telephone discussion

Name	Position	Telephone
Dr Diana Sarfati	Director-General of Health	s 9(2)(a)
Dr Andrew Old	Deputy Director-General, Public Health Agency	

Minister's office to complete:

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

Comment:

Review of the COVID-19 Orders July 2023

Security level:	IN CONFIDENCE	**Date:**	27 July 2023
To:	Hon Dr Ayesha Verrall, Minister for COVID-19 Response		

Purpose of report

1. This briefing provides my recommendations on the two remaining orders under the COVID-19 Public Health Response Act 2020 (the Act). This report discloses all relevant information and implications.

Summary

2. The Act requires that the Minister of Health keeps COVID-19 orders under regular review. There are currently two orders that need to be reviewed:
   a. the COVID-19 Public Health Response (Self-isolation Requirements) Order 2022 ('the Self-isolation Order'), requiring positive cases of COVID-19 to isolate for 7 days, and
   b. the COVID-19 Public Health Response (Masks) Order 2022 ('the Masks Order'), requiring visitors to health service premises to wear a face mask.
3. COVID-19 case rates, wastewater levels, hospitalisation and death rates have remained stable over the early winter period and decreased since the last risk assessment.
4. The Director of Public Health has assessed the current risk as low relative to other periods of the pandemic and that it is appropriate to transition to removal of the remaining mandates.
5. Two dates for transition are proposed. Either 31 August 2023 at the expiry of the existing authorisation (approximately 10 days post the Cabinet meeting that will consider this advice); or 30 September 2023.
6. Operationally, Te Whatu Ora prefers extending the use of COVID-19 Orders to 30 September 2023. The Director of Public Health notes this as a reasonable, more precautionary option as we move out of winter.
7. s 9(2)(h) [redacted]
8. s 9(2)(h) [redacted]

Recommendations

We recommend you:

a) **Note** the key indicators currently suggest overall COVID-19 public health risk is low relative to other periods of the pandemic. **Noted**

b) s 9(2)(h) [redacted]

c) [redacted]

d) **Note** advice will be provided to the Prime Minister on the test in section 8(c) of the COVID-19 Public Heath Response Act 2020 before the Cabinet Social Welfare Committee (SWC) meets on 16 August 2023. **Noted**

e) **Note** officials will prepare a Cabinet paper for you to take to SWC on 16 August 2023, and to Cabinet on 21 August 2023. **Noted**

f) **Indicate** which option of the 2 you would like to recommend in the Cabinet paper in relation to the COVID-19 Public Health Response (Masks) Order 2022:

   a. Revoke the Order on 31 August 2023 (Director-General of Health's preferred option) or; **Yes/No**

   b. Revoke the Order on 30 September 2023. **Yes/No**

g) **Indicate** which option of the 2 you would like to recommend in the Cabinet paper in relation to the COVID-19 Public Health Response (Self-isolation Requirements) Order 2022:

   a. Revoke the Order on 31 August 2023 (Director-General of Health's preferred option) or; **Yes/No**

   b. Revoke the Order on 30 September 2023. **Yes/No**

h) **Agree** Manatū Hauora issue drafting instructions to Parliamentary Counsel Office for any revocation of COVID-19 Orders, or extension of the Prime Minister's authorisation under section 8(c) of the Act beyond 31 August 2023, as set out above. **Yes/No**

h) **Note** separate advice will be submitted, after the Cabinet meeting on 21 August, seeking the Prime Minister's agreement to either authorise the continued use of orders under section 8(c) of the Act, or allow the existing authorisation to expire on 31 August 2023. **Noted**

Dr Diana Sarfati
Director-General of Health
Te Tumu Whakarae mō te Hauora
Date: 27 July 2023

Hon Dr Ayesha Verrall
Minister of Health
Date:

Dr Andrew Old
Deputy Director-General
Public Health Agency
Date: 25 July 2023

Review of the COVID-19 Orders July 2023

Review of COVID-19 Settings

July 2023 Public Health Risk Assessment

9. Two Covid-19 Orders remain in place:

    a. the COVID-19 Public Health Response (Self-isolation Requirements) Order 2022 ('the Self-isolation Order'), requiring positive cases of COVID-19 to isolate for 7 days from symptom onset

    b. the COVID-19 Public Health Response (Masks) Order 2022 ('the Masks Order'), requiring visitors to health service providers to wear a face mask.

10. The current COVID-19 settings were last reviewed at a Public Health Risk Assessment (PHRA) on 22 May 2023. After considering my recommendations and consulting with the Prime Minister, Minister of Justice, and Cabinet both orders were retained.

Making a COVID-19 order

11. Before making a COVID-19 order you must have regard to any advice from the Director-General of Health about the:

    a. risks of the outbreak or spread of COVID-19

    b. the nature and extent of measures that are appropriate to address those risks.

12. You must be satisfied the order does not limit, or it is a justified limit, on the rights and freedoms in the New Zealand Bill of Rights Act 1990; you must consult the Prime Minister and Minister of Justice (and any other Minister that you see fit) before making an order; and you must be satisfied the order is appropriate to achieve the purpose of the COVID-19 Public Health Response Act 2020 (the Act).

13. Requirements that apply in relation to the making of a COVID-19 order also apply, with all necessary modifications, in relation to this amendment or extension.

Next review of COVID-19 settings

14. A paper will be prepared for you to take to the Cabinet Social Wellbeing Committee (SWC) on 16 August that will update Cabinet on the measures you consider appropriate at this point of the pandemic. The paper to SWC will also meet your obligation, under section 9(1)(c)(i) of the Act, to consult the Prime Minister and Minister of Justice before making a COVID-19 order.

Outbreak Summary

15. Overall, across the motu as at 9 July 2023, the key measures of infection used to monitor the COVID-19 epidemic have decreased since the last review on 22 May 2023 (7-day rolling averages):

    a. **New cases** are 771, down from 1,672

    b. **hospital admission** are 0.67 per 100,000, down from 0.85 per 100,000

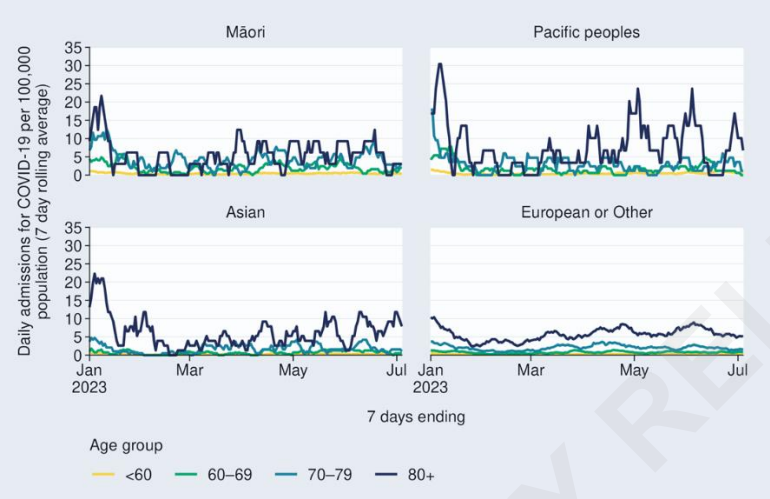
c. **deaths from COVID-19** are ~2 per day, down from ~4.

16. Variants are also stable with XBB remaining the dominant variant, with the sub variant XBB.1.16 the most common.

17. Age-adjusted admission risk ratios for Māori and Pacific peoples are more variable due to smaller numbers but remain generally higher compared to a European or Other baseline, indicating an ongoing greater risk of hospital admission.

18. On a population basis, people aged 80 or over have consistently had the highest hospital admission rate, as shown by Figure 1 below. From 1 January 2023 there have been 1,542 hospital admissions in people aged 80 years or over.

Figure 1 Hospital admission rates for COVID-19 in the older age groups 60+ [1]



19. The full outbreak data pack is in Appendix 1.

Director of Public Health's Risk Assessment

The risk of COVID-19 remains relatively low for most New Zealanders

20. Having reviewed the status of the COVID-19 epidemic in New Zealand, the Director of Public Health considers the current risk to be low relative to other periods of the epidemic and the incidence of hospitalisations to have stabilised. He noted that older people, especially those over 80 remain at the highest risk of mortality from COVID-19 with elderly Māori and Pacific peoples being at a higher risk.

21. There remains uncertainty around:

a. the forecast contribution to pressure on the wider healthcare system due to COVID-19

b. the ongoing stability of the COVID-19 outbreak

c. to what extent the orders influence individual behaviour.

The Self-isolation Order is no longer a proportionate response to the risk

22. With the key measures of COVID-19 infection declining since the last assessment and remaining stable through winter the Self-Isolation Order is no longer required. As of 10

[1] NMDS/Inpatient data feed as at 2359hrs 09 July 2023

July 2023, COVID-19 accounted for 1.7% of all inpatient admissions in tertiary hospitals[2]. As such, the Director of Public Health views using such a broad restriction as no longer a proportionate response to the risk and does not need to be renewed beyond 31 August 2023.

23. The Director of Public Health acknowledges there may be a case for extending the Self-isolation Order a month to the end of 30 September 2023, if legally possible. This would provide the wider healthcare system a further layer of protection through the remaining winter period while allowing time to signal and implement a transition away from the long-standing use of this Order.

Effective mask polices do not require a Mask Order

24. Consistent with previous advice, the Director of Public Health recommends revoking the Masks Order. There is a need to normalise mask use in health service settings to protect against transmission of other respiratory infections as well as COVID-19. Replacing an order dependent on emergency powers with organisational policy will support the transition to a more enduring infection prevention control measure.

25. Masks remain a vital part of our COVID-19 response. Their use should continue to be strongly recommended in high-risk settings, especially over winter when influenza and other viruses such as respiratory syncytial virus (RSV) are typically prevalent.

26. The enforcement of the Masks Order is dependent on each facility or service, and implementation is inconsistent across settings. Moving to a policy approach based on health and safety requirements will encourage healthcare providers and those managing other risk settings to set appropriate restrictions that are enforced within existing health and safety frameworks.

Reducing transmission to people at risk of severe disease is still important

27. When COVID-19 orders are removed people will still be encouraged to isolate when positive for COVID-19, and wear face masks when in healthcare settings (and around vulnerable people generally).

28. Early access to antivirals and vaccine boosters remain key measures to address inequity and reduce the risks of severe disease and death.

29. In addition, ongoing communications and public health messaging emphasising the following key behaviours will become more important:

    a. the importance of vaccination
    b. appropriate masking
    c. early testing
    d. reporting positive tests
    e. self-isolation
    f. access to antivirals.

[2] Includes data from the following hospitals Lakes, Bay of Plenty, Waikato, Canterbury, Capital & Coast, Hawke's Bay, Tairawhiti, Taranaki, Waitemata, Southern, Mid Central, Whanganui

Impacts for Māori

30. Māori continue to experience disproportionate COVID-19 outcomes compared to non-Māori. The COVID-19 booster vaccination uptake has been low, particularly among Māori. There is also the risk of other illnesses such as RSV and influenza disproportionately affecting Māori during winter.

31. Taking a precautionary approach, ie, revoking the order from 30 September, would allow for the passing of the winter illness waves as well as allow Māori providers and communities to prepare for the potential increase of COVID-19 cases. Alongside any changes to the self-isolation and mask orders a strong ongoing focus on Māori immunisation rates, access to antivirals and testing, and clear communication and testing that resonates with Māori communities should be maintained.

Operational considerations and implications

32. If the self-isolation and Masks Orders are removed, Te Whatu Ora is ready to operationalise changes across technology platforms and deploy guidance to be available in a range of languages and accessible formats by 30 September 2023. Should a decision be made for implementation to occur earlier, a two-week lead in time is required.

Removal of the Self-isolation Order

33. If the Self-isolation Order is removed all existing public communications will be reviewed and updated to make it clear that isolation is still strongly recommended but is no longer a mandatory requirement. Public communication will include recommendations to test and upload results with a particular focus on priority populations and those that meet antiviral eligibility criteria.

34. New guidance will be deployed to ensure management recommendations are well understood by all sectors.

Removal of the Masks Order

35. If the Masks Order is removed individual healthcare providers will review their existing IPC policies and guidance to ensure they are fit for purpose. The provider's IPC policy will determine if they require people (including visitors), to wear masks. Te Whatu Ora can support this at a national level, with guidance, to support the change and implementation.

36. A national guidance document has been drafted and endorsed through the national COVID-19 clinical advisory group and will enable national consistency to allow facilities/policy makers to review and update their IPC policies.

37. There would be no direct impact to the supply of Personal Protective Equipment (PPE) to healthcare providers. From 1 October 2023, all Te Whatu Ora health service providers (including hospitals) will start purchasing their own PPE supplies from the central supply function within Te Whatu Ora. All non-health service providers (and other users such as those in vulnerable communities) will return to self-sourcing and purchasing PPE from the private market.

38. Of note, if the Order were extended to 30 September, this would align with the previously agreed switchover from centrally purchased and provided PPE, to local provision occurring from 1 October.

Leave Support Scheme

39. If the legal requirement to self-isolate is removed, cases will no longer be eligible to receive support through the LSS. This would mean there would no longer be government support to business for the cost of people (voluntarily) isolating.

Crown Law advice (legally privileged)

40. s 9(2)(h)

41.

42.

43.

44.

45.

b. s 9(2)(h) [redacted]

46. s 9(2)(h) [redacted]

s 9(2)(h) [redacted]

Health sector views

Te Whatu Ora

48. Te Whatu Ora recommends the Self-isolation Order stays in place until 30 September 2023 to avoid any short-term increase in cases and hospitalisations coinciding with a time of peak demand for the health system. This would align with the transition plan towards a longer-term approach for the management of COVID-19 services. This will involve a staged reduction between 1 October to 30 December 2023 of services provided to the general population while directing funding and services to priority populations.

49. Te Whatu Ora notes once the Self-isolation Order is removed, individual behaviour is likely to change. There is a concern that fewer people will report their positive COVID-19 results. This could result in a lower number of people seeking antivirals when they would be eligible and may result in a higher number of people (hospitalisations and death), further compromising health outcomes.

50. Strong public communications and public health messaging will be critical, and we will work with Te Whatu Ora to ensure that the public can comply with recommended actions and behaviours, that those at greatest risk understand the services available and that access to antivirals has been retained.

Te Aka Whai Ora

51. Te Aka Whai Ora supports the orderly removal of mandatory case isolation and mandatory masking requirements. Te Aka Whai Ora considers the current risk to be low relative to other periods of the epidemic.

52. There remains an elevated risk of mortality for some population groups, with the higher rates of mortality for elderly Māori being of particular concern. Additionally, there is uncertainty about whether there will be a seasonal surge in COVID-19 cases or hospitalisations through the remaining winter period when the health system is already facing a high seasonal workload.

53. Where Te Whatu Ora has recommended that the remaining COVID-19 orders are revoked on 30 September to allow sufficient time to manage the operational impact of the change. Te Aka Whai Ora supports this approach. Should Ministers wish to revoke

these Orders sooner, Te Aka Whai Ora recommends this occurs no earlier than 31 August 2023. This would minimise the risk to vulnerable communities over winter and allow time for health agencies to inform the public and the health sector of the changes and reinforce key messages to reduce the risk from COVID-19.

54. Further, Te Aka Whai Ora considers there is a need for a continued focus on interventions that help to reduce the risk of the spread or outbreak of COVID-19 and other respiratory diseases such as influenza, as well as measures to specifically reduce the risk for Māori. This should include (but not be limited to):

    a. an ongoing strong focus on immunisation programmes for Māori

    b. ensuring timely diagnosis of COVID-19 cases to enable access to anti-viral therapeutics for eligible people

    c. clear, effective, and appropriate communications to the health sector, the general population and specific demographic groups to promote and encourage behaviours such as wearing a mask when ill or in high-risk environments

    d. consideration by Te Whatu Ora of organisational policies to promote or require the consistent use of medical masks in healthcare settings (such as hospitals), where the risk of individuals at high-risk of serious illness or death from COVID-19 is greatest.

Whaikaha

55. Whaikaha supports retention of the current 7-day self-isolation period as well as retention of the Masks Order. Whaikaha considers the current settings are pivotal measures to protect disabled people from COVID-19 exposure, as well as key workforce groups that disabled people receive support from (eg, the disability sector workforce, and the health workforce).

56. There is limited data and evidence available on disabled people's experiences throughout COVID-19, however the data that is available indicates that disability support service recipients are at greater risk of adverse COVID-19 outcomes. It is likely that DSS recipients will continue to experience poorer COVID-19 outcomes than the rest of the population, as DSS recipients are likely to have more complex needs, a medical condition which puts them at greater risk, live with other people, and receive support that requires close contact with other people.

57. Disabled people who receive DSS often rely on personal cares in confined indoor spaces, with close and sustained interactions with carers. Given the added risk for this group, combined with co-morbidity factors, particular consideration of this context will be needed for the development of Infection, Prevention and Control guidance for the disability workforce.

58. There will be other disabled people who are at similar levels of medical risk but are not receiving DSS.

59. Whaikaha notes COVID-19 impacts continue to exacerbate existing barriers and inequities for disabled people and their whānau. Healthcare barriers include access to technology/internet, information, transport, and costs. Barriers are more likely to be felt by people who experience intersectional disadvantage, for example, tāngata whaikaha Māori, especially in rural populations, who may require additional support to access information, testing, and health care such as antivirals, in a culturally responsive way.

60. If changes are made to the COVID-19 settings, these need to be supported by robust communication, including bespoke information for the disability community, and the workforce who supports disabled people. Disabled people and their whānau have repeatedly described a lack of clear and concise official communications targeted to disabled people and their whānau, in response to COVID-19. Ensuring clear and accessible information designed for disabled people and their whānau will help avoid stress and information disparity.

61. Whaikaha notes disabled people and their whānau are aware of both actual and perceived risk – responding to both is important to create confidence.

Equity and Te Tiriti o Waitangi considerations

62. The Crown's obligations to Māori under Te Tiriti o Waitangi requires a commitment to partnership that includes good faith engagement with and appropriate knowledge of the views of iwi and Māori communities. It is important that public health measures improve health equity and uphold Te Tiriti o Waitangi principles by protecting groups who are most vulnerable to COVID-19.

63. Whaikaha and Te Aka Whai Ora have also emphasised that removing protective measures should be accompanied by clear and tailored communication for priority groups prior to stepping down measures.

64. Subsequently, the recommendation to revoke the Masks Order is accompanied by updated Te Whatu Ora infection prevention and control (IPC) guidance to empower stakeholders in the health sector to manage the risk levels relevant to their premises and roles.

65. Vaccination and therapeutics remain key measures in our response and help communities build resilience to COVID-19 outbreaks. Considering the low uptake of COVID-19 boosters in Māori and Pacific communities it is important that this outreach is prioritised, to reduce the future impacts of COVID-19 on these communities.

66. If the COVID-19 situation significantly changes, then enforceable or mandatory measures may need to be re-introduced to protect vulnerable populations. This would be an effective and proportionate response to a worsening risk profile.

Next steps

67. Manatū Hauora recommends you consult your Ministerial colleagues on the upcoming draft Cabinet paper and provide feedback to officials prior to lodging with Cabinet Office on 11 August 2023. We will prepare a final version of the Cabinet paper based on your feedback.

68. Should you decide, following consultation with your Cabinet colleagues, to revoke the Self-isolation Order and/or the Masks Order, Parliamentary Counsel Office (PCO) will submit the necessary revocation orders for your signature. Given the lead times involved, we recommend that you agree that Manatū Hauora now issue drafting instructions to PCO for this purpose.

69. If the decision is to continue the use of any COVID-19 Orders until 30 September 2023, a briefing will be submitted after the Cabinet meeting on 21 August seeking the Prime

Minister's authorisation for this purpose under section 8(c) of the Act. An advance copy of this briefing will be provided alongside the draft cabinet paper in early August.

70. If, however, the decision is to cease the use of COVID-19 Orders on 31 August 2023, the Prime Minister's agreement will be required to revoke expiring section 8(c) authorisation.

ENDS.

Appendix 1: Intelligence Surveillance and Knowledge PHRA update 11 July 2023

Te Kāwanatanga o Aotearoa
New Zealand Government

MANATŪ HAUORA
MINISTRY OF HEALTH

Intelligence, Surveillance & Knowledge

PHRA Update

Tuesday, 11 July 2023

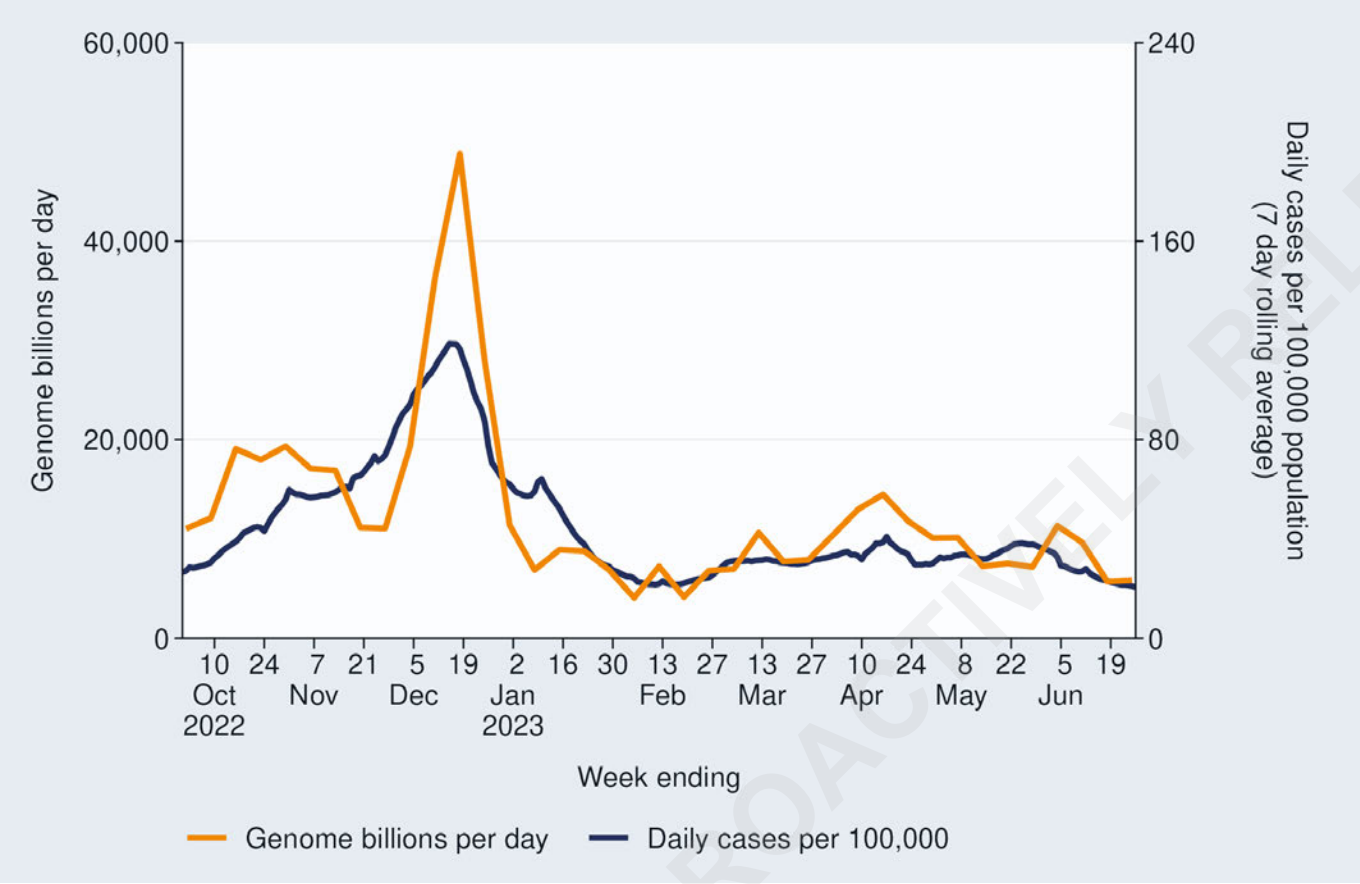
Contents Page

Key Points

- Case rates decreased week ending 09 July. Case rates have plateaued since late February 2023.
- Levels of viral RNA in wastewater remained stable in the week ending 09 July 2023 compared to the week prior.
- XBB and Recombinant lineages are currently the most common in New Zealand.
- The COVID-19 hospital admissions rate was relatively stable in the week ending 02 July, following recent decreases in cases.
- Māori and Pacific peoples age-adjusted admission risk ratios are the highest compared to a European or Other baseline, indicating a greater risk of hospital admission. The age-standardised admission rates for Māori and Pacific peoples continue to track above European and Other for age standardised admissions into April 2023.

COVID-19 National Summary of Epidemic Trends

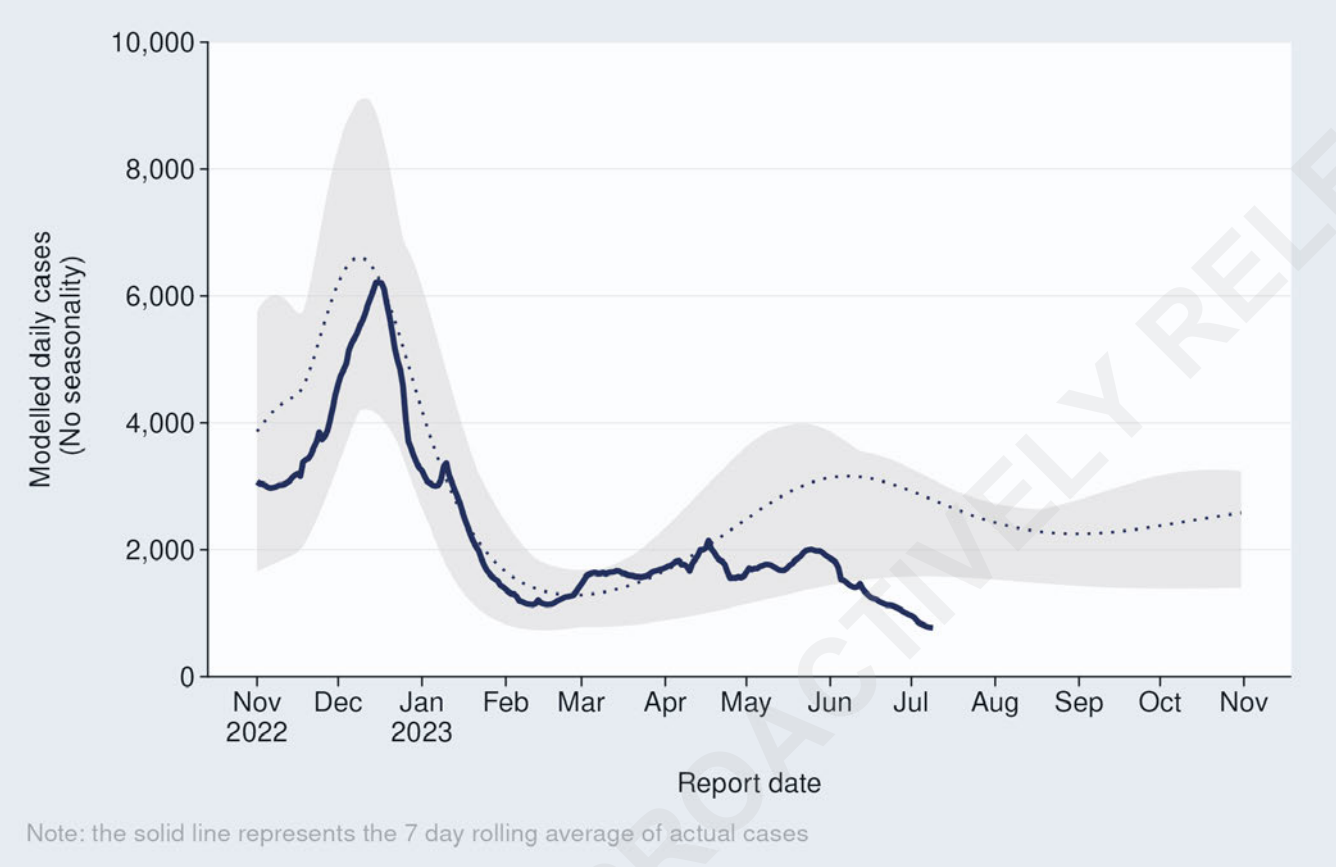
COVID-19 reported cases and wastewater trend



- Since early June 2023, cases and wastewater trends have decreased.
- Case reporting is likely declining.

Source: NCTS/EpiSurv, ESR as at 2359hrs 02 July 2023

COVID-19 Modelling Aotearoa scenarios compared with national reported case numbers



- Reported case numbers continue to track well below the lower bound of the 95% CI of the modelled scenario.

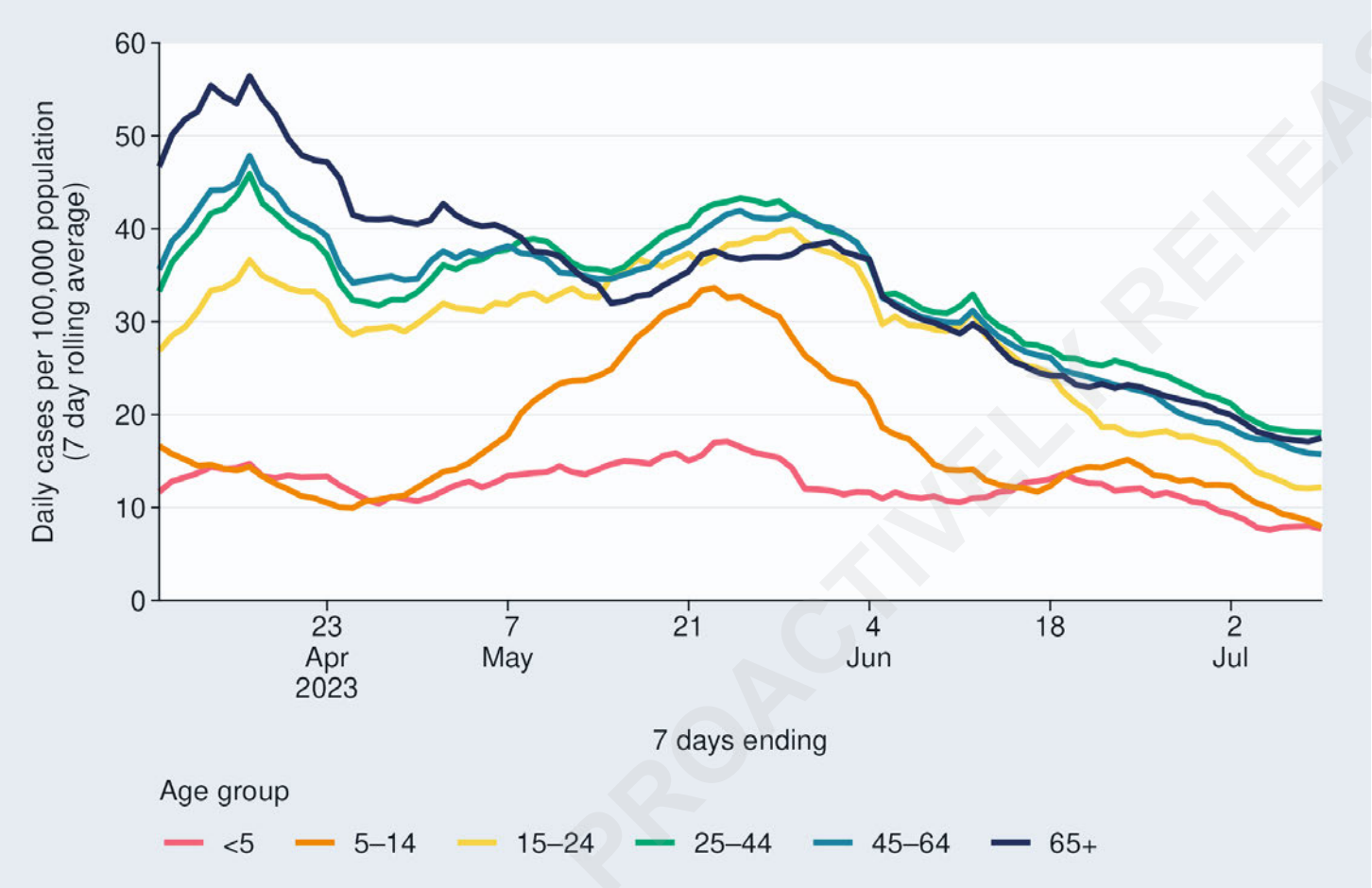
Sources: COVID-19 Modelling Aotearoa, ordinary differential equation model, May 2023, and Ministry of Health reported case data, 09 July 2023

Regional 7-day rolling average of daily case rates, 10 April 2023 – 09 July 2023

- National: 15 per 100,000 population.
- Northern: 11 per 100,000 population.
- Te Manawa Taki: 19 per 100,000 population.
- Central: 16 per 100,000 population.
- Te Waipounamu: 16 per 100,000 population.

Source: NCTS/EpiSurv as at 2359hrs 09 July 2023

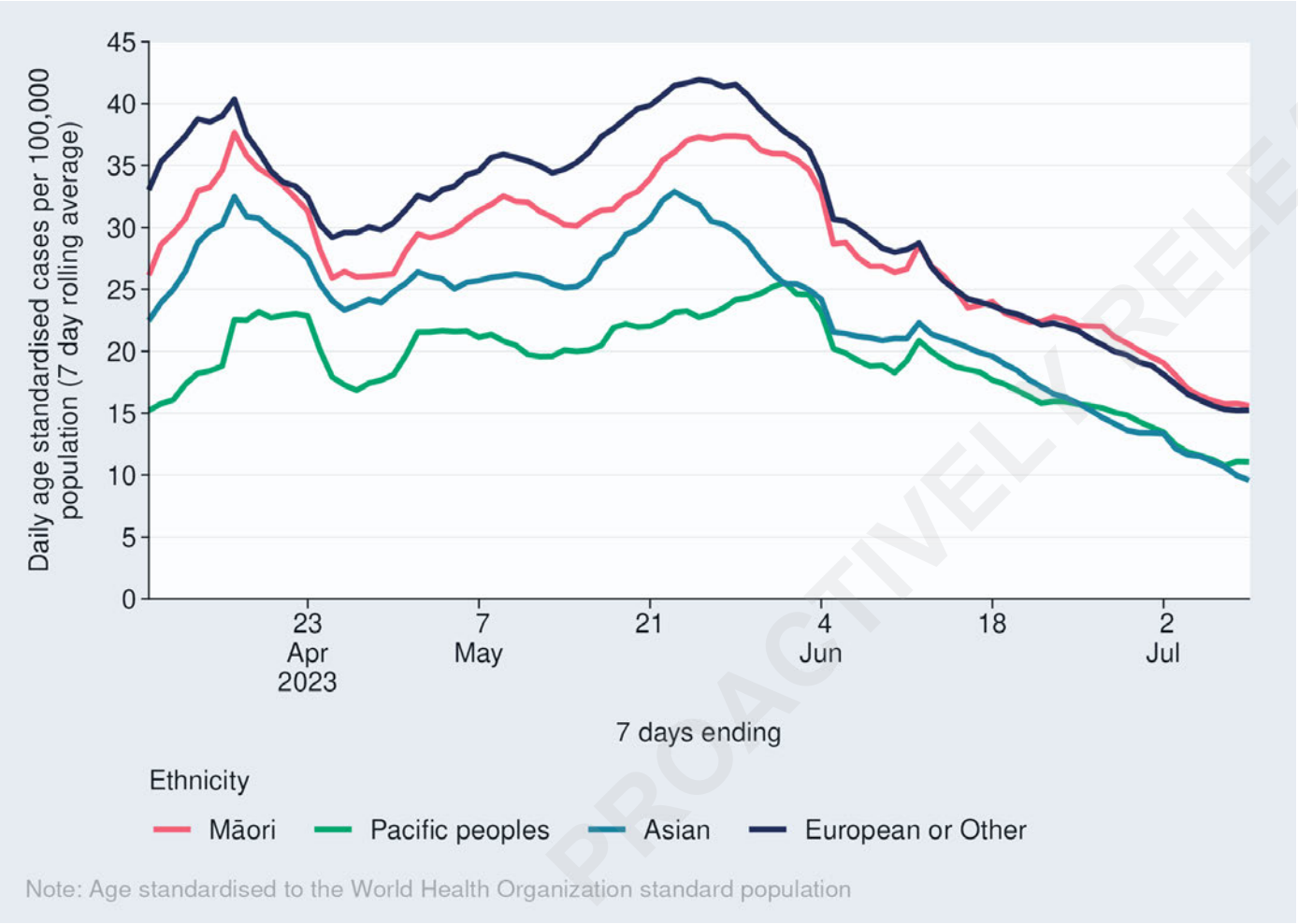
National 7-day rolling average of daily case rates by age, 10 April 2023 – 09 July 2023



- Reported cases have decreased for all age groups in recent weeks, however, the 25-44 years age-group has replaced the 65+ age-group to have the highest reported case rates since early June 2023.

Source: NCTS/EpiSurv as at 2359hrs 09 July 2023

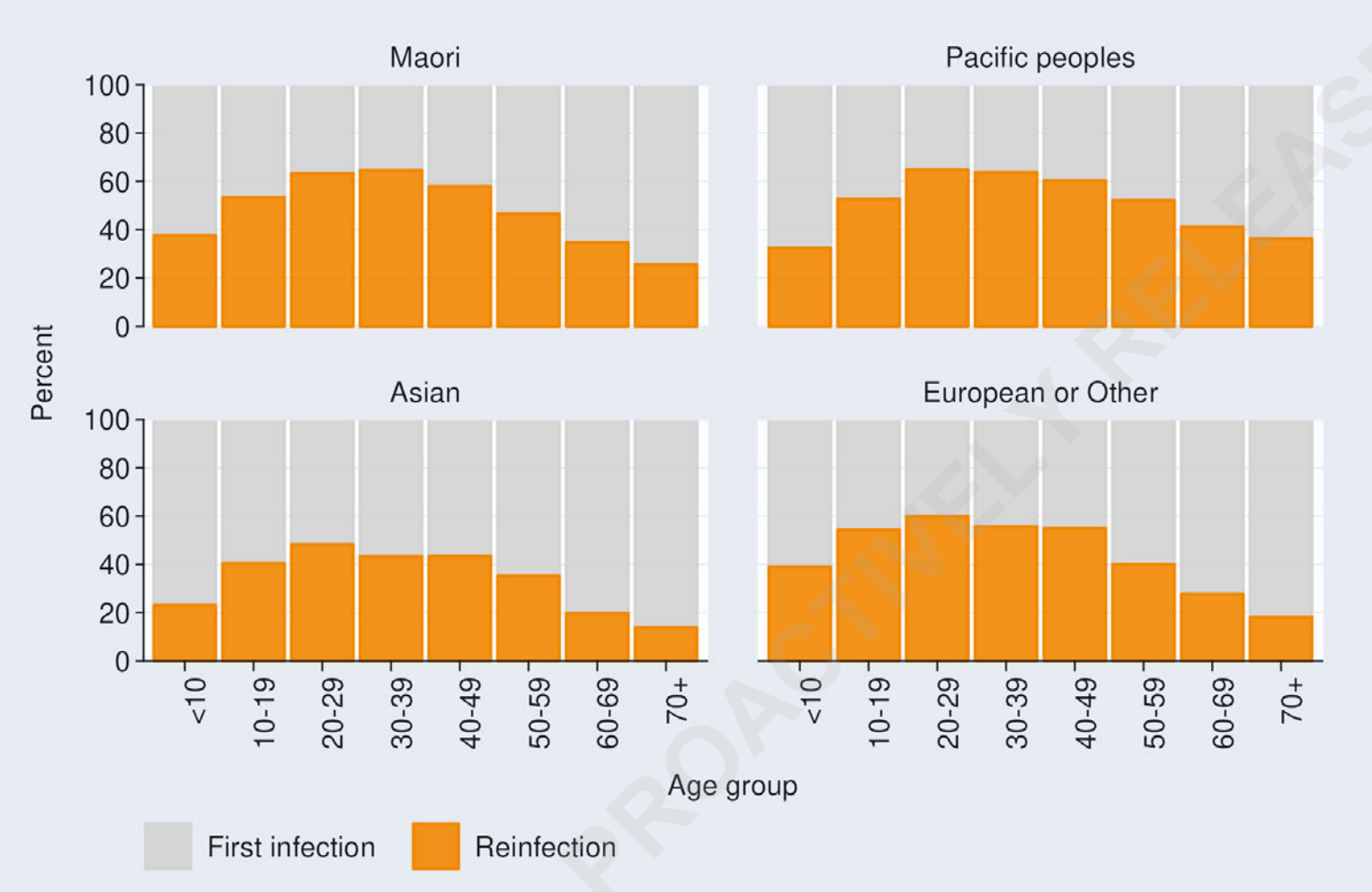
National age-standardised reported case rates by ethnicity, 10 April 2023 – 09 July 2023



- Age-standardised reported case rates decreased for all ethnicities.
- 7-day rolling average case rates per 100,000:
  - Māori 15.6
  - Pacific peoples 11.1
  - European or Other 15.2
  - Asian 9.6

Source: NCTS/EpiSurv as at 2359hrs 09 July 2023

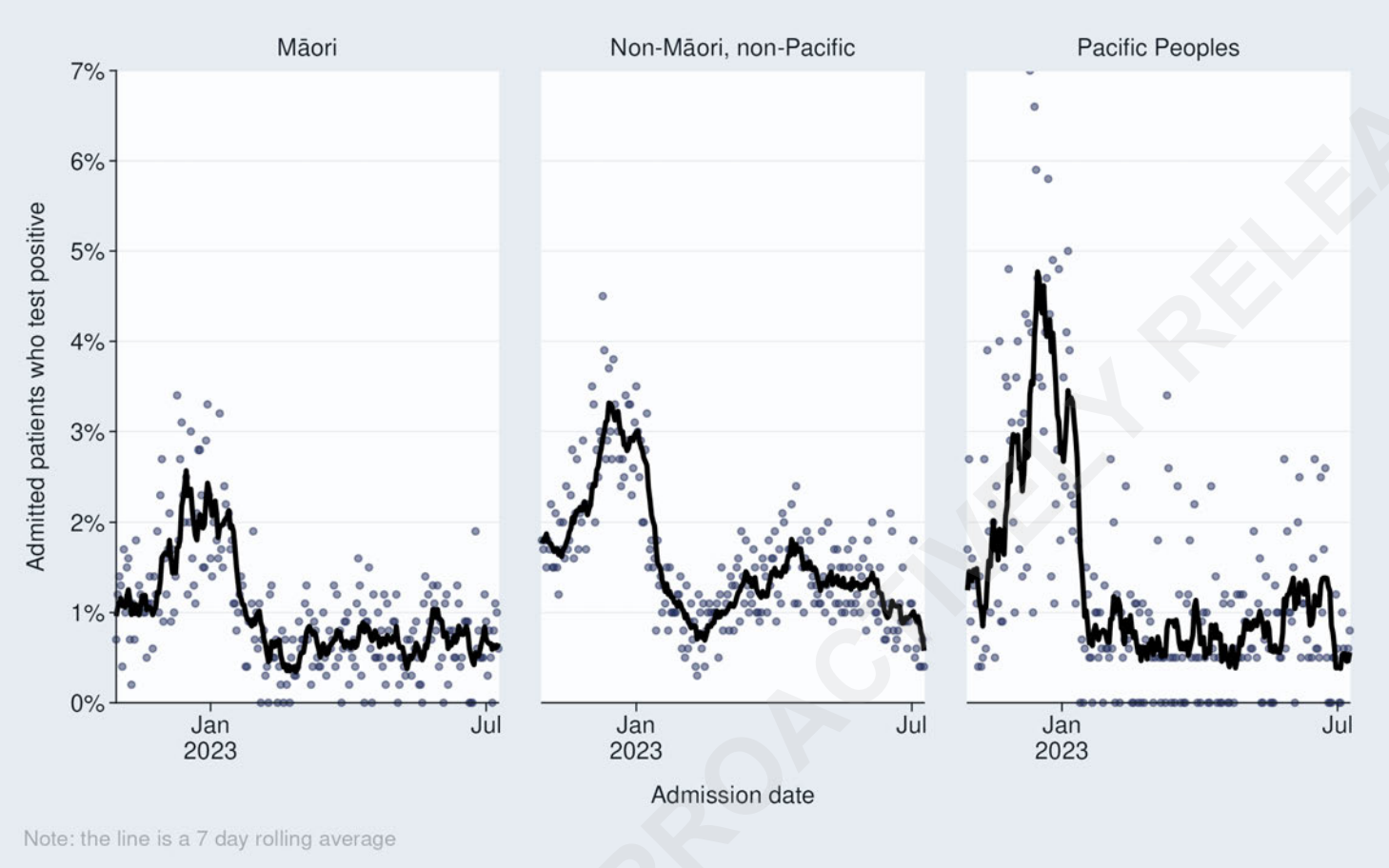
Reinfections by age , 10 April 2023 – 9 July 2023



- Māori and Pacific Peoples aged 50+ have a higher percent of reported reinfections compared to European or Other and Asian ethnic groups.

Source: NCTS/EpiSurv as at 2359hrs 9 July 2023

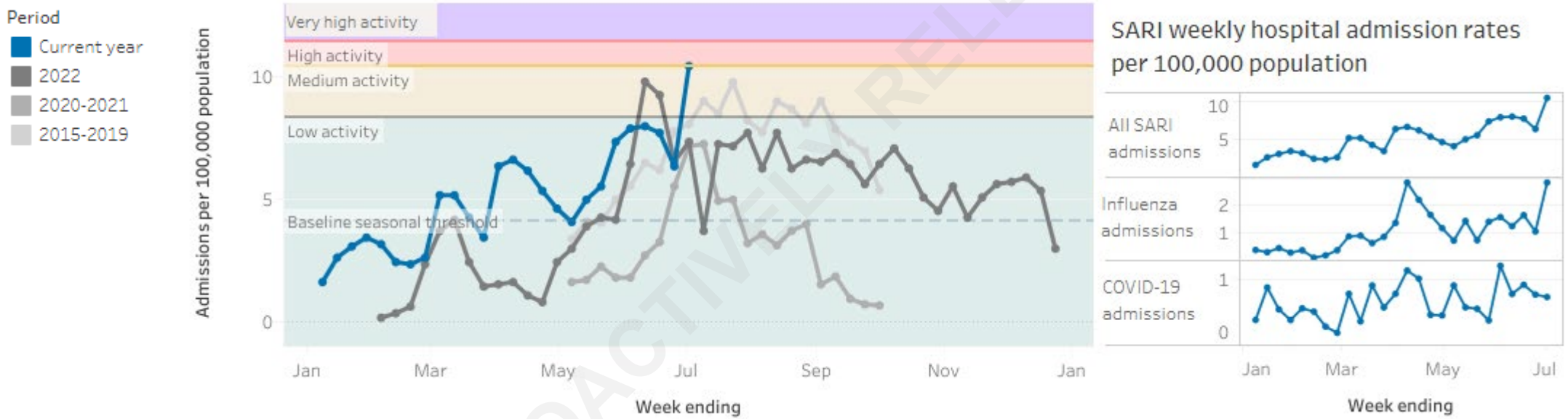
Inpatient test positivity, 01 November 2022 – 10 July 2023



- Overall, inpatient test positivity has been consistent since April (currently 0.6%).

Source: Inpatients admissions feed, 10 July 2023

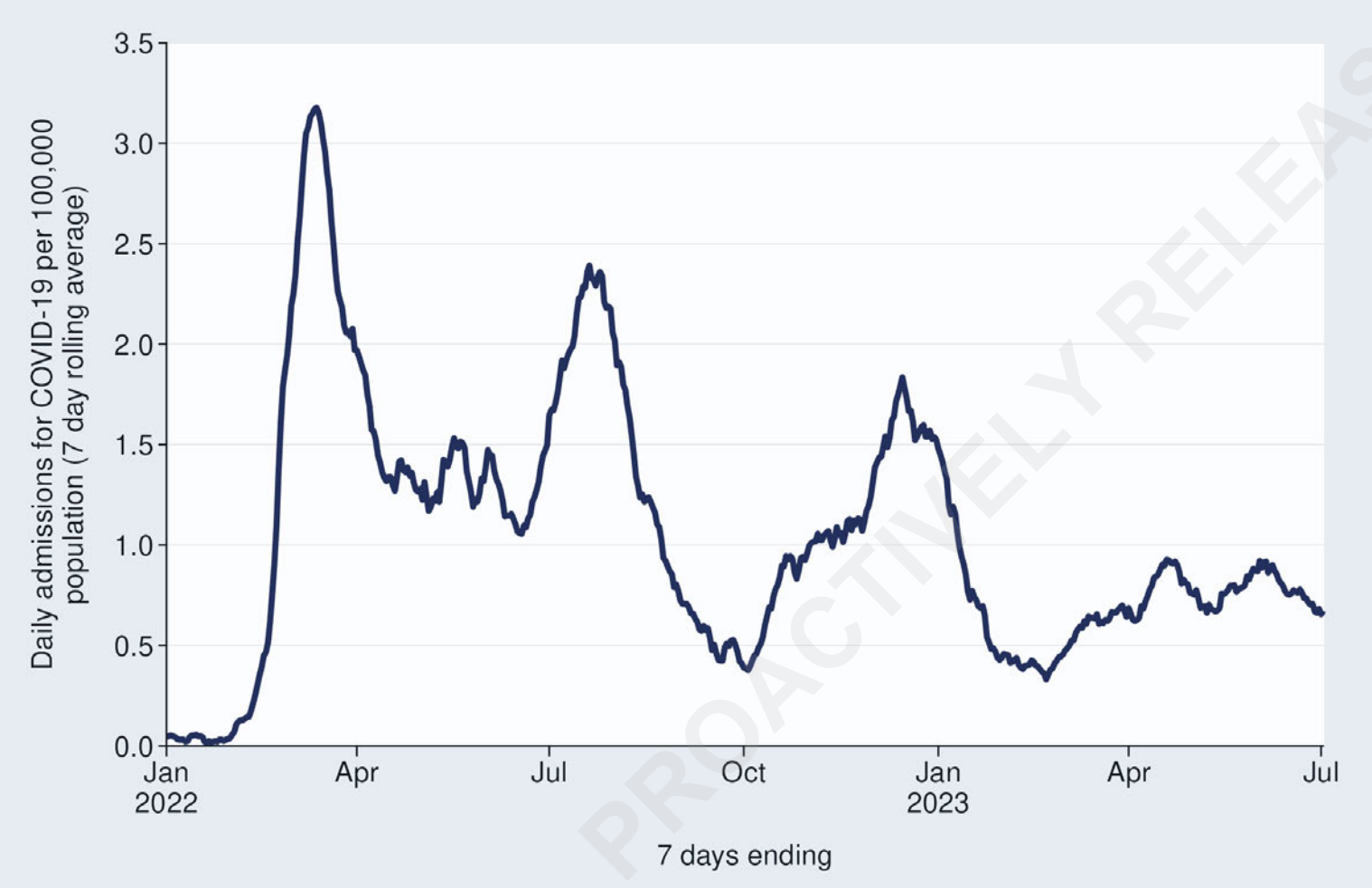
Hospital sentinel SARI sampling, 08 January – 02 July 2023



Source: ESR SARI, 02 July 2023

COVID-19 Hospitalisation Trends

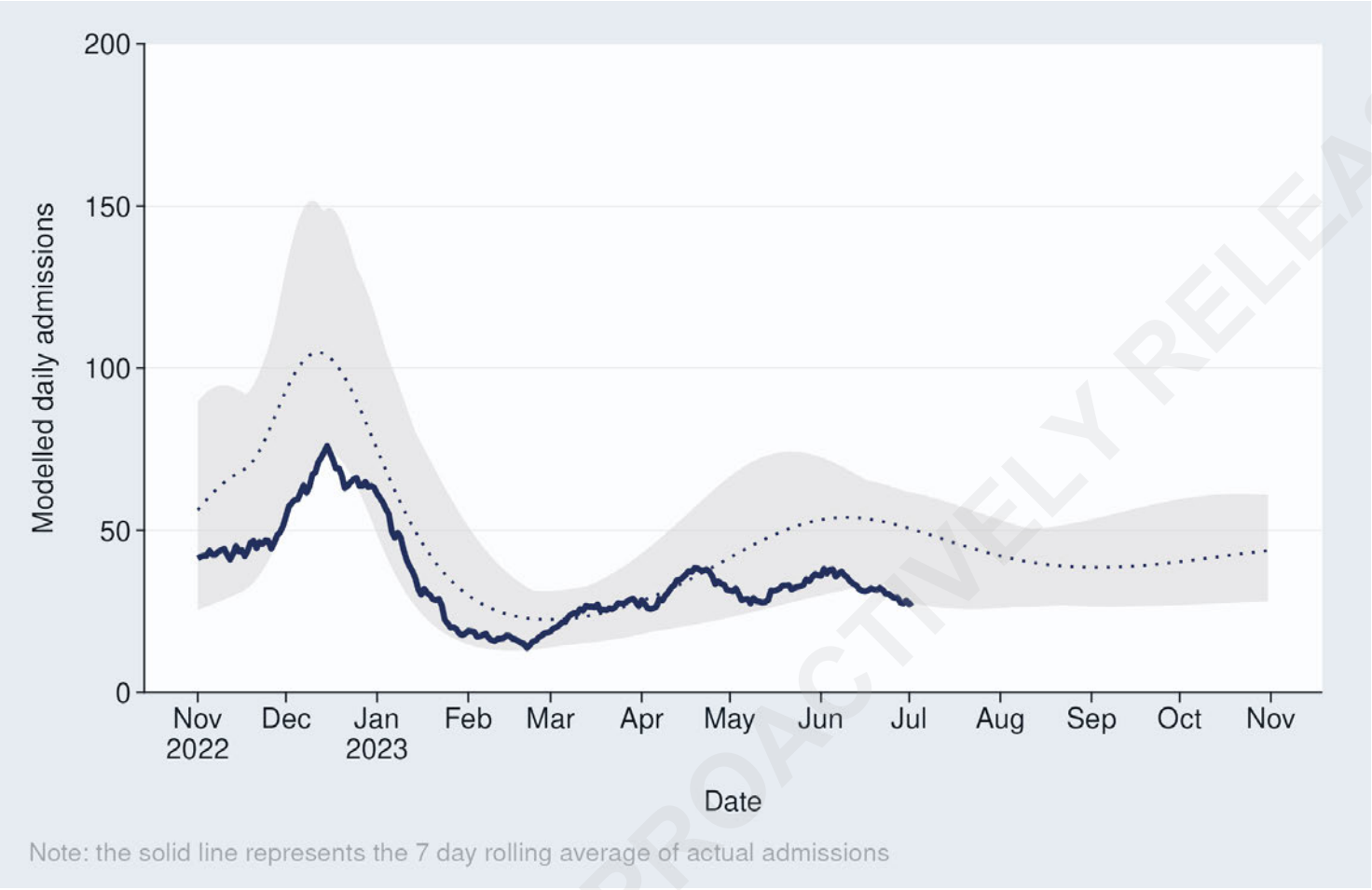
National hospital admission rates per 100,000, 01 January 2022 – 02 July 2023



- The COVID-19 hospital admissions rate was relatively stable in the week ending 02 July, following recent decreases in cases.
- Data covers new hospital admissions who reported COVID-19 in the seven days prior to admission or while admitted 'for' COVID-19.

Source: NMDS/Inpatients admissions feed, 02 July 2023

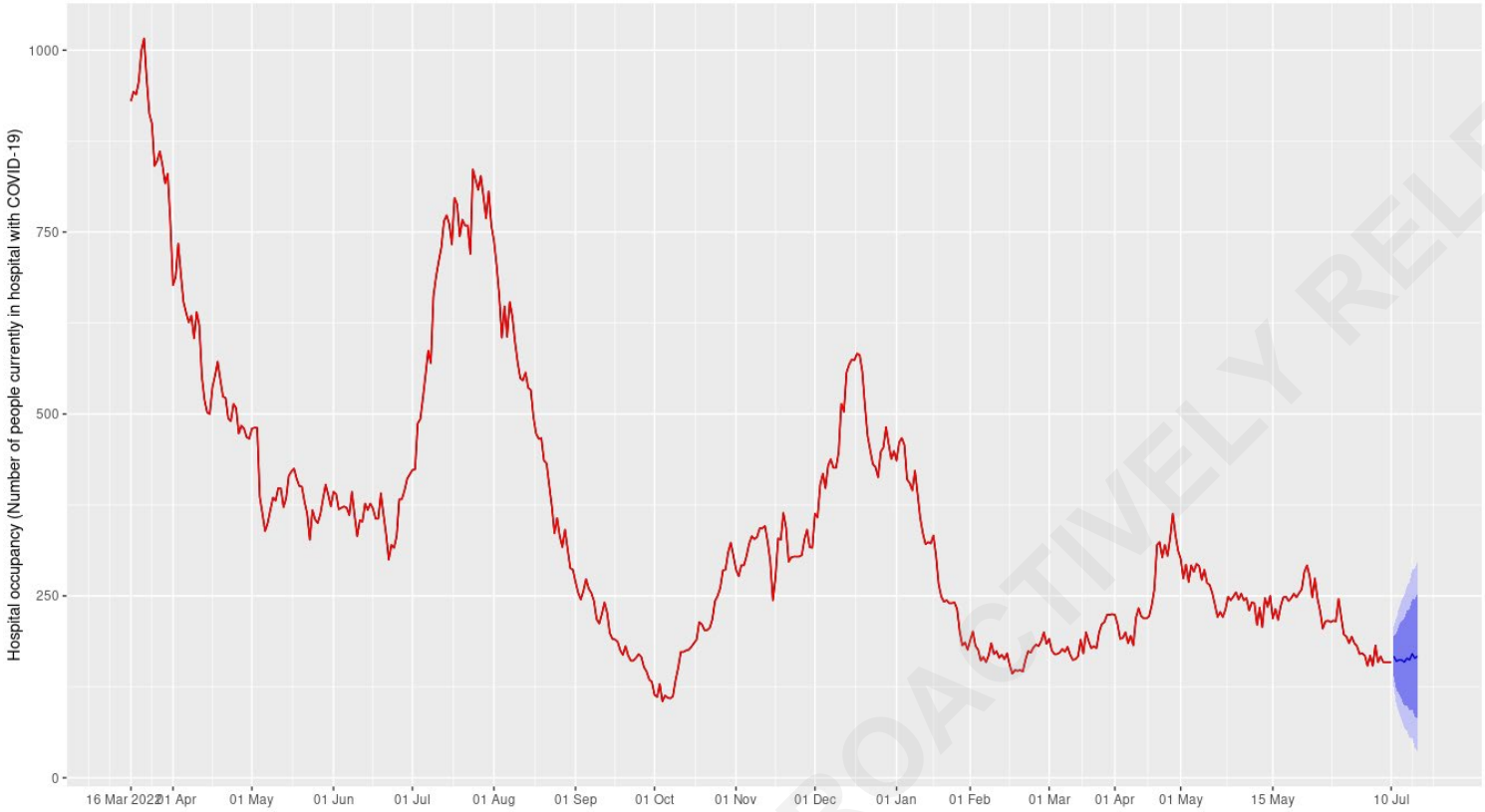
COVID-19 Modelling Aotearoa hospital admissions scenario compared with national observed admissions



- Reported COVID-19 hospital admissions continue to track below the modelled line of best fit and have decreased to outside of the 95% CI of modelled scenario in recent weeks.

Sources: COVID-19 Modelling Aotearoa, ordinary differential equation model, May 2023, and Ministry of Health reported hospital admission data, 02 July 2023

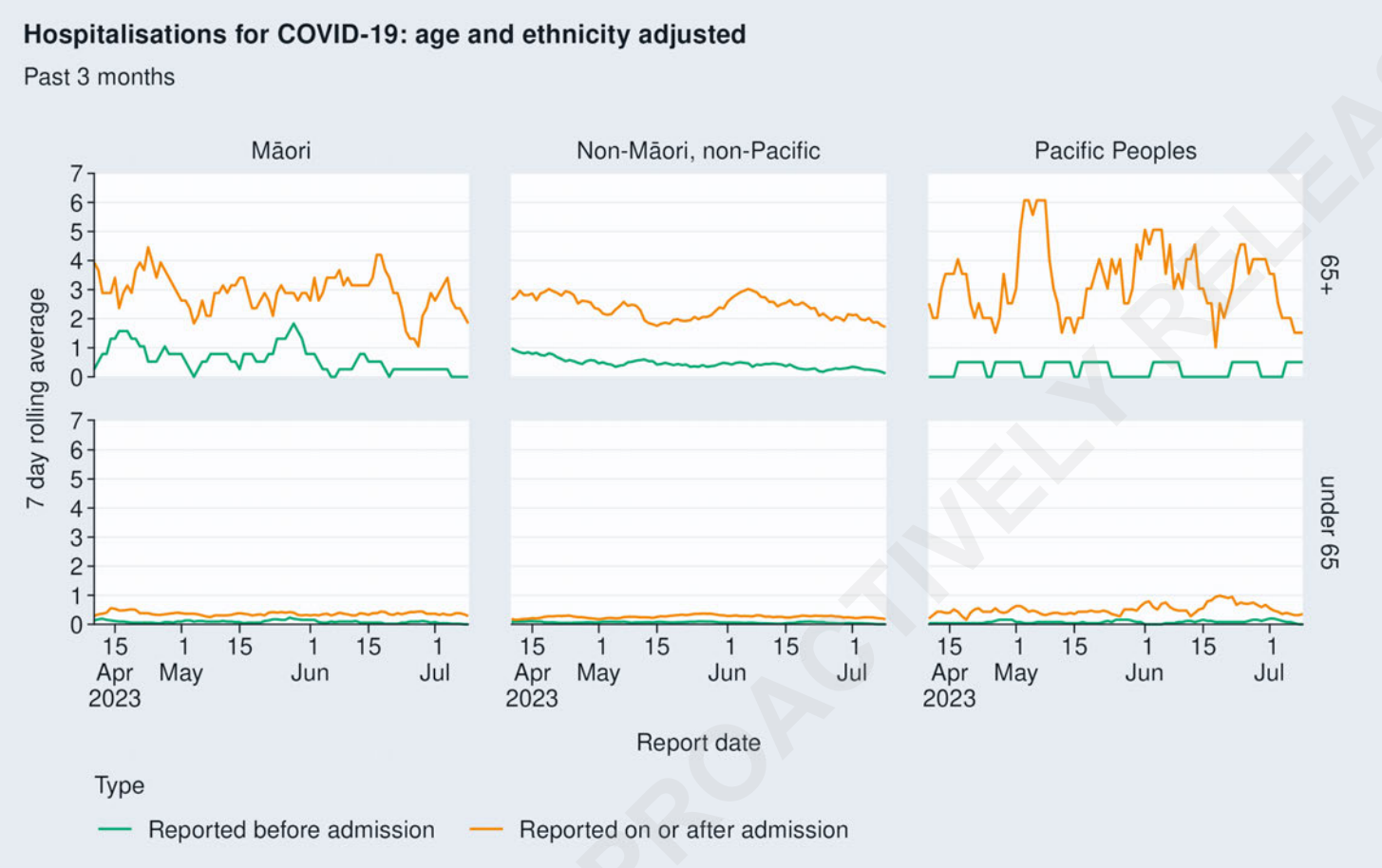
Number of people in hospital with COVID-19, March 2022 – 10 July 2023, with forecast to 20 July 2023



The SARIMA model predicts that 167 people will be in hospital with COVID-19 on 10 July, with an 80% confidence interval of (82, 252).

Overall, hospital occupancy is predicted to continue decreasing into next week.

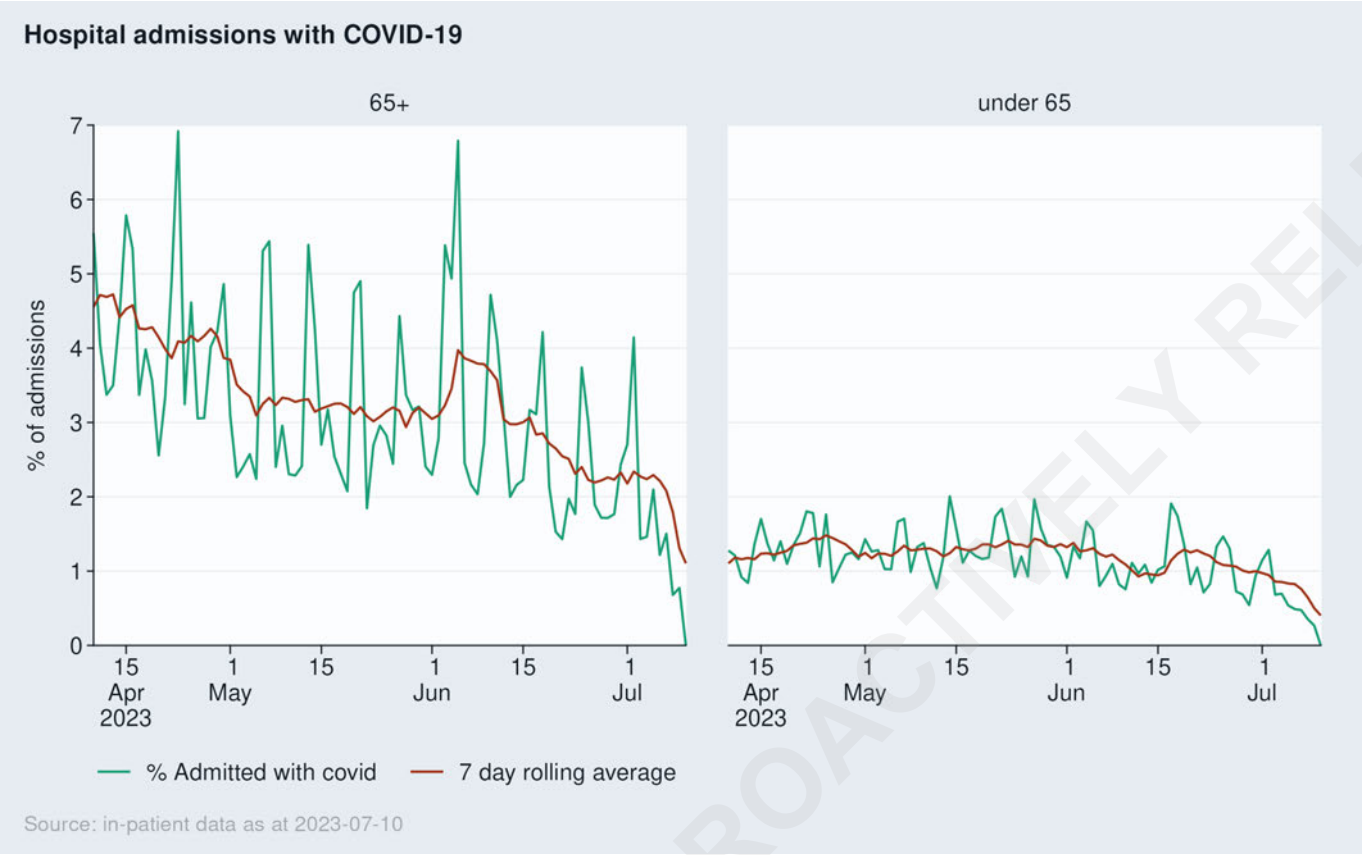
Hospital admission date vs case report date – 10 March 2023 to 10 July 2023



- Māori and Pacific peoples are diagnosed as a COVID-19 case more often after admission than before.

Source: NMDS/Inpatients admissions feed, 10 July 2023

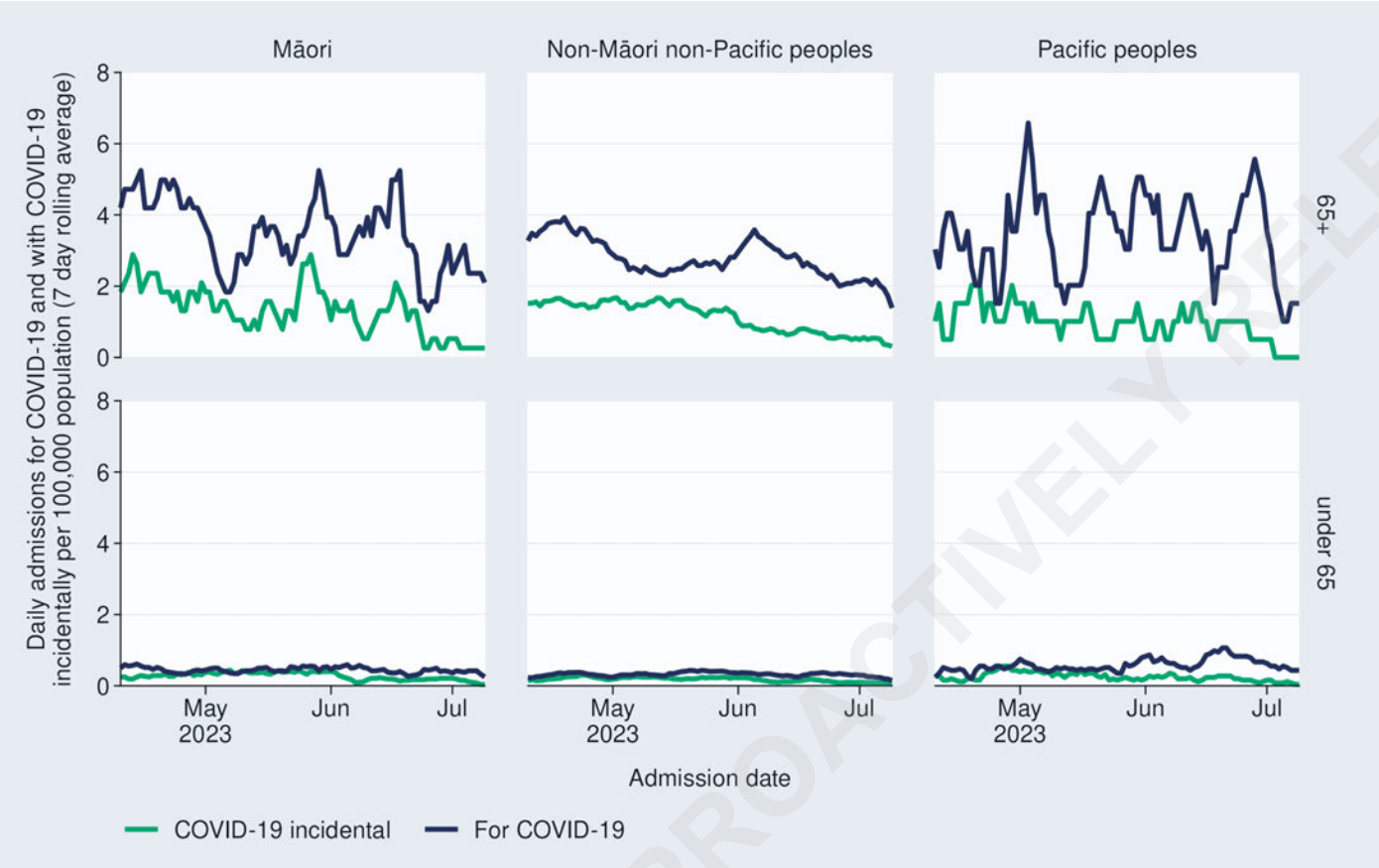
COVID-19 Hospital admissions vs all other admissions, Inpatient data feed* 10 March 2023 to 10 July 2023



- Overall, for and with COVID-19 admissions account for 1.7% of all inpatient admissions in tertiary hospitals*.

Source: Inpatients admissions feed, 10 July 2023.
*Lakes, Bay of Plenty, Waikato, Canterbury, Capital & Coast, Hawke's Bay, Tairawhiti, Taranaki, Waitemata, Southern, Mid Central, Whanganui

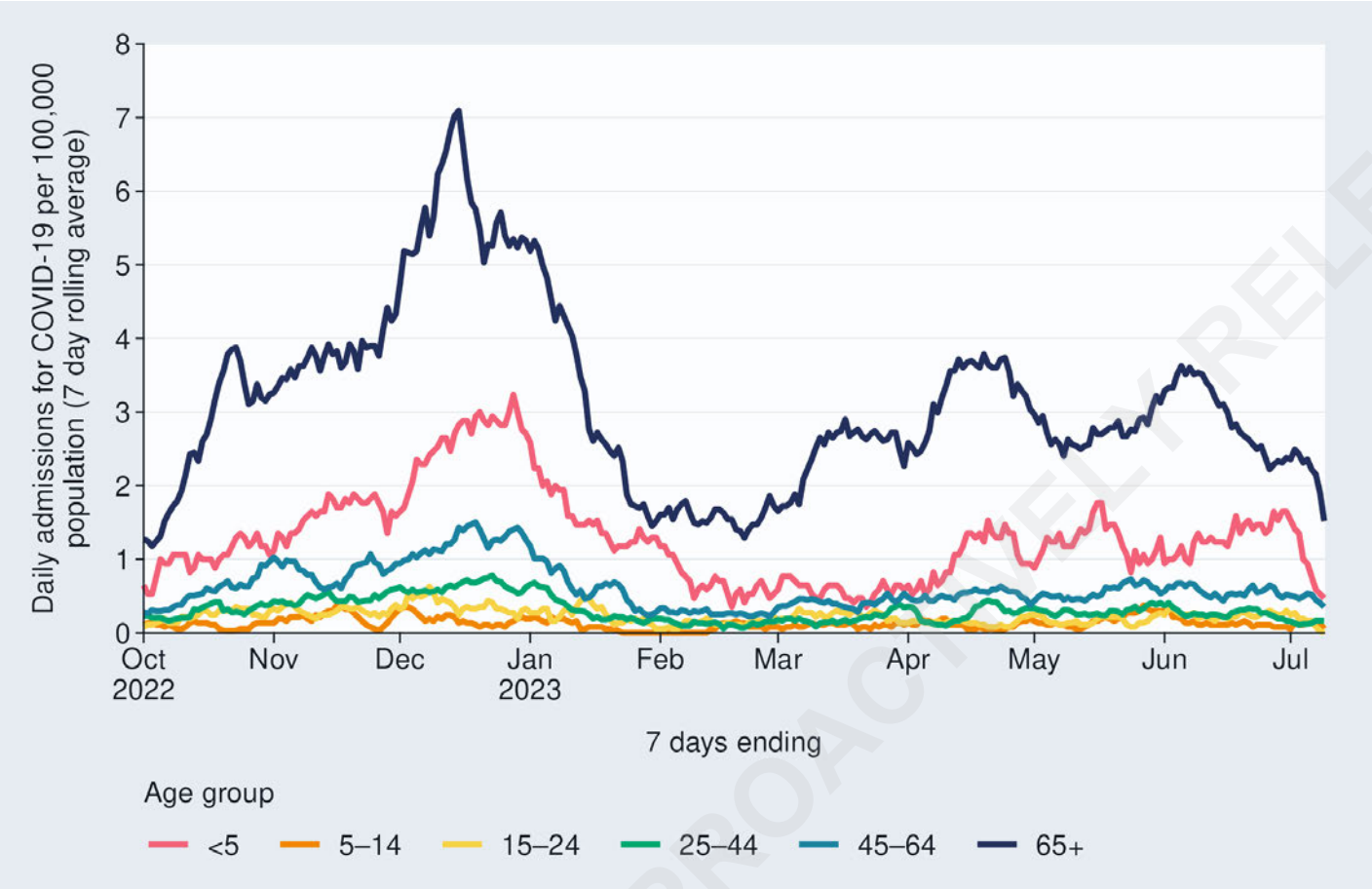
Incidental vs 'For' COVID-19 daily admission rate,



- Rate of ‘for' COVID-19 admissions are higher than incidental for Māori compared to others currently.
- Hospitalisations, both incidental and ‘for’ COVID-19, are higher for those people aged 65 and older.

Source: NMDS/Inpatients admissions feed, 15 May 2023

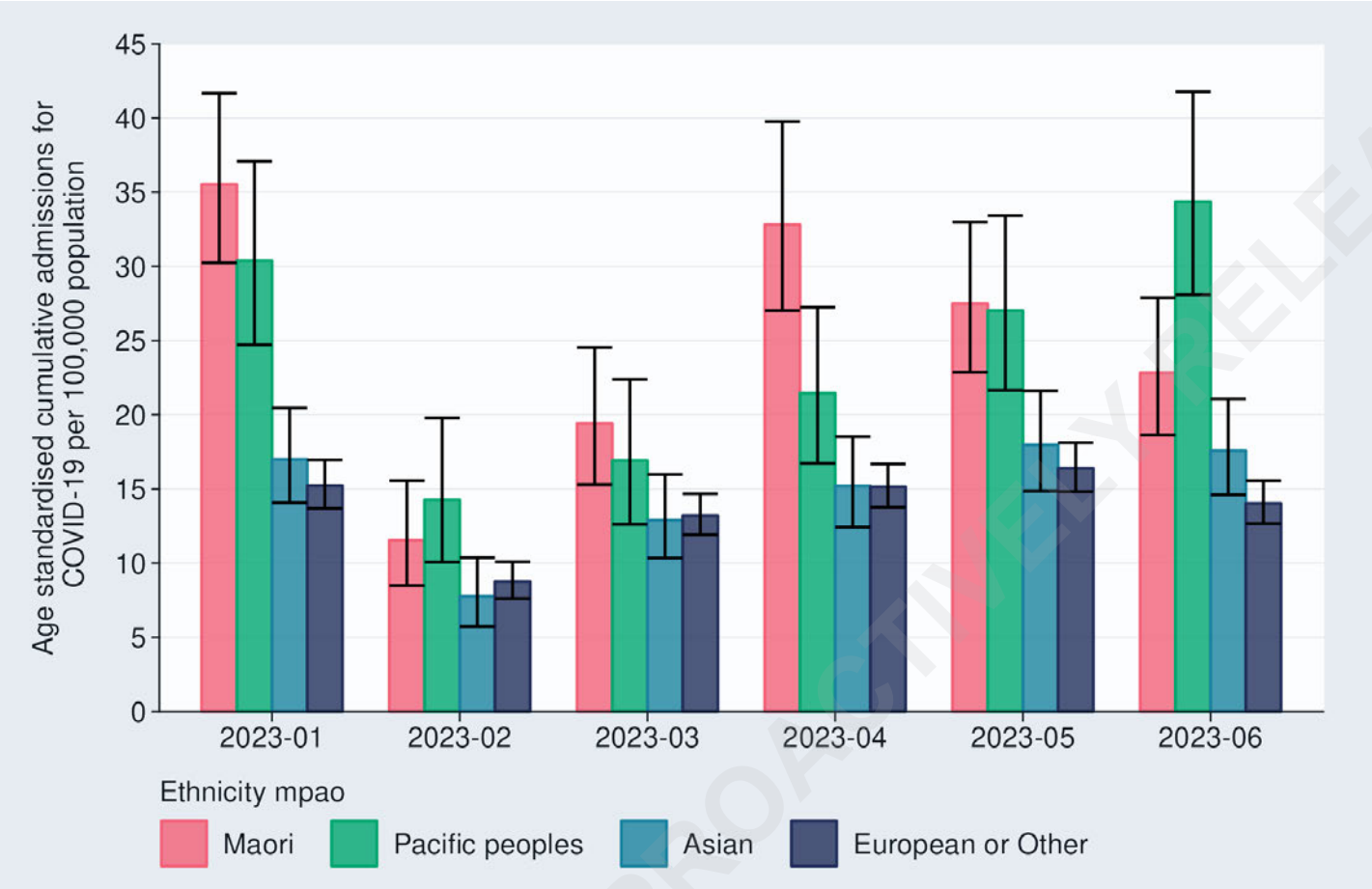
National hospitalisation rates by age-group, 01 October 2022 – 09 July 2023



- Hospitalisation for COVID-19 rates are highest in 65+ year age-group; 5-14 and 25-44 age-group have the lowest rates in the week ending 09 July 2023.

Source: NMDS/Inpatient data feed as at 2359hrs 09 July 2023

National monthly hospitalisation rates by ethnicity, 01 October 2022 – 09 July 2023



- Hospitalisation for COVID-19 in Māori and Pacific have been higher than Asian and European in the past month

Source: NMDS/Inpatient data feed as at 2359hrs 09 July 2023

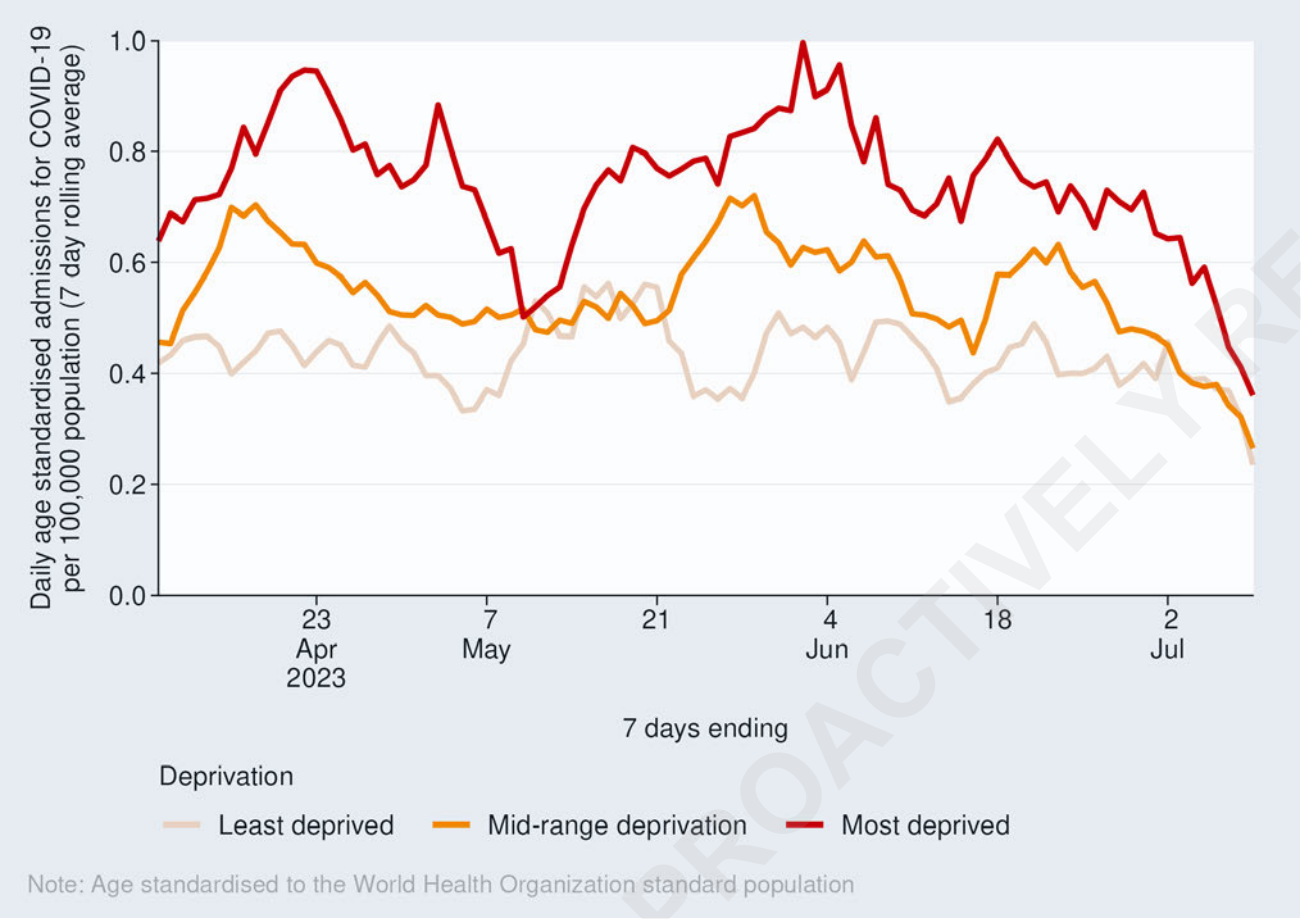
Age-standardised cumulative incidence* of hospitalisation for COVID-19 by ethnicity, 01 January 2022 – 09 July 2023

The cumulative total for the year shows that Pacific peoples and Māori have had the highest risks of hospitalisation for COVID-19 – 2.2 and 1.8 times the risk of European or Other, respectively.

Source: NCTS/EpiSurv, NMDS, Inpatient Admissions dataset and CVIP population estimates, 01 January 2022 to 09 July 2023.

*and 95% confidence intervals

Age-standardised hospital admission rates for COVID-19 by deprivation, 03 April – 09 July 2023



- Most deprived continue to have the highest hospital admission rates in the week ending 09 July 2023.

Source: NCTS/EpiSurv as at 2359hrs 09 July 2023

Age-standardised* hospital admission rates for COVID-19 by deprivation, 01 January 2022 – 09 July 2023

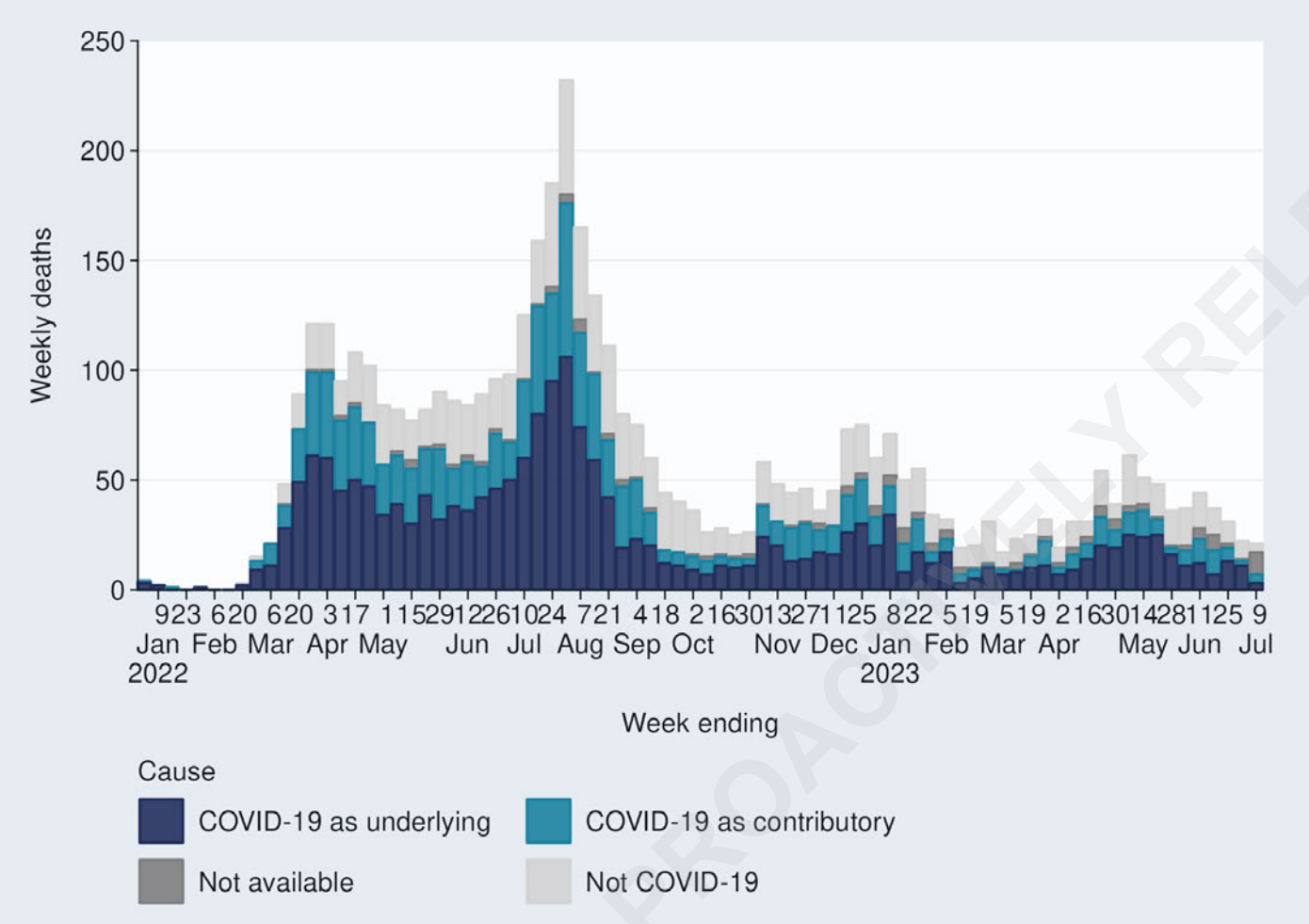
Most deprived have had the highest rates of hospitalisation cumulatively.

*and 95% confidence intervals

Source: NCTS/EpiSurv, NMDS, Inpatient Admissions dataset and CVIP population estimates, 01 January 2022 to 09 July 2023

COVID-19 Mortality Trends

National weekly death counts by cause of death to 09 July 2023



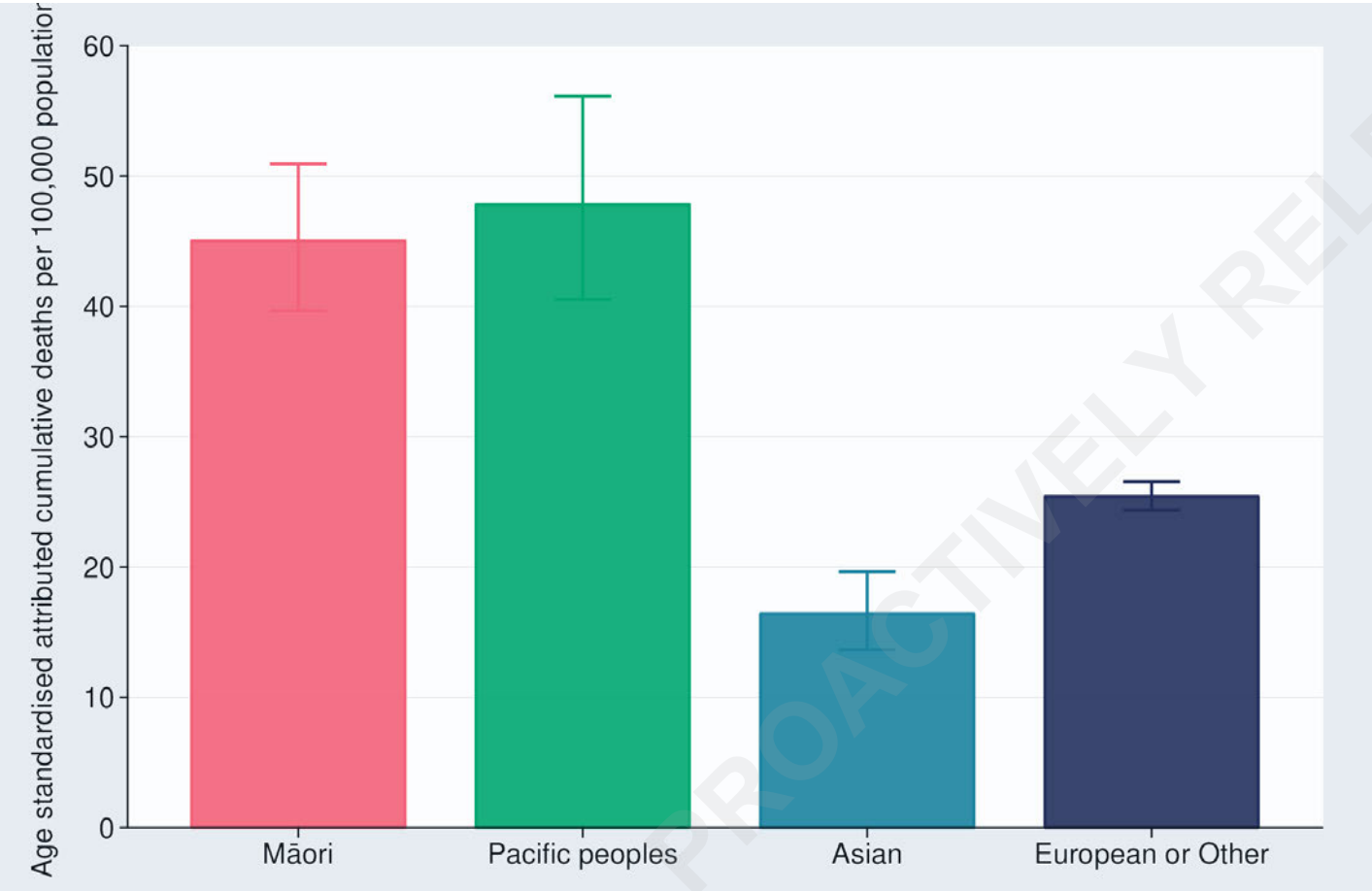
Deaths increased in mid-April to mid-May 2023, and remained relatively stable for the past few weeks.

Of the deaths that have been formally coded by cause of death in 2022 and 2023:

- 1,940 (44%) were determined to have COVID-19 as the main underlying cause,
- 1,162 (26%) were determined to have COVID-19 as a contributory cause,
- 1,327 (30%) died of an unrelated cause.

Source: Ministry of Health, 09 July 2023

Age-standardised cumulative incidence of mortality attributed to COVID-19 by ethnicity & deprivation

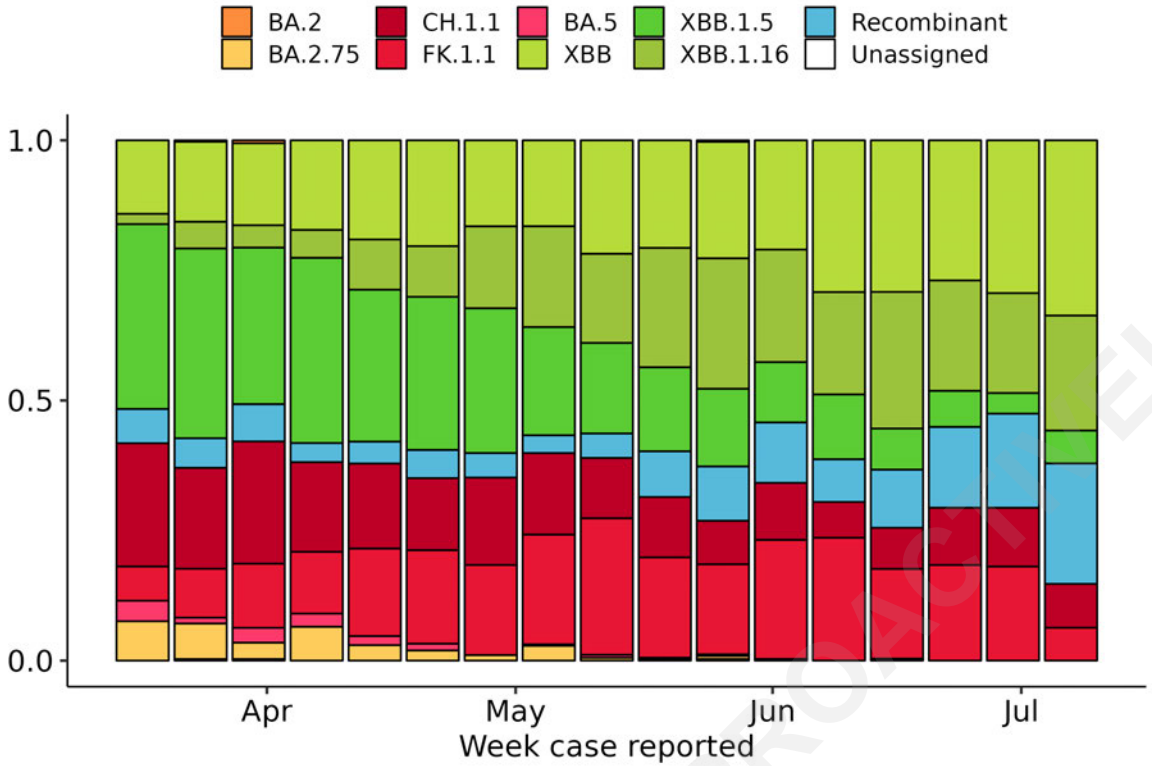


- Pacific people have had the highest risk – 1.9 times that of European or Other.
- This is followed by Māori at 1.8 times that of European or Other.
- Asian people have had the lowest risk of mortality of all ethnicities - 0.6 times that of European or Other.
- Cumulative rates of mortality are highest for those most deprived - 2.0 times the risk of those least deprived.

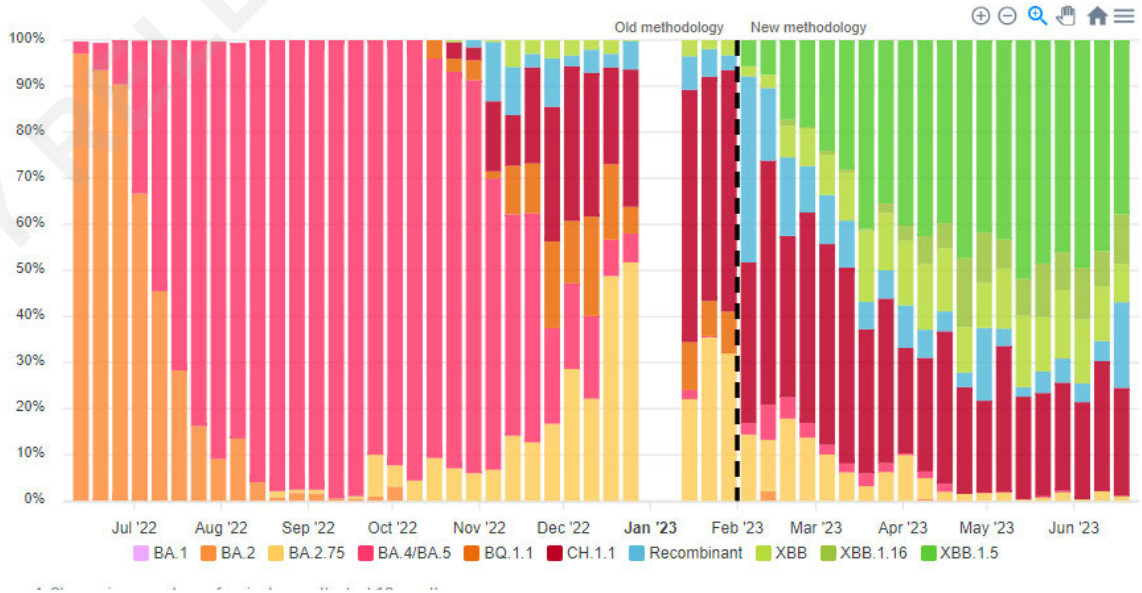
Variants of Concern

Variants Update

Community



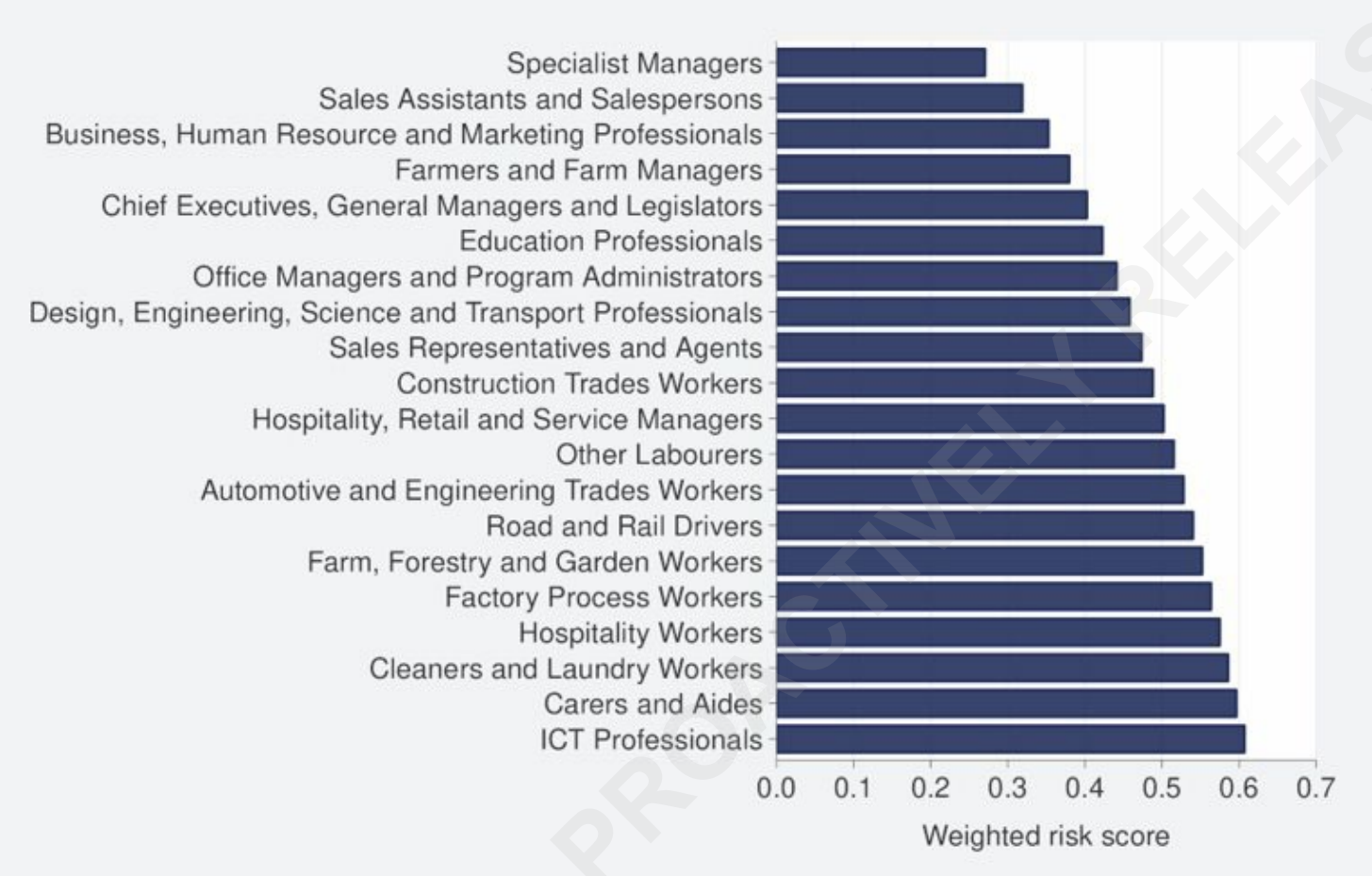
Wastewater



Source: ESR. *COVID-19 Genomics Insight Report.* No. 37, 05 May 2023

Household Labour Force Survey

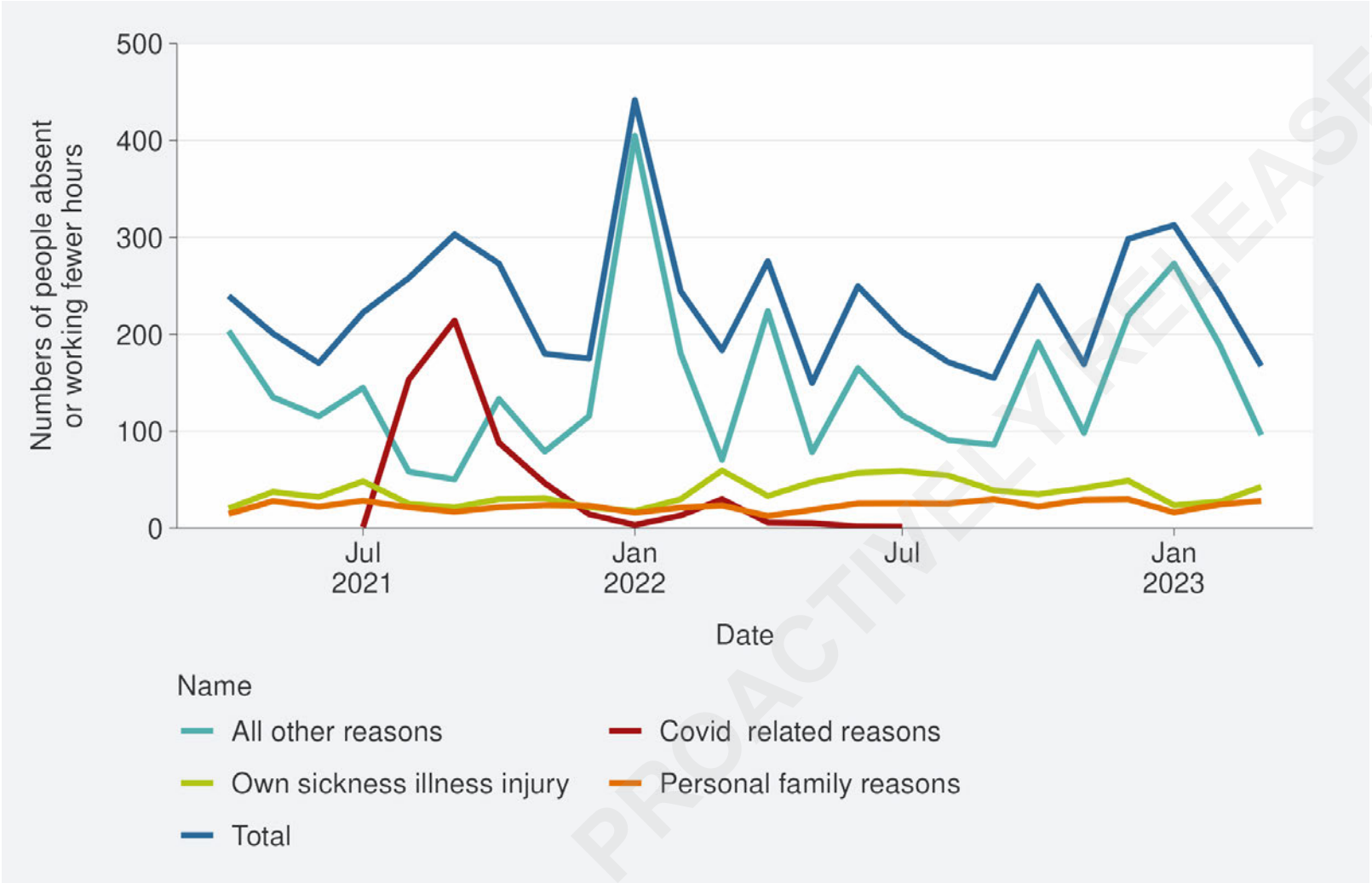
70% of positive COVID cases are from 20 occupation types



- A lower risk score means there are lower numbers of fully vaccinated workers and there are a higher number of reported infections within the group.
- Top 20 at-risk occupations are across key essential service areas of retail, education, transport, maintenance, hospitality, social care, and service.
    - Education Professionals and Care & Aides include teachers and health workers.
- Weighted risk score comprised of vaccination status and reported infections by occupation group.

Source: IDI/NCTS , July 2023

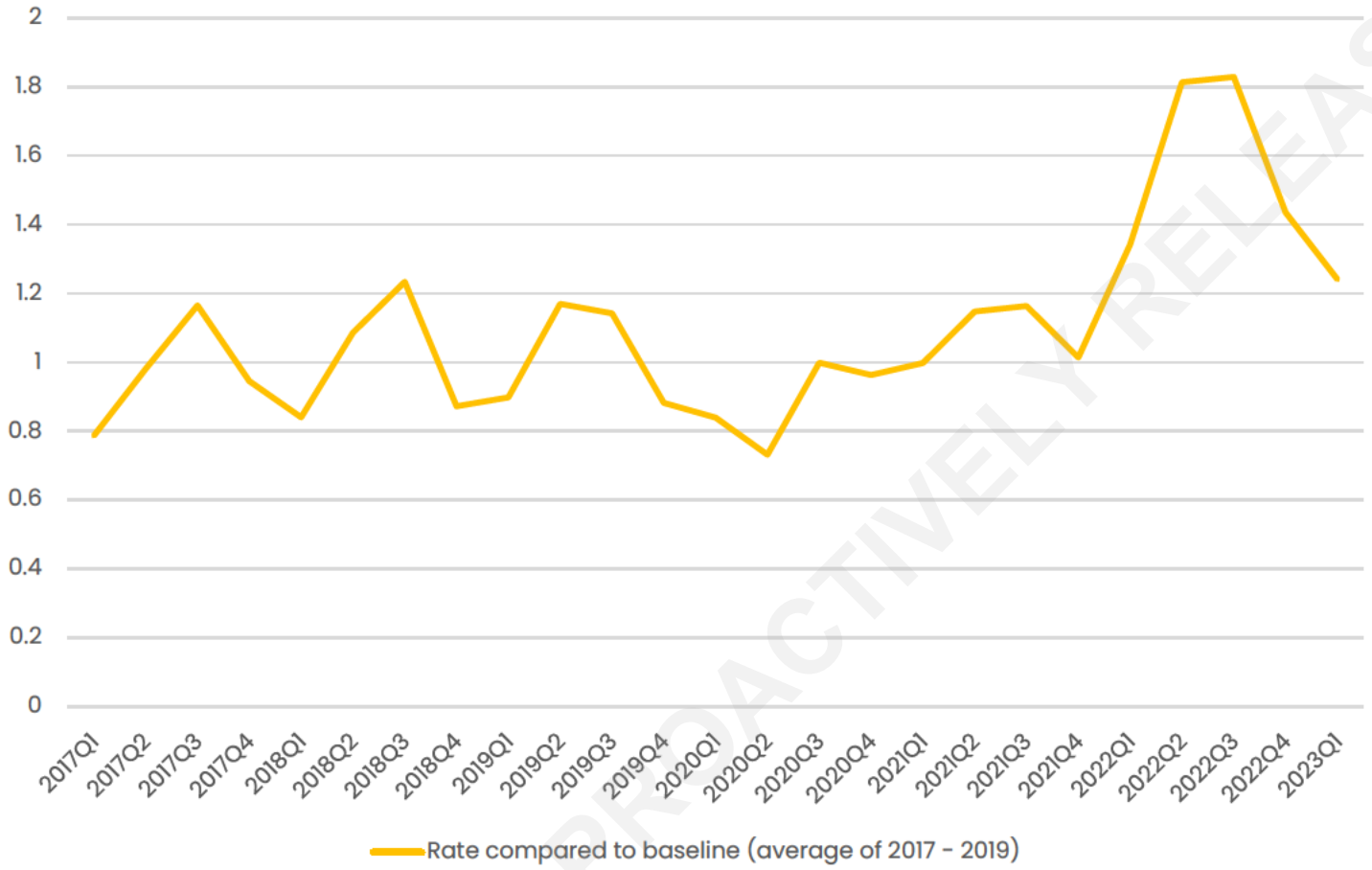
Reasons for absence from work – illness vs COVID-19-related reasons



- Overall, sickness-related absences (which includes being unable to work due to being *__sick__* from COVID-19 – as opposed to having to isolate due to restrictions) have increased through the latter stages of the pandemic, and especially so in 2022.
- At the same time, other COVID-19 related absences (which includes requirements to isolate as household contact and lockdowns) have seen a marked decrease.
- (***Note that the categories are distinct and people isolating due to iso-settings while not feeling sick are prompted towards the "Other COVID-19 related absence" category***).

Source: Household Labour Force Survey, Statistics NZ

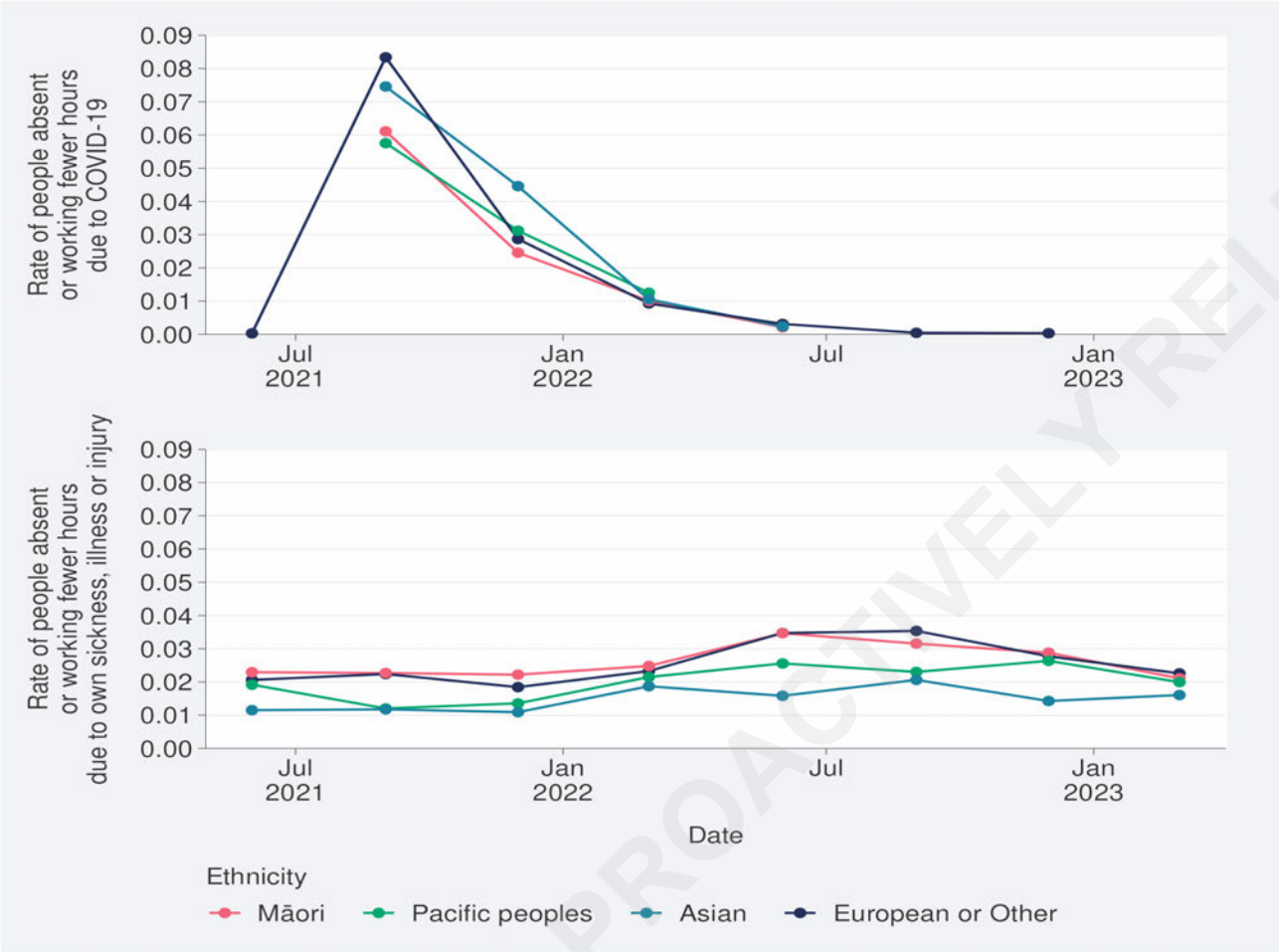
Changes in rate of working less or being absent from work due to sickness/illness or injury, compared to the baseline – Q1 2023



- The comparison to baseline indicates up to an 80% increase in the level of absence/reduction in hours across Q2 – Q4 2022. Q1 2023 still sees an increase over 30%.
- Absence from work due to sickness dropped from the Q4 2022 peak but is still higher in Q1 2023 than pre-COVID-19 baseline.
- There is a clear increase in the rates of being absent or working less due to sickness across 2022, ramping up towards Q2, and remaining stable across the year. This coincides with large scale spread of COVID-19 in the community.

Source: Household Labour Force Survey, Statistics New Zealand

Reasons for absence from work by ethnicity – sickness vs COVID-19-related reasons



- Like overall trends, ethnicity breakdowns also indicated that sickness-related absences (which includes being unable to work due to being ***sick*** from COVID-19 – as opposed to having to isolate due to restrictions)
- Current data indicates ethnic trends in sickness-related absences is similar across all ethnic groups.

Source: Household Labour Force Survey March 2023

Vaccination

2nd Booster uptake by ethnicity, 01 June 2022 to 10 July 2023

Table C7: Second booster uptake by Age group and Ethnicity

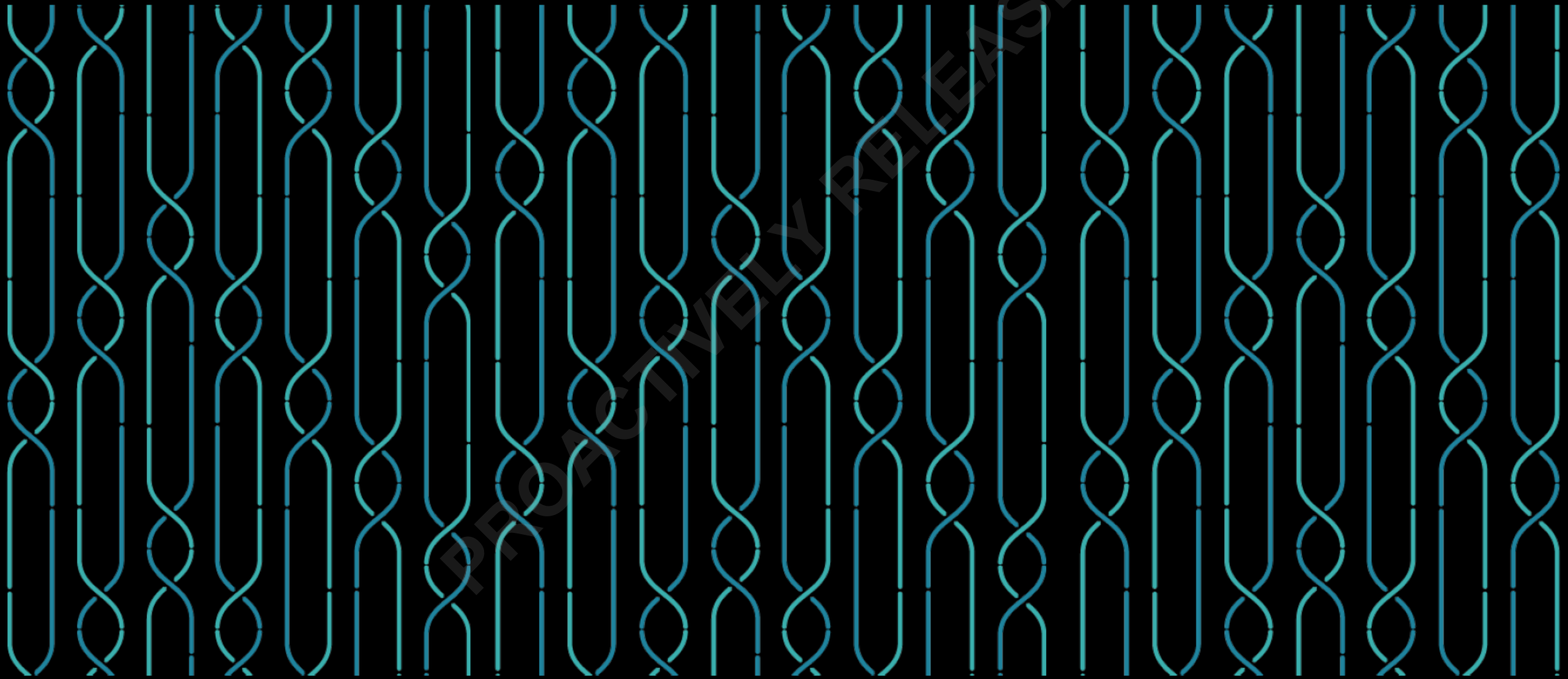
	Māori			Pacific peoples			All ethnicities		
	Eligible	Booster received	% Eligible received	Eligible	Booster received	% Eligible received	Eligible	Booster received	% Eligible received
90+	692	453	65%	357	181	51%	30,665	24,320	79%
85 to 89	1,828	1,206	66%	973	490	50%	54,253	42,597	79%
80 to 84	4,586	3,088	67%	2,302	1,198	52%	100,450	78,514	78%
75 to 79	8,347	5,610	67%	4,326	2,356	54%	154,354	117,678	76%
70 to 74	14,662	9,246	63%	6,994	3,837	55%	193,060	136,578	71%
65 to 69	20,330	11,244	55%	9,452	4,699	50%	221,219	135,506	61%
60 to 64	27,213	12,090	44%	12,200	4,969	41%	249,419	113,010	45%
55 to 59	25,932	9,657	37%	14,326	4,855	34%	239,775	90,721	38%
50 to 54	26,440	7,886	30%	14,660	4,072	28%	241,217	73,540	30%
45 to 49	22,581	4,504	20%	14,522	2,308	16%	212,317	41,159	19%
40 to 44	18,945	2,809	15%	14,470	1,818	13%	209,209	33,422	16%
35 to 39	18,021	1,791	10%	13,965	1,033	7%	212,544	29,146	14%
30 to 34	19,226	1,592	8%	14,333	800	6%	210,446	24,234	12%
25 to 29	0	542	-	0	261	-	0	4,974	-
18 to 24	0	501	-	0	224	-	0	3,702	-
Total (18+)	208,803	72,219	35%	122,880	33,101	27%	2,328,928	949,101	41%

A person is eligible for a second booster if they are over 30 and it's at least six months since they have completed their primary course.

MANATŪ HAUORA
MINISTRY OF HEALTH

Te Kāwanatanga o Aotearoa
New Zealand Government

MANATŪ HAUORA
MINISTRY OF HEALTH



Briefing

Cabinet paper cover brief: COVID-19 public health measures

Date due to MO:	4 August 2023	**Action required by:**	6 August 2023
Security level:	IN CONFIDENCE	**Health Report number:**	H2023028717
To:	Hon Dr Ayesha Verrall, Minister of Health		
Consulted:	Health New Zealand: ☐ Māori Health Authority: ☐		

Contact for telephone discussion

Name	Position	Telephone
Dr Andrew Old	Deputy Director-General, Public Health Agency	s 9(2)(a) [redacted]
Brian Watson	Manager, COVID-19 Policy, Public Health Agency	

Minister's office to complete:

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

Comment:

Cabinet paper cover brief: COVID-19 public health measures

Security level:	IN CONFIDENCE	**Date:**	4 August 2023
To:	Hon Dr Ayesha Verrall, Minister of Health		

Purpose of report

1. This briefing recommends that you consult your Ministerial colleagues, and lodge the attached draft Cabinet paper on COVID-19 public health measures with Cabinet Office by 11 August 2023 for discussion with the Cabinet on 14 August 2023.
2. This report discloses all relevant information and implications.

COVID-19 public health measures

3. Section 14(5) of the COVID-19 Public Health Response Act 2020 ('the Act') requires all Orders made under the Act to be kept under review. A review of the remaining COVID-19 mandatory measures was carried out in mid-June 2023.
4. Based on the current context and outlook, the Director-General of Health (the Director-General) recommended [H2023028724 refers]:
    a. revoking mandatory isolation of cases for 7 days; and
    b. revoking mandatory use of masks for visitors to health services.
5. Based on this advice, the attached draft Cabinet paper recommends revoking:
    a. the COVID-19 Public Health Response (Self-isolation Requirements) Order 2022 ('the Self-isolation Order'), and
    b. the COVID-19 Public Health Response (Masks) Order 2022 ('the Masks Order').
6. The Director-General of Health's advice will be attached as an appendix to the Cabinet paper.

Legal framework

7. Under section 8 of the Act, COVID-19 orders may be made while there is an epidemic notice in force, a state emergency or transition period in relation to COVID-19 is in force, or if the Prime Minister, by notice in the *Gazette*, after being satisfied that there is risk of an outbreak or the spread of COVID-19, has authorised the use of COVID-19 orders (either generally or specifically).
8. Under section 9 of the Act, provided that one the prerequisites under section 8 have been met, then you may make a COVID-19 order provided that:

a. you must have regard to the advice from the Director-General of Health regarding the risks of the outbreak or spread of COVID-19, and the nature and extent of measures (whether voluntary or enforceable) that are appropriate to address those risks; and

b. you may have regard to any decision by the Government on the level of public health measures appropriate to respond to those risks and avoid, mitigate, or remedy the effects of the outbreak or spread of COVID-19 (which decision may have taken into account any social, economic, or other factors)

c. you must be satisfied that the order does not limit or is a justified limit on the rights and freedoms in the New Zealand Bill of Rights Act 1990;

d. you must have consulted the Prime Minister, the Minister of Justice, and may consult with any other Minister you think fit

e. before making the order, you must be satisfied that the order is appropriate to achieve the purpose of the Act.

9. Under the Act you are the decision-maker in relation to orders (provided that if you wish to make or continue an order one of the three prerequisites described above is met), and you have followed the requirements specified in section 9 of the Act (summarised in paragraph 7 above).

s 9(2)(h) [redacted]

10. s 9(2)(h) [redacted]

11.

12.

13.

s 9(2)(h) [redacted]

Operational Considerations

14. In developing the Cabinet paper, feedback on the proposals was sought from a number of government agencies. A brief summary of this feedback has been included in the draft Cabinet paper.

15. A more detailed summary of operational implications across agencies - covering the combined effect of the proposed order revocations, funding transition pathway, and reflecting the shift to the new Strategic Framework - are outlined in Appendix One.

Lead-in times for agencies to implement any change

16. As indicated in the Cabinet paper, if you decide to revoke the orders:

    a. Te Whatu Ora has indicated that they need minimum of 5 working days' notice from decision to implementation to be able to implement operational changes that would be required by the removal of mandates. This work involves changes to technology, content and communications updates, to ensure that the public, including high-priority populations, and the wider health sector, understand how best to protect themselves and others, alongside how and where to access support and services.

    b. If the Self-isolation Order is revoked, the Cabinet paper includes a recommendation to close the Leave Support Scheme (LSS). The Ministry of Social Development (MSD) has indicated they would require approximately 10 working days to implement changes including updating the website and communications material, and operational guidance for staff to answer questions and manage applications in the 8-week period after the final eligibility date.

    c. The Ministry of Education (MoE) has requested that, if possible, they would prefer to have at least 5 days' notice from the decision to the announcement. This would allow MoE time to check web content, work on what text changes are needed, and get it loaded ready for publication.

    d. MBIE will update guidance for employers and employees following consultation with social partners (eg the Council of Trade Unions and BusinessNZ) in revising the guidance. MBIE has indicated that this process will be ready by 21 August 2023. However, following release of this guidance, some employers are likely to want to prepare or update a policy for their staff and others present in their setting in relation to case isolation and/or masks. This process typically involves consultation with staff, which can take several weeks. For example, the Ministry of Justice has indicted that they would need a minimum of two weeks from the release of the MBIE guidance to update their internal policies and consult with the judiciary and staff.

Next steps

17. The current authorisation provided by the Prime Minister under section 8(c) of the Act is due to expire on 31 August 2023. If you decide to revoke the orders, there is no need to seek an extension to the authorisation notice.

18. The steps to take a paper to Cabinet on 14 August 2023 are outlined below:

    a. Provide any feedback or clarification at your regular weekly meeting with Health officials on 7 August 2023.

    b. Undertake Ministerial consultation on the draft Cabinet paper from 7-10 August 2023.

    c. Lodge the paper with the Cabinet Office on 11 August 2023.

    d. Cabinet on 14 August 2023.

    e. If you decide to revoke both orders, and have them come into force on 15 August 2023, you would need to sign the revocation orders on 14 August 2023, and they would need to be notified in the *New Zealand Gazette* on the same day. Revocation would then come into force on 15 August 2023.

19. As the revocation orders remove requirements, they do not need to be notified in the *New Zealand Gazette* 48-hours prior to implementation. However, the revocation orders need to be signed and gazetted before 11:59 pm on the day prior to the day they come into effect. This means the revocation would come into effect the day after Cabinet agrees to the proposed revocation.

20. Drafting instructions will need to be issued to Parliamentary Counsel Office for the revocation of the COVID-19 Public Health Response (Masks) Order 2022 and the COVID-19 Public Health Response (Self-isolation Requirements) Order 2022.

Recommendations

We recommend you:

s 9(2)(h) [redacted] **Noted**

b) **Note** that under section 9 of the COVID-19 Public Heath Response Act 2020, provided that one of the perquisites in section 8 have been met, you may make a COVID-19 order provided that: **Noted**

    a. you must have regard to the advice from the Director-General of Health regarding the risks of the outbreak or spread of COVID-19, and the nature and extent of measures (whether voluntary or enforceable) that are appropriate to address those risks; and

b. you may have regard to any decision by the Government on the level of public health measures appropriate to respond to those risks and avoid, mitigate, or remedy the effects of the outbreak or spread of COVID-19 (which decision may have taken into account any social, economic, or other factors)

c. you must be satisfied that the order does not limit or is a justified limit on the rights and freedoms in the New Zealand Bill of Rights Act 1990;

d. you must have consulted the Prime Minister, and the Minister of Justice, and may consult with any other Minister you think fit

e. before making the order, you must be satisfied that the order is appropriate to achieve the purpose of the Act.

c) **Agree** to consult your Ministerial colleagues on the attached Cabinet paper *COVID-19 public health measures* prior to lodgement. **Yes/No**

d) **Agree** to lodge the Cabinet paper and RIS with Cabinet Office on Friday 11 August 2023 for consideration by Cabinet on 14 August 2023. **Yes/No**

e) **Agree** that the Ministry of Health issue drafting instructions to Parliamentary Counsel Office for the revocation of the COVID-19 Public Health Response (Masks) Order 2022. **Yes/No**

f) **Agree** that the Ministry of Health issue drafting instructions to Parliamentary Counsel Office for the revocation of the COVID-19 Public Health Response (Self-isolation Requirements) Order 2022. **Yes/No**

g) **Agree** to revoke the COVID-19 Public Health Response (Masks) Order 2022. **Yes/No**

h) **Agree** to revoke the COVID-19 Public Health Response (Self-isolation Requirements) Order 2022. **Yes/No**

Dr Diana Sarfati
Director-General of Health
Te Tumu Whakarae mō te Hauora
Date: 4 August 2023

Hon Dr Ayesha Verrall
Minister of Health
Date:

Appendix One: Summary of operational impacts from across agencies

Operational changes required as a direct consequence if both Orders were revoked	
Services and support for people with COVID-19	• **The Leave Support Scheme (LSS) may close** – the Cabinet paper contains a recommendation to close the Leave Support Scheme if the Self-isolation Order is revoked. Closure is not an automatic consequence of revoking the Order. • **Alternate Isolation Accommodation will cease** – this service provides alternate accommodation options for COVID-19 cases or household contacts who cannot isolate safely. • **Proactive follow up Case Investigation Service will cease** – this service proactively contacts priority cases (Māori and Pacific aged 35 and over and all other cases aged 65 and over) who have not completed the online case investigation form**.**
Updates to health guidance	**Isolation guidance** *(indicative)* • If you have tested positive for COVID-19, it is recommended you isolate for at least 5 days, even if you only have mild symptoms, starting at Day 0, which is the day your symptoms started or when you tested positive, whichever came first. This means you should not go to work or school. • If you need to leave your home within the 5 days of testing positive, it is very important you take precautions to prevent spreading COVID to others. You should wear a mask whenever you leave the house. You should not visit a healthcare facility (except to access medical care), an aged residential care facility, or have contact with anyone at risk of getting seriously unwell with COVID-19. • If you still feel unwell after you have completed 5 days of isolation, we recommend you stay home until you have recovered. If you need to leave the house after your isolation period and are still unwell, we recommend you wear a mask and do not visit a healthcare facility (other than to seek medical attention), an aged residential care facility, or have contact with anyone at risk of getting seriously unwell with COVID-19. • You do not need to do another RAT to end isolation. However, if you are concerned that you may still be infectious after isolating for 5 days testing negative with a RAT provides a good indication that you are unlikely to be infectious. You may still wish to wear a mask if you have contact with someone at risk of serious illness and some facilities may still require all visitors to wear masks. • You should discuss your return to work with your employer or school, as your employer or your school may require additional precautions. **Guidance regarding masks in health service settings** • The requirement for visitors to healthcare settings to wear a mask will be replaced with guidance. National IPC guidance has been developed and continues to recommend mask use for visitors to healthcare settings. **Communicable Diseases Control Manual** • A COVID-19 chapter for the Communicable Diseases Control Manual is in development and will be completed in advance of mandates being removed. **Guidance to enable healthcare workers who test positive for COVID-19 or are a household contact to return to work**

	• This guidance has been in place since early 2022, and is independent of the isolation mandates, however has been reviewed in light of a possible revocation of the case isolation mandate. The COVID-19 Clinical Advisory Group has recently recommended that the test to return approach continues. This guidance takes a precautionary approach to managing the return to work for staff, due to the vulnerability of patients. It enables staff to either return to work after a minimum of four days with a negative RAT result, or on the eighth day without needing a negative RAT result, so long as they are asymptomatic or only have mild symptoms.
Updates to other guidance	**Guidance for employers and employees** • Guidance for employers and employees will be updated by MBIE (with input from WorkSafe and Manatū Hauora). MBIE is likely to consult with or involve social partners (eg the Council of Trade Unions and BusinessNZ) in revising the guidance. **Guidance for prisons** • Corrections will review, consult on, and amend the current prison guidance if any change is made to mandatory isolation. This review needs to be undertaken to align with the COVID-19 Testing Plan and Testing Guidance. Corrections also need to review their IPC settings for prisons, where viral amplification is more likely compared to other settings. This requires advice on what is reasonably practicable in a prison setting. **Guidance for education providers** • The Ministry of Education will continue to recommend that all education providers (ECE, schools, and tertiary providers) follow public health guidance. However, education providers set their own policies and procedures to ensure they meet their obligations under the Health and Safety at Work Act 2015. • As PCBUs, Boards and early learning services have a duty to manage workplace risks, and any potential or actual outbreaks of communicable disease such as influenza, measles and COVID-19, among other health and safety responsibilities outlined in the Health and Safety at Work Act 2015. Under section 77 of the Education and Training Act 202, state school principals can preclude a student from attending if they believe on reasonable grounds may have a communicable disease within the definition of the Health Act 1956.
Update to regulation	**Early Childhood Education facility licensing criteria** • The Ministry of Education will update licensing criteria for Early Childhood Education (ECE) facilities (3rd tier legislation), which specifies exclusion periods for children for a range of common infectious diseases. Under regulation 57 of the Education (Early Childhood Services) Regulations 2008 a service provider can exclude people from the service whom they believe to have an infectious or contagious disease.
Updates to employer policies	**Employer policies** • Following release of the MBIE guidance, some PCBUs are likely to want to prepare or update a policy for their staff and others present in their setting in relation to case isolation and/or masks. • This process typically involves consultation with staff and union representatives, and can take several weeks. For example, the Ministry of Justice has indicated that following release of the MBIE guidance, they would need a minimum of two full weeks to update their internal policies and consult with the judiciary and other staff regarding the operation of the courts.

Other planned operational changes relating to the COVID-19 health system response (in chronological order)	
September 2023	• **Access to publicly funded medical masks will cease for members of the public from 30 September**.
October 2023	• **Pharmac is currently consulting on plans to change access criteria for antivirals** – the proposed change reflects recent recommendations from the Pharmac COVID-19 Treatments Advisory Group, and would take effect from 1 October 2023 or earlier. The proposal under consultation is that antivirals be amended to include (1) anyone receiving Disability Support Services, or (2) with a single condition that means that they are at high risk of hospitalisation and death as a result of COVID-19 infection. Pharmac is seeking feedback on the 'high risk' list, and also how discretion could be incorporated into the eligibility criteria. • **Access to publicly funded PPE for health and non-health services may occur from 1 October -** communications on the cessation of PPE supply with customers who access the Central Supply for PPE commenced in June. Publicly funded PPE will still be accessible to users of the Central Supply until Te Whatu Ora reaches its desired national stockpile level of 12-weeks' high-pandemic usage to ensure the country remains prepared for a future health emergency or pandemic**.** • **Funded consultations for COVID-19 in primary and community care will be limited to people who are eligible for antivirals from 1 October -** this will allow for an assessment and supply of antivirals only, supported via virtual or in-person consultation. This reflects the final step down in primary and community care funding which we expect will end by March 2024, dependent on the outcomes of a utilisation review in December 2023. • **Funding for the 16 Care in the Community coordination hubs will reduce from October** – these hubs support and leverage service through 64 Kaupapa Māori providers and 13 Pasifika providers. Funding continues, in reduced form, through to June 2024.
November 2023	• **Integrated community testing centres will be decommissioned no later than 30 November 2023 –** there are currently six sites nationally**.**
December 2023	• **The Unite Against COVID-19 brand will be retired by the end of 2023** - public health information website will be launched by Te Whatu Ora and the Unite Against COVID-19 website, www.covid-19.govt.nz, will be decommissioned. COVID-19 related content and collateral will be Te Whatu Ora branded with historic information archived. The Unite Against COVID-19 social media channels will remain until the Unite Against COVID-19 website is decommissioned.
January 2024	• **Access to publicly funded RATs for members of the public will cease from 1 January 2024** – remaining RATs will continue to be provided to health service providers (hospital and primary care) into early 2024, to enable clinical treatment and access to antivirals.
Timing to be determined	• **Reporting is planned to focus on fewer measures that are more specific to severe disease (eg hospitalisation rates)** – using business as usual mechanisms which may impact on frequency**.**

Minister's Notes

Memorandum

To:	Dr Andrew Old – Deputy Director-General of Health, Public Health Agency, Manatū Hauora
From:	Dr Nick Chamberlain – National Director, National Public Health Service, Te Whatu Ora
Subject:	**Update on the operational implications of removal of isolation orders and mask mandates**
Date:	31 July 2023

Purpose

1. This memo responds to Hon. Dr Ayesha Verrall's request to provide a comprehensive stocktake of the operational implications if mandatory COVID-19 settings are removed, in consultation with Manatū Hauora. We understand Manatū Hauora will address the implications of social supports provided by the Ministry of Social Development (MSD) including the Leave Support Scheme (LSS) as part of agency consultation on the draft COVID-19 Public Health Settings Cabinet paper.
2. Information provided in this memo is intended to be considered as background supplementary information, to accompany the draft Cabinet Paper on COVID-19 Public Health Settings.

Context

3. Service impacts contingent on the removal of the COVID-19 Orders are confined to specific operational areas. For the isolation Order, this relates to Alternate Isolation Accommodation, and the National Case Investigation Service (NCIS). We expect there will be behavioural shifts relating to testing and reporting of test results, which could impact on access to antivirals. For the Masks Order, changes will be required to Infection Prevention and Control (IPC) guidance for health services alongside change communications and key messaging for the general public.
4. The resulting operational change requirements are not extensive. They primarily involve technology, content and communications updates, to ensure that the public, including high-priority populations, and the wider health sector, understand how best to protect themselves and others, alongside how and where to access support and services. A minimum of 5 days from decision to implementation will be necessary to make required changes.
5. If the Isolation Order and mask mandates are removed, we will continue to recommend symptomatic testing and uploading of test results to enable access to clinical management and antivirals. We will also continue to provide guidance reflecting public health advice for cases to isolate for at least five days. Our focus will remain on vulnerable and priority populations accessing antiviral therapy, thereby protecting Hospital Specialist Services (HSS) capacity and mitigating wider health system pressures.
6. Many transitional changes underway as part of the agreed scaled approach to a new "business as usual" are not contingent on the Isolation Orders and mask mandates being revoked. We have provided a summary of these under the section titled 'Operational changes not contingent on removal of isolation order and mask mandate'.

Response to Minister's request – Stocktake of operational implications contingent on removal of isolation and mask mandate

Public health advice

7. Operational guidance will align to public health advice that will continue to recommend symptomatic testing and uploading of test results to enable access to clinical management and antivirals.
8. For isolation, guidance will continue to recommend people with COVID-19 isolate, but for a reduced minimum period of time of at least five days, reflecting public health advice.
9. A COVID-19 chapter for the Communicable Diseases Manual is in development and will be completed in advance of mandates being removed.

Guidance and other communications for health services and the public

10. The requirement for visitors to healthcare settings to wear a mask will be replaced with recommended guidance. National IPC guidance has been developed and continues to recommend mask use for visitors to healthcare settings.
11. It is expected that health and disability providers will develop local policies based on the national IPC guidance.
12. Guidance to enable healthcare workers who test positive for COVID-19 or are a household contact to return to work has been in place since early 2022. This guidance is independent of the isolation mandates. The COVID-19 Clinical Advisory Group has recently recommended that the test to return approach continues. This guidance takes a precautionary approach to managing the return to work for staff, due to the vulnerability of patients. It enables staff to either return to work after a minimum of four days with a negative RAT result, or on the eighth day without needing a negative RAT result, so long as they are asymptomatic or only have mild symptoms.
13. Changes across technology platforms and guidance will be available in a range of languages and accessible formats. We are working to have these ready with five days' notice of Cabinet's (or the Minister's) decision.

Case Investigation

14. Case investigation services, delivered via one of our telehealth providers, will end when the isolation mandate is removed. This service proactively contacts priority cases (Māori and Pacific aged 35 and over and all other cases aged 65 and over) who have not completed the online case investigation form.
15. Public Health Services will respond to requests for advice as required, for example for outbreaks in high-risk settings.

Alternate Isolation Accommodation

16. We currently have alternate accommodation options for COVID-19 cases or household contacts who cannot isolate safely. When mandates are removed, this service will no longer be funded or available.

Leave Support Scheme

17. Manatū Hauora has provided a summary on the LSS in the Cabinet Paper based on the information provided by the Ministry of Social Development on the service and operational implications for social supports when the legal requirement to self-

isolate is removed. Of note, cases will no longer be eligible to receive support through the LSS, resulting in no further government-funded support to businesses for the cost of employees isolating. Businesses would incur the costs of sick leave provisions.

Operational changes not contingent on removal of isolation order and mask mandate

18. This section describes the operational changes currently underway across COVID-19 Health System Response services. The arrangements for a scaled transition of the COVID-19 Public Health Response towards a longer-term pandemic resilient approach is underway, as agreed to by Cabinet and Ministers.[1] Appendix 1 details the agreed changes, transition activities and progress to date.

COVID infrastructure

19. There are 16 Care in the Community coordination hubs that support and leverage service through 64 Kaupapa Māori providers and 13 Pasifika providers. Funding for these services reduces in October 2023, then will remain unchanged from October through to the end of June 2024.

20. A small number (six) of integrated community testing sites are currently operating across the motu to support demand. Decommissioning of these sites is included in the agreed transition plan, and all sites will be closed no later than 30 November 2023. The collection of RATs and polymerase chain reaction (PCR) testing is delivered mainly through primary care, pharmacies and integrated healthcare services.

21. Twenty Māori and Pacific providers are contracted as part of a distribution channel for RATs and masks. Twelve community providers are contracted to offer assisted RATs to population groups unable to self-test.

Funded Primary and Community Care

22. From 1 October 2023, the eligibility criteria for access to funded primary and community care will reduce to align with antiviral eligibility criteria. This will allow for an assessment and supply of antivirals only, supported via virtual or in-person consultation. This reflects the final step down in primary and community care funding which we expect will end by March 2024, dependent on the outcomes of a utilisation review in December 2023.

COVID-19 National Telehealth Service

23. The COVID-19 Healthline service operates as a channel for people to seek advice, supported by clinical escalation pathways. This will be embedded in broader national telehealth services for the future.

Access to publicly funded PPE

24. Communications on the cessation of Personal Protective Equipment (PPE) supply with customers who access the Central Supply for PPE commenced in June. Publicly-funded PPE will still be accessible to users of the Central Supply until Te Whatu Ora reaches its desired national stockpile level of 12-weeks' high-pandemic usage to ensure we remain prepared for a future health emergency or pandemic.

Testing

25. Positive results will continue to be uploaded to ESR regardless of notifiable status.

[1] SWC Minute SWC-22-SUB-0239 refers, with subsequent operational changes agreed by the Ministers of Health and Finance in May 2026 (H2023024265 refers).

26. Public communications will recommend that individuals continue to test and enter positive results in My Covid Record (or through the Assisted Channels), which will enable identification of priority cases, both to their primary care provider and community hubs who can support access to antivirals. This will ensure the proactive management of cases who are eligible for antivirals, further supporting decreased hospitalisations and mortality rates.

Reporting and Surveillance

27. The domestic operational surveillance approach will continue to include wastewater testing and whole genome sequencing of PCR tests.
28. Cessation of COVID-19 Aotearoa Modelling through Treasury decisions means there is not up-to-date case modelling projections and therefore comparisons between actual and modelled trends will not be provided.
29. Not specific to the removal of mandates, reporting is planned to be on fewer measures that are more specific to severe disease (eg. hospitalisation rates), using business as usual mechanisms which may impact on frequency. Surveillance of cases will continue as per all notifiable diseases, noting that increasing under-ascertainment of cases would recommend this measure is given less importance.
30. Testing information, antiviral uptake and vaccination information will continue to be regularly reported.

Communications

31. The Unite Against COVID-19 brand will be retired by the end of this year. A public health information website will be launched by Te Whatu Ora and the Unite Against COVID-19 website, www.covid-19.govt.nz, will be decommissioned. COVID-19 related content and collateral will be Te Whatu Ora branded with historic information archived. Our Unite Against COVID-19 social media channels will remain until the Unite Against COVID-19 website is decommissioned.

Dr Nick Chamberlain
National Director
National Public Health Service
Te Whatu Ora - Health New Zealand

Te Whatu Ora
Health New Zealand

Appendix 1 Agreed transitions for the COVID-19 Health System Response and COVID-19 Vaccination Programme (2023/24)

Timeline of key changes to service delivery 2023/24

Initiative	Service	2023						2024					
		Quarter 1			Quarter 2			Quarter 3			Quarter 4		
		July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Vaccine and Immunisation Programme	COVID-19 vaccination	Continued delivery of 2023 winter campaign targeted at ALL 30+ and high-risk groups (current eligibility of 1 April 2023) **from July to October 2023**			Maintain a baseline vaccina ion programme from October 2023 to March 2024 at ~15,000 vaccines per month					Winter Campaign for 2024 targeted at high-risk groups (exact eligibility to be confirmed through the immunisation strategy and on Public Health advice in Nov/Dec 2023).)			
Care in the Community	Alternate Isolation Accommodation	Current eligibility is aligned with isolation requirements. Reduced requirements. Removed when mandatory isolation ends.			Removed (assuming mandatory isolation removed)								
	Clinical assessment in primary care (GPs, Pharmacy, After hours)	Maintain funded consults for COVID-19 positive patients who are eligible for antivirals (AV) and/or considered priority or clinically vulnerable			From 01 October only those eligible for antivirals will be funded. The service will not continue after 28 February 2024 based on current forecasts. Te Whatu Ora will indicate to the primary care sector that funding is reducing. Consultation with the primary and community care sector leads has determined that eligibility is now to be aligned with Pharmac's AV access criteria								
	Hubs (incl Kaupapa Māori hubs)	Funding supports maintaining current capacity of Hubs (50 hubs targeted to Māori and Pacific populations)			Reduced post Winter. To be directed from the central care coordination hubs (i.e., Districts) which will further narrow the provision of service in the community to focus on Māori and Pacific populations and those who meet AV criteria								
National Investigation Centre	Case investigation	Maintain follow up of priority cases through winter (Māori and Pacific ≥ 35, ALL 65+) No proactive follow up once mandatory isolation removed			No proactive follow up once mandatory isolation removed			No COVID-19 funding to support this ac ivity. The core function of the National Investiga ion Centre will be integrated into Te Whatu Ora and not funded through COVID-19 appropriations.					
Central Supply	Access to publicly funded PPE and consumables	Prepurchase of a small volume of PPE (nitrile gloves and isolation gowns) to boost stock and maintain a minimum 12-week high-pandemic use level of all PPE and consumables stock			Transi ion to centralised purchasing for Te Whatu Ora PPE and consumables and integrated management wi h the national reserve. From 1 October 2023, all Te Whatu Ora health service providers (regional hospitals) will need to start purchasing their own PPE and consumable supplies from the central supply using their Te Whatu Ora budgets. All non-Te Whatu Ora health service providers (and other users) will need to start returning to self-sourcing and purchasing supplies from the private market.								
		Continued distribution of surplus stock (above minimum 12-week high pandemic usage), maintenance of equipment where required and warehousing of ICU equipment, PPE, infusion pumps, and consumables											
Telehealth	COVID-19 National Telehealth Services	Maintain existing telehealth services (ou bound and inbound) at sufficient level to meet expected demand			Maintain existing telehealth services (outbound and inbound) at sufficient level to meet expected demand			Maintain existing telehealth services (outbound and inbound) at sufficient level to meet expected demand					
Testing & Laboratory Services	Community testing infrastructure	From 1 July community testing sites reduced by **30 percent**						From 1 July community testing sites reduced by **30 percent**					
	Laboratory capacity	From 1 July, PCR processing capacity will be purchased on a price-per-test basis, with minimal surge capacity retained. This has resulted in up to **1,000 PCR per day across nine Laboratory Services on a "fee for service" agreement.**											
	PHA Surveillance	Whole Genome Sequencing (WGS) reduced to 400 per week with ability to surge to 1,000. Wastewater testing retained at lower levels											
	Primary care testing consultation	Maintain funded consults for COVID-19 positive patients who are eligible for antivirals (AV) and/or considered priority or clinically vulnerable			Maintain funded consults for COVID-19 positive patients who are eligible for antivirals (AV) and/or considered priority or clinically vulnerable								
	RATs	RATs will continue to be provided at no cost to the public within existing supply until end of 2023. From 1 July, funding for the Māori and Pacific distribution channel is maintained at reduced levels through to June 2024						From 1 January 2024, RATs will no longer be funded as part of the public health response to COVID-19					
Equity	Māori and Pacific COVID-19 wraparound services	Funding is available to support Pacific and Māori providers through Winter 2023 for isolation support and wrap around services if needed in the event of a surge						Broader policy considera ions are needed to support access to manaaki supports in the future management of communicable disease					

Aide-Mémoire

Talking points for COVID-19 public health measures paper for Cabinet on 14 August 2023

Date due to MO:	11 August 2023	**Action required by:**	N/A
Security level:	IN CONFIDENCE	**Health Report number:**	H2023030601
To:	Hon Dr Ayesha Verrall, Minister of Health		
Consulted:	Health New Zealand: ☐ Māori Health Authority: ☐		

Contact for telephone discussion

Name	Position	Telephone
Dr Andrew Old	Deputy Director-General, Public Health Agency	s 9(2)(a) [redacted]
Brian Watson	Manager, COVID-19 Policy, Public Health Policy and Regulation, Public Health Agency	

Aide-Mémoire

Talking points for COVID-19 public health measures paper for Cabinet on 14 August 2023

Date due:	11 August 2023
To:	Hon Dr Ayesha Verrall, Minister of Health
Security level:	IN CONFIDENCE **Health Report number:** H2023030601
Details of meeting:	14 August 2023

Purpose of meeting/ proposal:

- Under the section 14(5) of the COVID-19 Public Health Response Act 2020('the Act'), you are required to keep all COVID-19 orders under review.
- To support this, the Director-General of Health ('the Director-General') provides you with regularly updated public health advice in relation to the remaining COVID-19 orders.
- The Director-General provided you with public health advice on 28 July 2023, following a public health risk assessment (PHRA) on 12 July 2023. You have elected to use the Cabinet process as a mechanism to support your decision-making in relation to the remaining orders.

Comment:

Proposal

- You are proposing to revoke the two remaining COVID-19 public health orders:
    - COVID-19 Public Health Response (Masks) Order 2022
    - COVID-19 Public Health Response (Self-isolation Requirements) Order 2022
- This aide-mémoire discloses all relevant information.

Jane Chambers
General Manager, Policy and Regulatory
Public Health Agency

Talking points on COVID-19 public health measures Cabinet paper

Proposal

- I am proposing to revoke the two remaining COVID-19 orders, effective from tomorrow.
- These are orders currently require cases to isolate for 7 days, and visitors to health services to wear masks.

Outbreak context

- Overall key case, hospitalisation and mortality trends for COVID-19 have declined and stabilised at lower levels compared to similar timepoints in 2022.
    a. Reported cases have declined from 2022 to 2023.
    b. The rate of COVID-19 hospital admissions is the lowest it has been since February 2022.
    c. This trend is supported by inpatient test positivity trends which are similarly at their lowest level since the start of the Omicron outbreak in February 2022.
    d. Daily attributable deaths have also declined to their lowest levels since February 2022.
    e. Wastewater surveillance also indicates a consistently lower level of infections in the community in 2023 compared to 2022.
- The ongoing pattern that we are likely to see with COVID-19 is that new variants will drive ongoing transmission in the community, but at lower and manageable levels given the hybrid immunity now built up in the population.
- The country is generally well-covered by vaccination against COVID-19:
    a. 90% of the population aged 12+ have completed a primary course
    b. 73% of eligible people aged 18+ have received a first booster
    c. 55% of eligible people aged 50+ have received a second booster
- We are also approaching the end of winter.

The two remaining orders

- The current set of public health measures for COVID-19 have provided an effective approach to managing COVID-19 to date.
- The two remaining mandatory measures in particular – 7-day case isolation, and masks for visitors to health service premises – have formed critical elements of our response.
- However, following a Public Health Risk Assessment on 13 July the Director-General of Health has provided advice that the current risk is low relative to other periods of the epidemic, and hospitalisations have stabilised.

- As such, the mandatory self-isolation and mask requirements for visitors to health service settings are no longer considered a proportionate response to the risk.

Responding to agency concerns regarding these proposals

- I recognise that some population agencies have concerns regarding the removal of both Orders.
- However, as noted in the paper, the ability and necessity to continue using wide ranging, rights limiting measures in the current outbreak situation can no longer be justified.
- The Director-General of Health has provided assurance that the health system has appropriate measures in place to manage any residual risk, including new national guidance relating to mask use and an ongoing focus on preventing severe disease in vulnerable populations through vaccination and access to antivirals.
- The shift in response to more targeted measures to protect vulnerable populations (e.g. targeted vaccination and the provision of antivirals) is more appropriate for managing COVID-19 in the longer term.

Implementation

- If Cabinet agrees to revoke both orders effective tomorrow, it will be announced at the post-Cabinet press conference later today.
- To support the proposed change, guidance has been developed and is ready to be deployed:
    a. National Infection, Prevention and Control (IPC) guidance - in relation to mask use which will be used to support the adoption of appropriate local IPC policies across the health sector. The approach taken will ensure that visitor policies are consistent and there is not significant local variation unless justified by epidemiology. This will help support these providers to develop their own policies as the person conducting a business or undertaking (PCBU).
    b. Guidance for people who test positive for COVID-19 – including that they isolate for at least 5 days and until the person feels well. The guidance will recommend mask use if the case leaves the house, and not visit a healthcare facility (except to access medical care), an aged residential care facility, or have contact with anyone at risk of getting seriously unwell with COVID-19.
    c. Guidance for workers and workplaces – MBIE have developed guidance setting out the rights and responsibilities on both employers and employees. In developing the guidance, MBIE sought input from WorkSafe, Manatū Hauora, BusinessNZ and the Council of Trade Unions.
- Following release of this guidance, some PCBUs are likely to want to prepare or update a policy for their staff and others present in their setting in relation to case isolation and/or masks. This process typically involves consultation with staff and union representatives and can take several weeks.
- MSD is prepared to close eligibility for the Leave Support Scheme (LSS):
    a. People whose first day of isolation is 15 August or later will not be eligible.

b. MSD has advised that people who test positive for COVID-19 between 11-14 August (or their employers) will need to apply for LSS before 11:59pm on 14 August 2023 or they will not be eligible.

c. Where the case's first day of isolation was 10 August or earlier, they will have an 8-week window to apply to for LSS. This means that the LSS would be formally closed from the end of October.

- The end of mandatory self-isolation will lead to the closure of the COVID-19 Leave Support Scheme. This decision will free up to $40 million of funding for other priorities, of which $30 million can be realised immediately.
- The Ministry of Education (MoE) will update licensing criteria for Early Childhood Education (ECE) facilities (3rd tier legislation), which specifies exclusion periods for children for around 30 common infectious diseases.
- There are also other operational changes:

    a. Alternate Isolation Accommodation will cease – which provides alternate accommodation options for COVID-19 cases or household contacts who cannot isolate in their own home and is no longer required in the absence of mandatory isolation.

    b. Proactive follow up Case Investigation Service will cease – which proactively contacts priority cases (Māori and Pacific aged 35 and over and all other cases aged 65 and over) who have not completed the online case investigation form.

    c. Guidance for prisons – will be updated.

    d. MoE will continue to recommend that all education providers (ECE, schools, and tertiary providers) follow public health guidance. However, education providers set their own policies and procedures to ensure they meet their obligations under the Health and Safety at Work Act 2015.

- The revocation of the remaining mandates does not affect the status of COVID-19 as a notifiable disease under the Health Act 1956.

Going forward

- In line with Cabinet directions to integrate COVID-19 into business-as-usual healthcare services [SWC-22-MIN-0239 refers], dedicated funding for non-mandatory COVID-19 public health measures significantly reduces at the end of winter.
- Additionally, the recent approval of the new COVID-19 Framework provides a road map for our priorities in managing the ongoing response to COVID-19 [SWC-23-MIN-0095-refers].
- While the COVID-19 Act is in place, regular reviews of the public health measures (mandatory and non-mandatory) will continue to occur.

MANATŪ HAUORA
MINISTRY OF HEALTH

Briefing

Revoking COVID-19 Orders: for signature

Date due to MO:	11 August 2023	**Action required by:**	14 August 2023
Security level:	IN CONFIDENCE	**Health Report number:**	H2023027102
To:	Hon Dr Ayesha Verrall, Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Jane Chambers	Group Manager, Public Health Policy & Regulation	s 9(2)(h) [redacted]
Brian Watson	Manager, Public Health Policy & Regulation	

Minister's office to complete:

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

Comment:

Revoking COVID-19 Orders: for signature

Security level:	IN CONFIDENCE	**Date:**	11 August 2023
To:	Hon Dr Ayesha Verrall, Minister of Health		

Purpose

1. This briefing recommends you sign the attached COVID-19 Public Health Response (Revocations) Order 2023.

Background and context

Policy decisions

2. The Ministry reported to you on the status of COVID-19 risk and appropriate measures following the most recent Public Health Risk Assessment conducted on 13 July 2023 [H2023028724 refers].
3. On 8 August 2023 you agreed to revoke the Masks Order and the Self-isolation Order, and for the Ministry of Health to issue drafting instructions to Parliamentary Counsel Office for this purpose [H2023028717 refers].
4. You also agreed to consult with your ministerial colleagues on the content in the Cabinet paper '*COVID-19 public health measures*' prior to lodgement.
5. Should you agree to sign the COVID-19 Public Health Response (Revocations) Order 2023, it will come into force on 15 August 2023.

Legal requirements

6. Under section 15(1) of the COVID-19 Public Health Response Act 2020 (the Act) you may at any time revoke any COVID-19 order.

Comment

7. The attached COVID-19 Public Health Response (Revocations) Order 2023 gives effect to your decision to revoke the Masks Order and the Self-isolation Order and is in line with the purposes of the Act.
8. Following the policy and decision process noted above, there are no other requirements that need to be met before proceeding to revoke the Masks Order and the Self-isolation Order under section 15(1) of the Act.
9. As the COVID-19 Public Health Response (Revocations) Order 2023 removes requirements, it does not need to be notified in the New Zealand Gazette 48-hours prior to implementation. However, the COVID-19 Public Health Response (Revocations) Order 2023 needs to be signed before 11:59 pm on 14 August 2023, so that it can come into force on 15 August 2023.

Operational issues

10. Te Whatu Ora has advised you on operational aspects associated with the ongoing management of COVID-19 upon the revocation of mandatory COVID-19 measures (see Appendix One to briefing H2023028717].

11. Te Whatu Ora has confirmed that all the necessary guidance updates have been or will be completed by 15 August 2023. This work mainly involves masks and self-isolation guidance, web pages, and communications collateral to reflect the change from mandatory requirements to recommended practices for mask wearing and self-isolation. The material is designed for a general population audience, health entities, government entities, and other groups.

12. Other agencies, including Ministry of Education and MBIE, have also confirmed they will have the necessary guidance updates ready by 15 August 2023.

13. As part of this guidance development, agencies have also, in confidence, either engaged with or informed key stakeholders of the forthcoming announcements to begin preparations for the change.

Recommendations

14. I recommend that you:

a)	**Note** that you agreed [H2023028717] to issue drafting instructions for:	
	i. the revocation of the COVID-19 Public Health Response (Masks) Order 2022	**Noted**
	ii. the revocation of the COVID-19 Public Health Response (Self-isolation Requirements) Order 2022.	**Noted**
b)	**Note** that you have agreed to revoke the COVID-19 Public Health Response (Masks) Order 2022 and the COVID-19 Public Health Response (Self-isolation Requirements) Order 2022.	**Noted**
c)	**Note** that under section 15(1) of the COVID-19 Public Health Response Act 2020 you can revoke a COVID-19 order at any time.	**Noted**
d)	**Note** that relevant agencies have advised that the necessary operational guidance updates will be completed to support the revocation of the Orders by 15 August 2023.	**Noted**
e)	**Note** that the COVID-19 Public Health Response (Revocations) Order 2023 needs to be signed before 11:59 pm on 14 August 2023, so that it can come into force on 15 August 2023.	**Noted**

f) **Agree** to sign, by 4:30pm on Monday 14 August 2023, the COVID-19 Public Health Response (Revocations) Order 2023 which will come into effect on 15 August 2023. **Yes/No**

John Whaanga
Acting Director-General of Health

Date: 11/08/23.

Hon Dr Ayesha Verrall
Minister of Health

Date: