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13 February 2023

s 9(2)(a)

By email: s 9(2)(a)
Ref: H2023019200

Tēnā koe s 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the Act) to Manatū Hauora (the Ministry of Health) on 12 January 2023. You requested:

“...a copy of any advice given by the Ministry of Health and other government bodies concerning the decision government made this month not to place any restrictions on the entry of Chinese Nationals from China into New Zealand.”

On 2 January 2023, Manatū Hauora held a Public Health Risk Assessment in relation to the question of whether people arriving from China should be required to test for COVID-19 prior to traveling to New Zealand. Following that assessment, the Government announced a series of measures to increase surveillance at the border including:

- Enhanced arrangements at the border to encourage and facilitate symptomatic international arrivals to New Zealand to test for COVID-19, report their test result, and self-isolate if they test positive. International arrivals who test positive will continue to be asked to also undertake a PCR test, which will then be submitted for whole genome sequencing.
- Since 20 January 2023, passengers on direct flights from China to Aotearoa New Zealand have been asked to undertake a rapid antigen test (RAT) in the 3 days after they arrive in New Zealand, and to submit the results to health agencies.
- Pilot testing of wastewater from individual international flights and an assessment of the feasibility of using this method as an alternative surveillance tool.

Two documents held by Manatū Hauora have been identified as being within scope of your request. The documents are itemised in Appendix 1. Where information is withheld under section 9 of the Act, I have considered the countervailing public interest in releasing information and consider that it does not outweigh the need to withhold at this time.

Under section 28(3) of the Act, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

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

Nāku noa, nā

A handwritten signature in blue ink, appearing to read 'Maree Roberts', with a large, stylized flourish at the beginning.

Maree Roberts
Deputy Director-General
Strategy, Policy and Legislation | Te Pou Rautaki

Appendix 1: List of documents for release

#	Date	Document details	Decision on release
1	2 January 2023	Manatū Hauora memo – Public health risk assessment	Some information withheld under section 6(a) of the Act as its release would likely prejudice the international relations of the Government of New Zealand.
2	3 January 2023	Manatū Hauora memo – Supplementary advice – options for introducing unsupervised testing for international arrivals	

Memo

Public health risk assessment – 2 January 2023

Date:	2 January 2023
To:	Robyn Shearer, Acting Director-General of Health
Copy to:	Dr Andrew Old, Deputy Director-General, Public Health Agency
From:	Dr Richard Jaine, Acting Director of Public Health
For your:	Information

Purpose of report

1. This memo summarises the outcome of the public health risk assessment undertaken on 02 January 2023 in relation to the risk posed by new variants of COVID-19, with particular focus on advice related to the evolving COVID-19 situation in China.
2. Alongside this briefing, Te Whatu Ora is providing a separate update on the operational response.

Background and context

Current intelligence update – China

3. China has now ended most of their COVID-19 restrictions, however, has not attained high levels of immunity due to incomplete vaccination coverage and a lack of prior COVID-19 infection in the community.
4. As of 02 December 2022, the 7-day rolling average of daily new confirmed cases was 40,791. Unfortunately, China has not been reporting cases since 25 December 2022, so an accurate estimate of current cases is not available.

Other Countries

United States of America

5. As of 31 December 2022, the United States (US) report a 7-day rolling average of daily new confirmed cases as 155.61 per million people.¹
6. The United States will impose mandatory Covid-19 tests on travellers from China beginning on 05 January 2023. All air passengers aged two and older will require a negative result from a test no more than two days before departure from China, Hong Kong or Macau.²
7. The Centres for Disease Control and Prevention (CDC) also said U.S. citizens should reconsider travel to China, Hong Kong and Macau.³

¹ <https://ourworldindata.org/covid-cases> - filtered by United States – accessed 02 January 2023 at 1600hrs

² <https://www.cnbc.com/2023/01/01/list-of-places-with-rules-on-visitors-from-china-as-covid-surges.html> accessed 02 January 2023 at 1552hrs

³ <https://www.cnbc.com/2023/01/01/list-of-places-with-rules-on-visitors-from-china-as-covid-surges.html> accessed 02 January 2023 at 1552hrs

United Kingdom

8. As of 27 December 2022, the United Kingdom (UK) report a 7-day rolling average of daily new confirmed cases as 97.43 cases per million people.⁴
9. As of 05 January 2023, the UK will require a pre-departure negative COVID-19 test from passengers travelling from China.⁵

Canada

10. As of 31 December 2022, Canada reports a 7-day rolling average of daily new confirmed COVID-19 cases as 27.24 cases per million people.⁶
11. It was announced on 31 December 2022, that air travellers to Canada from China must test negative for Covid-19 no more than two days before departure.⁷

Australia

12. As of 29 December 2022, Australia reports a 7-day rolling average of daily new confirmed COVID-19 cases as 311.76 per million people.⁸
13. In response to the situation in China, Australia announced (1 January 2023) that all travellers from China will need to submit a negative COVID-19 test, effective from 5 January 2023.⁹

Hong Kong

14. As 0000hrs 01 January 2023 Hong Kong report 2,648,994 confirmed COVID-19 cases.¹⁰ Hong Kong currently has the highest 7 day rolling average of cases globally. Per day, there has been 3,091.75 daily new confirmed cases, per million people in Hong Kong (7-day rolling average). In comparison, New Zealand currently has 884.62 daily new confirmed cases per million people.¹¹

What we know about BF.7

15. China has identified BF.7 as the main variant spreading in Beijing, however, whole genome sequencing data from China is very sparse.
16. BF.7 is a sub lineage of the Omicron variant BA.5 and may have stronger transmissibility compared to other Omicron subvariants.
17. BF.7 has now been detected in several other countries around the world including India, the United States (US), the United Kingdom (UK) and several European countries such as Belgium, Germany, France and Denmark.
18. The variant appears to remain at low levels in non-Chinese contexts. For example, in the US, it was estimated to account for 5.7% of infections up to 10 December 2022, a decrease from 6.6% the week prior.
19. BF.7's growth in China is thought to be due to the low level of immunity in the Chinese population from previous infection, and incomplete vaccination coverage.

What we know about XBB.1.5

⁴ <https://ourworldindata.org/covid-cases> - filtered by United Kingdom – accessed 02 January 2023 at 1600hrs

⁵ <https://www.cnbc.com/2023/01/01/list-of-places-with-rules-on-visitors-from-china-as-covid-surges.html> accessed 02 January 2023 at 1552hrs

⁶ <https://ourworldindata.org/covid-cases> - filtered by Canada – accessed 02 January 2023 at 1600hrs

⁷ <https://www.cnbc.com/2023/01/01/list-of-places-with-rules-on-visitors-from-china-as-covid-surges.html> accessed 02 January 2023 at 1552hrs

⁸ <https://ourworldindata.org/covid-cases> - filtered by Australia – accessed 02 January 2023 at 1600hrs

⁹ <https://www.cnbc.com/2023/01/01/list-of-places-with-rules-on-visitors-from-china-as-covid-surges.html> accessed 02 January 2023 at 1552hrs

¹⁰ <https://chp-dashboard.geodata.gov.hk/covid-19/en.html> accessed 02 January 2022 at 1448hrs

¹¹ <https://ourworldindata.org/covid-cases> accessed 02 January 2022 at 1455hrs

20. A new omicron subvariant has been detected in the United States of America, XBB.1.5.
21. According to the Centers for Disease Control and Prevention in America, this subvariant currently accounts for 40.5% of new infections across the United States and has risen rapidly over the past few weeks.
22. At this stage, information on wider impact, including disease severity, is limited, but it is noteworthy that in New York, hospitalisations have been rising markedly in the past few weeks, in line with the rise in XBB.1.5, and are now at their highest levels for a year.

International Travellers to Aotearoa

23. An increase in travellers to New Zealand is expected and brings with it a heightened risk of imported COVID-19 cases into New Zealand over the coming months. This is due to increases in international flights, the upcoming tourist season, and specifically an increase in travel from China as their restrictions ease. For example, the Civil Aviation Association of China plans to increase inbound and outbound travel by 106% compared to the same time last year.¹²
24. The New Zealand Customs Service indicated that around 9,000 arrivals from mainland China, Hong Kong and Macau were expected in New Zealand in the week commencing Monday 2 January 2023, all through Auckland Airport. This is well above the level of passenger arrivals from China in recent months.¹³

Historical passenger arrivals from China

Month	2019	2021	2022
January	56079	480	351
February	49668	594	276
March	43701	762	855
April	37362	504	762
May	62520	720	1587
June	30648	939	1761
July	40104	774	2523
August	36063	498	2286
September	33237	408	3399
October	38658	423	4218
November	43413	306	4353
December	49710	492	2700*
TOTAL	491163	6900	25071

*This data was last updated on 14 December 2022. Hence December 2022 has data only till 14 December.

25. New Zealand's current variant distribution is mixed, with multiple variants in circulation. Current population immunity is likely to be high due to prior infection and high vaccination/booster uptake. However, a new variant could bypass this immunity, potentially increasing rates of reinfection.
26. In recent days, some jurisdictions have announced the reintroduction of pre-departure testing requirements for arrivals from China. This includes the United States, the United Kingdom and Australia¹⁴.

¹² Ministry of Transport, Border Executive Board (BEB) – 20 December 2022

¹³ Ministry of Transport, Border Executive Board (BEB) – 20 December 2022

¹⁴ Jurisdictions now imposing curbs on China travellers as of 1 January 2023 includes United States, Britain, France, Australia, India, Canada, Japan, Italy, Spain, Malaysia, Taiwan, South Korea and Morocco – refer to appendix 1.

Public health risk assessment

27. The current high-level policy objectives for New Zealand's response remain the same. That is, to protect the New Zealand health system and to protect the most vulnerable in the community. The public health risk is assessed in that context.
28. New Zealand's current settings are aimed at achieving those objectives. These settings include the various surveillance measures used to understand the mix of variants circulating in the community (e.g., whole genome sequencing from wastewater and patient samples). Manatū Hauora also monitors international surveillance and evidence regarding new variants.
29. The purpose of any immediate actions taken at this time should be to ensure we are gathering the most appropriate data to inform our decisions going forward.
30. Given the current information available on BF.7 (as highlighted in the above section), **the risk of BF.7 to the New Zealand health system and vulnerable populations in New Zealand is considered low.**
31. Requiring pre-departure testing (PDT) or additional on-arrival testing for travellers to New Zealand would not be a proportionate response to the risk and is unlikely to significantly benefit New Zealand's response or provide public health value. While PDT would reduce the number of cases entering New Zealand (as well as the number of international travellers required to isolate in New Zealand), the overall impact of these cases on the health system is considered to be low.
32. It is important to ensure our surveillance system to monitor COVID-19 variants circulating in New Zealand is functioning well, and, where needed, improved. To maximise public health benefit, any enhanced in-country surveillance should be applied in a way that supports detection, regardless of origin, given variants may arise anywhere in the world.
33. Implementing any testing or other requirements on travellers from China alone would not be equitable or proportionate to the risk posed by travellers from China compared to other regions and countries. Implementing such measures would also pose significant risk of stimulating or perpetuating anti-Chinese, anti-Asian sentiment which was highly prevalent in the early stages of the COVID pandemic.
34. There is currently very limited information available about the XBB.1.5 subvariant circulating in the United States. The public health recommendation is to continue to monitor the international evidence regarding this subvariant and it highlights the need to continue to take a broad approach to the monitoring and assessment of new variants of concern.

Pre-departure testing for travellers arriving from China

PHRA recommendation	35. There is limited public health value in implementing pre-departure testing for travellers from China – not recommended.
Summary of rationale	36. On the basis of currently available information, requiring PDT or additional on-arrival testing for travellers to New Zealand is likely to have very limited benefit.

	<p>37. There may be benefit in enhancing surveillance of COVID-19 variants entering New Zealand however restricting such surveillance to a single region or country is inequitable and would not provide meaningful surveillance for this purpose (that is, variants may arise anywhere in the world, and there is a paucity of data from many other regions and countries). PDT would also not provide meaningful surveillance of the current situation in China.</p> <p>38. Implementing any testing or other requirements on travellers from China alone would not be equitable or proportionate to the risk posed by travellers from China compared to other regions and countries.</p> <p>39. While PDT would reduce the number of cases entering New Zealand (as well as the number of international travellers required to isolate in New Zealand), the overall impact of these cases on the health system is considered to be low.</p>
<p>Additional information</p>	<p><i>Testing and service access</i></p> <p>40. It is currently recommended that international arrivals:</p> <ol style="list-style-type: none"> a. do a rapid antigen test (RAT) if they have symptoms on or after arrival; b. report any positive result to the Ministry of Health, and if positive, take a follow-up PCR test.¹⁵ <p>41. In response to the situation in China, the following changes will be made:</p> <ol style="list-style-type: none"> a. From mid-January 2023, welcome pack flyers will be available in Chinese. b. A QR code will also be added to the flyer that will take people to the translated websites (information available in 27 languages on when to test, how to access RATs, what to do when you test positive etc). c. From 8 January, airports will have posters in Chinese including the QR code. <p>42. In terms of service access, the current situation is:</p> <ol style="list-style-type: none"> a. Free access to health services for COVID-19 is limited to New Zealand citizens and permanent residents, Australian citizens and resident class visa holders, and UK citizens.¹⁶ b. Under the current contract between PHARMAC and Pfizer, Paxlovid is only able to be provided where there is no charge to the patient. This means that there is currently no way that visitors to New Zealand who are not eligible for free COVID-19 healthcare

¹⁵ <https://covid19.health.nz/advice/travelling-new-zealand/test-when-you-arrive>

¹⁶ <https://www.tewhatauora.govt.nz/for-the-health-sector/covid-19-information-for-health-professionals/covid-19-information-for-all-health-professionals/covid-19-advice-for-all-health-professionals#visitors-to-new-zealand-who-require-treatment-for-covid-19>

	<p>can access Paxlovid (ie regardless of whether they have insurance and/or are willing to pay).</p> <p>c. The Care in the Community team is considering potential changes to communications, and/or the clinical pathway for people arriving from overseas who test positive on or after arrival.</p> <p><i>Border Surveillance</i></p> <p>43. Whole Genome Sequencing (WGS):</p> <p>a. Without NZTD in place, it is not possible to differentiate border cases from community cases in WGS reporting.</p> <p>44. Airport/Airplane Testing:</p> <p>a. Prior to the Christmas/New Year period, work was ongoing by ESR to establish wastewater testing at airports and from airplanes.</p> <p>b. A specific assay has been developed to wastewater at a sufficient level of sensitivity and accuracy, following trials at Auckland and Christchurch airports.</p> <p>c. However, there remain operational challenges, including that:</p> <p>i. airports and airplane wastewater is aggregated at a single collection point,</p> <p>ii. the samplers used in the community don't collect sufficient quantities in airport/airplane water, and</p> <p>iii. logistical challenges due to the collection being undertaken by airport staff (not ESR)</p> <p>45. ESR Labs:</p> <p>a. ESR labs are currently planned to be operational from 4 January. ESR is exploring whether it would be possible for labs to open earlier.</p> <p><i>What would be needed to reinstate PDT?</i></p> <p>46. If there was a need to reinstating a requirement for PDT, this would involve:</p> <p>a. Developing a new order under the COVID-19 Public Health Response Act 2020 – this would involve deciding who would be required to do PDT, what form of PDT would be acceptable, and within what timeframe.</p> <p>b. Approval of the Prime Minister to use the Order.</p> <p>47. Advice from border agencies is that this would take several weeks to set up, with significant set up and ongoing costs.</p>
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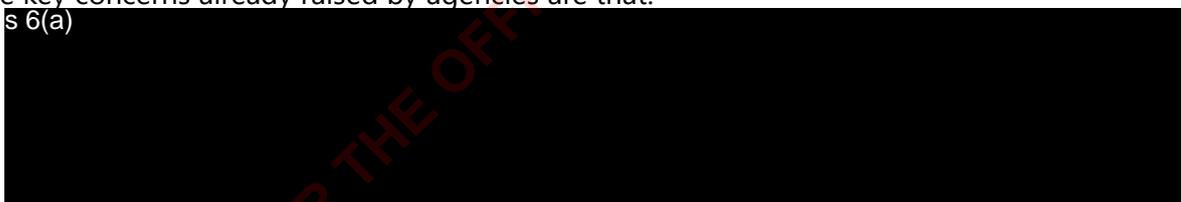
XBB.1.5

48. As noted earlier, information on this Omicron subvariant is currently limited (see paras 23-25). Cases of XBB.1.5 ('Kraken') have shown strong growth in New York City in recent weeks, and the Northeast region of USA generally.

PHRA recommendation	49. There is currently very limited information available about the current XBB.1.5 subvariant circulating in the United States. The public health recommendation is to continue to monitor the international evidence regarding this subvariant and it highlights the need to continue to take a broad approach to the monitoring and assessment of new variants of concern.
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Agency views

50. Manatū Hauora has informed other agencies of the outcome of the PHRA through the National Response Group and other channels. However, at this stage, only limited engagement with other agencies has been undertaken. This paper provides public health and health policy advice, but not system-wide advice on the response to COVID-19.
51. Should changes to public health measures at the border be made, more detailed engagement will be required with a range of border agencies to develop system-wide advice, including but not limited to MFAT, MoT, the Border Executive Board and Customs.
52. Some key concerns already raised by agencies are that:

- a. 
- b. The New Zealand Customs Service and the Ministry of Transport have also advised that considerable lead times would be required to reintroduce border requirements, and it is critical that the operational implementation of changes are worked through thoroughly with industry. This would be particularly difficult during summer, with large numbers of people already moving through airports and existing issues managing the backlog of luggage

Next steps

53. This issue will be discussed with the Minister for COVID-19 Response on 2 January 2023.
54. Should the Minister wish to further explore any specific public health measures at the border, Manatū Hauora will engage with border agencies with a view to providing more fulsome advice. This would likely be provided to the Minister by Thursday 5 January.
55. Additionally:
- Manatū Hauora will continue to monitor variants emerging overseas, particularly XBB.1.5 in the United States
 - Te Whatu Ora will implement a number of enhanced operational measures (see associated Te Whatu ora advice dated 2 January 2023).

Appendix 1: Countries requiring PDT for people arriving from China¹⁷

Country	Response
United States	Will impose mandatory Covid-19 tests on travellers from China beginning on 05 Jan.2023. All air passengers aged two and older will require a negative result from a test no more than two days before departure from China, Hong Kong or Macau. The Centres for Disease Control and Prevention also said U.S. citizens should also reconsider travel to China, Hong Kong and Macau.
United Kingdom	Will require a pre-departure negative Covid-19 test from passengers from China as of Jan. 5, the Department of Health said on Friday.
France	Will require travellers from China to provide a negative Covid test result less than 48 hours before departure, the health and transport ministries said on Friday. From Jan. 1, France will also carry out random PCR Covid tests upon arrival on some travellers coming from China, a government official told reporters
Australia	Travelers from China to Australia will need to submit a negative COVID-19 test from Jan. 5, Australian health minister Mark Butler said on Sunday, joining other nations that have implemented similar restrictions as cases surge in China
India	Has mandated a Covid-19 negative test report for travellers arriving from China, Hong Kong, Japan, South Korea and Thailand, the health minister said. Passengers from those countries will be quarantined if they show symptoms or test positive.
Canada	Air travellers to Canada from China must test negative for Covid-19 no more than two days before departure, Ottawa said on Saturday, joining other nations that have implemented such restrictions.
Japan	Will require a negative Covid-19 test upon arrival for travellers from mainland China. Those who test positive will be required to quarantine for seven days. New border measures for China went into effect at midnight on 30 December. The government will also limit requests from airlines to increase flights to China.
Italy	Has ordered Covid-19 antigen swabs and virus sequencing for all travellers from China. Milan's main airport, Malpensa, had already started testing passengers arriving from Beijing and Shanghai.
Spain	Will require a negative Covid-19 test or a full course of vaccination against the disease upon arrival for travellers from China.
Malaysia	Will screen all inbound travellers for fever and test wastewater from aircraft arriving from China for Covid-19.
Taiwan	Taiwan's Central Epidemic Command Centre said all passengers on direct flights from China, as well as by boat at two offshore islands, will have to take PCR tests upon arrival, starting on 01 January 2023.
South Korea	Will require travellers from China to provide negative Covid test results before departure, South Korea's News1 news agency reported on Friday.
Morocco	Will impose a ban on people arriving from China, whatever their nationality, from 3 January to avert any new wave of coronavirus infections, the foreign ministry said on Saturday.

¹⁷ <https://www.cnbc.com/2023/01/01/list-of-places-with-rules-on-visitors-from-china-as-covid-surges.html> accessed 02 January 2023 at 1532hrs

Memo

Supplementary advice – options for introducing unsupervised testing for international arrivals

Date:	3 January 2023
To:	Robyn Shearer, Acting Director-General of Health
Copy to:	Dr Andrew Old, Deputy Director-General, Public Health Agency
From:	Patrick Fischer-Reid, Manager, COVID-19 Policy Dr Richard Jaime, Acting Director of Public Health
For your:	Information

Purpose of report

1. This memo provides supplementary public health and policy advice on the potential introduction of unsupervised testing for international arrivals, for discussion with the Minister for COVID-19 Response.
2. Alongside this briefing, Te Whatu Ora is providing further information, including a plan to implement any changes, taking into account key operational considerations.

Current testing arrangements for international arrivals

3. At present, Manatū Hauora encourages international arrivals who are symptomatic to test for COVID-19. This is consistent with advice for people already in New Zealand.
4. There is currently no legal requirement for a person arriving in New Zealand to test for COVID-19. Additionally, it is not recommended that international arrivals test for COVID-19 unless they are symptomatic.
5. RAT kits are available at international airports for international arrivals to collect free of charge, however it is unknown what proportion of arriving passengers take up the offer or go on to use the tests that are collected. They are not proactively provided to passengers.

Public health advice

6. The Acting Director of Public Health advises that the preferred public health approach is to strengthen the pathway for RAT testing of symptomatic travellers by ensuring a robust pathway from RAT positive to PCR test to WGS, and clear advice on what to do if they test positive.
7. Should the Minister wish to expand testing for international arrivals, it is recommended that the rationale should be for gathering information during a time of increased international travel.

8. Additional testing after arrival could gather further information on variants through PCR and WGS. However, the ability to get WGS from PCR is much more likely from cases who are experiencing symptoms and is less likely from asymptomatic people. Therefore, the priority is to ensure symptomatic international arrivals are RAT testing and followed up with PCR and WGS.
9. There are some risks and costs associated if further testing after arrival is implemented:
 - a. Testing all travellers increases the risks of false positive results and potentially identifying cases at the end of their infectious period. These positive results would still require these individuals to isolate (under the current requirements) adding to pressure on accommodation and other services, with marginal added benefit to our understanding of variants entering New Zealand.
 - b. There is an opportunity cost of diverting resources away from other parts of the health sector towards these measures that may create pressure on other parts of the health sector
 - c. Requiring testing or recommending testing for people without symptoms would be treating international arrivals differently to those residing in New Zealand. This may not be proportional to the risk and introduces inconsistencies in our response.
10. If implemented to all travellers across the air border, a single test would be more consistent with the information gathering purpose. This could be conducted any time before or on day 3. This would align better with the information gathering purpose and would be less likely to identify cases that are subsequently infected in New Zealand. In order to maximise adherence (whether voluntary or mandatory testing), the recommendation is for an "on arrival" test – i.e. day 0/1.
11. If implemented with the rationale for further information gathering during this period of increased international travel, it should be implemented for an explicit timeframe only (for example, an initial four-week period).
12. The Acting Director of Public Health does not recommend mandatory testing of international arrivals as it is not proportionate to the risk, is unenforceable, and is not consistent with the purpose of the testing (i.e., information gathering)
13. For these reasons, **the Acting Director of Public Health recommends maintaining the status quo of encouraging testing for symptomatic arrivals as the preferred option.**

Key considerations

14. Having regard to public health advice, there are a number of considerations which should be taken into account in assessing these options are:
 - a. **Purpose** – Manatū Hauora considers that changes should be designed to improve the quality of information available to inform decision making, as border testing is unlikely to have a material impact on other strategic objectives (such as reducing pressure on the healthcare system).
 - b. **Coverage** – there is a choice as to whether testing should be limited to symptomatic passengers or passengers travelling from particular jurisdictions, or whether all passengers should test
 - c. **Compulsion** – there is a choice as to whether testing should be mandatory or voluntary

- d. **Timeframe** – Manatū Hauora considers that any additional intervention step should be limited to a specific period and reviewed at that time to ensure that it remains appropriate. If the purpose of an additional intervention is to provide better information, four weeks is likely to be a sufficient period.
- e. **Feasibility** – the operational and legal feasibility of each option is different, including different lead times, costs and legal tests to access powers.
15. Officials have identified three options for adjustments to testing arrangements for international arrivals.
- a. **Option 1 – encouraging testing for all international arrivals** – RAT kits would be made prominently available to all international arrivals at airports, but there would be no obligation for arrivals to take them or use them. Messaging directed at arriving passengers would be reinforced to encourage all arrivals to test for COV D-19 and provide information about what to do if they test positive.
- b. **Option 2 – mandating testing for international arrivals**
- i. **Option 2a – mandating testing for symptomatic arrivals** – a legal obligation to test and report a test result would be imposed on international arrivals who are symptomatic. RAT kits would be made prominently available to all international arrivals at airports. Messaging directed at arriving passengers would be reinforced to inform them of this requirement and provide information about what to do if they test positive.
- c. **Option 2b – mandating testing for all international arrivals** - a legal obligation to test and report a test result would be imposed on all international arrivals. RAT kits would be made prominently available to all international arrivals at airports. Messaging directed at arriving passengers would be reinforced to inform them of this requirement and provide information about what to do if they test positive. Note, this option is least preferred due to the additional complexity of creating a mandatory requirement at scale.
- Option 3 – encouraging testing for symptomatic arrivals (enhanced status quo)** – RAT kits would be proactively provided to all international arrivals at airports, and current messaging encouraging people to monitor for symptoms and test if symptomatic would be retained. Manatū Hauora and Te Whatu Ora will work to improve the pathway and access to PCR testing and whole genome sequencing, in the event that people test positive with a RAT.
- d. **Option 4 – a potential additional option alongside Options 1, 2 or 3 of enhanced screening for passengers from China.** Passengers arriving from China, or who have been in China, could be subject to additional screening (such as is currently provided for arrivals from Indonesia) with RATs and bespoke information in Chinese languages provided at that point.
16. An assessment of each of these options against these criteria is below:

Option 1 – encouraging testing for all international arrivals	Purpose – would provide better information about COVID-19 at the border and in the community. May have the perverse impact noted by the Acting Director of Public Health of diverting resources from the healthcare system to assist asymptomatic individuals who test positive due to previous infections or very mild cases.
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	<p>Coverage – would apply to all international air arrivals, without discriminating between travellers from different countries or symptomatic v asymptomatic arrivals</p>
	<p>Compulsion – would be voluntary</p>
	<p>Timeframe – recommended to apply for a period of four weeks from commencement, which would be sufficient to collect a sample of information to inform decision making. Could be extended beyond that time, if appropriate.</p>
	<p>Feasibility – would not require any legislative changes. Relatively low operational impact, and likely to be feasible, subject to resolving some logistical issues for supply of RAT kits at Auckland Airport (see associated Te Whatu Ora advice).</p>
<p>Option 2a – mandating testing for all symptomatic international arrivals</p>	<p>Purpose - would potentially provide better information about COVID-19 at the border. May provide better information around the mix of variants by reducing extraneous information from asymptomatic positive cases and/or by collecting test data from a higher proportion of symptomatic cases.</p>
	<p>Coverage – would apply to all symptomatic air arrivals from any jurisdiction. There would be no change to arrangements for asymptomatic air arrivals.</p>
	<p>Compulsion – would be mandatory but would initially rely on a high trust model for compliance, as there would be no capacity to enforce these rules. As now, symptomatic individuals may choose to avoid testing and/or reporting their test result. This capacity could be stood up over time (using systems and processes to promote compliance, rather than enforcement), but this would have considerable lead times.</p>
	<p>Timeframe – if the purpose of mandating testing for symptomatic arrivals is to provide better quality information, a period of four weeks is likely to be sufficient.</p>
	<p>Feasibility – there would be substantial legal and operational challenges in reintroducing any form of mandatory testing for international arrivals. In order to manage mandatory testing at scale and achieve the approximately 80% compliance rate previously seen, significant systems and processes would need to be stood up again, which may take up to several weeks.</p> <p>It would also be necessary to either use a COVID-19 Order or another legal instrument to impose a requirement on individuals. This may be contentious, and further work would be required to confirm that the threshold for the legal tests for one or more instruments (such as public health and Bill of Rights justification) could be met, in order to allow these powers to be used.</p>

Option 2b – mandating testing for all international arrivals	Purpose - would potentially provide better information about COVID-19 at the border. May provide better information around the mix of variants by collecting test data from a higher proportion of cases.
	Coverage – would apply to all air arrivals from any jurisdiction.
	Compulsion – would be mandatory but would initially rely on a high trust model for compliance, as there would be no capacity to enforce these rules. As now, symptomatic individuals may choose to avoid testing and/or reporting their test result. This capacity could be stood up over time (using systems and processes to promote compliance, rather than enforcement), but this would have considerable lead times.
	Timeframe – if the purpose of mandating testing for symptomatic arrivals is to provide better quality information, a period of four weeks is likely to be sufficient.
	Feasibility – there would be substantial legal and operational challenges in reintroducing any form of mandatory testing for international arrivals. In order to manage mandatory testing at scale and achieve the approximately 80% compliance rate previously seen, significant systems and processes would need to be stood up again, which may take up to several weeks. It would also be necessary to either use a COVID-19 Order or another legal instrument to impose a requirement on individuals. This may be contentious, and further work would be required to confirm that the threshold for the legal tests for one or more instruments (such as public health and Bill of Rights justification) could be met, in order to allow these powers to be used.
	Compulsion – would be mandatory but would initially rely on a high trust model for compliance, as there would be no capacity to enforce these rules. As now, individuals may choose to avoid testing and/or reporting their test result. This capacity could be stood up over time (using systems and processes to promote compliance, rather than enforcement), but this would have considerable lead times.
	Timeframe – if the purpose of mandating testing for arrivals is to provide better quality information, a period of four weeks is likely to be sufficient.
	Feasibility – there would be substantial legal and operational challenges in reintroducing any form of mandatory testing for international arrivals. In order to manage mandatory testing at scale and achieve the approximately 80% compliance rate previously seen, significant systems and processes would need to be stood up again, which may take up to several weeks. It would also be necessary to either use a COVID-19 Order or another legal instrument to impose a requirement on individuals. This may be contentious, and further work would be required to confirm that the threshold for the legal tests for one or more instruments (such as public

	<p>health and Bill of Rights justification) could be met, in order to allow these powers to be used.</p> <p>The additional scale over option 2a is likely to present additional challenges both in operational delivery and in the ability to create a legally justifiable rationale.</p>
<p>Option 3 – encouraging testing for symptomatic arrivals (enhanced status quo)</p>	<p>Purpose – To provide information about COVID-19 variants at the border. However, unless the number of symptomatic cases going on to get PCR and WGS increases, increasing RAT tests alone would not provide any improvement in the quality of information currently available for decision making</p> <p>Coverage – would apply equally to all international arrivals who are symptomatic</p> <p>Compulsion – would be voluntary</p> <p>Timeframe – would continue the status quo and could be in place indefinitely. However, Manatū Hauora could schedule a further review of these settings in the future, as part of a regular Public Health Risk Assessment.</p> <p>Feasibility – is already in place. Enhancements to communications could likely be put in place relatively quickly</p>
<p>Option 4 – additional option to provide enhanced screening for passengers from China</p>	<p>Purpose – To provide information about COVID-19 variants at the border. A focus on travellers from China would allow targeted messaging and reinforcement of expected behaviours to a group at known increased risk</p> <p>Coverage – would apply any international arrival who has been in China in the past 14 days</p> <p>Compulsion – would be voluntary</p> <p>Timeframe – would continue for an initial period of four weeks with review at that point.</p> <p>Feasibility – Dependent on Customs, but advice is relatively straightforward, leveraging systems in place to screen patients from Indonesia.</p>

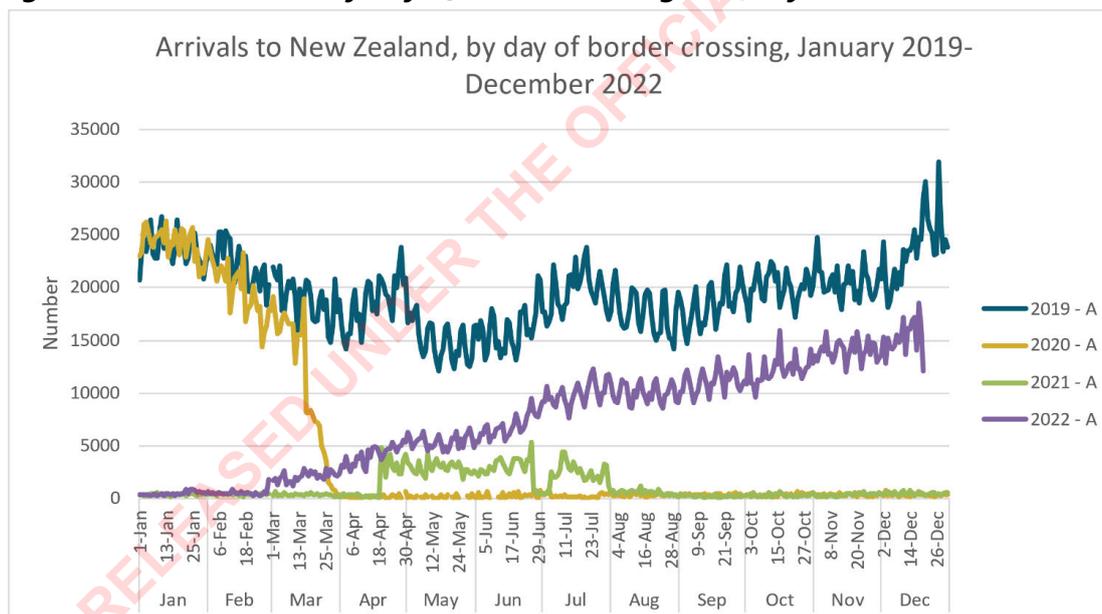
Maritime arrivals

17. It is not proposed to make any changes for people arriving in New Zealand across the maritime border because cruise ship companies are already reporting their daily COVID-19 cases and have comprehensive testing facilities on board.
18. The majority of maritime arrivals are passengers and crew of cruise ships, who have ready access and use of RATs, isolation rooms and health care onboard.
19. Additionally, given the purpose of testing is recommended to be to gather further information, there would be little value in making changes for arrangements for the complex mix of other maritime arrivals to New Zealand, which only account for a very small proportion of total arrivals.

Case numbers and impact on health system

20. International arrivals to New Zealand have been steadily increasing since the border opened in July 2022 and daily arrivals in December were between 13,000-18,000 (not yet at pre-pandemic volumes which were above 25,000 per day). In October 2022 there were a total of 161,600 arrivals to New Zealand, compared with 157,900 in October 2021.¹ Most arrivals travel from Australia, United States, and the United Kingdom, with Australia accounting for over half of our total international arrivals in October 2022.²

Figure 1: Arrivals to NZ by day of border crossing, January 2019 - December 2022



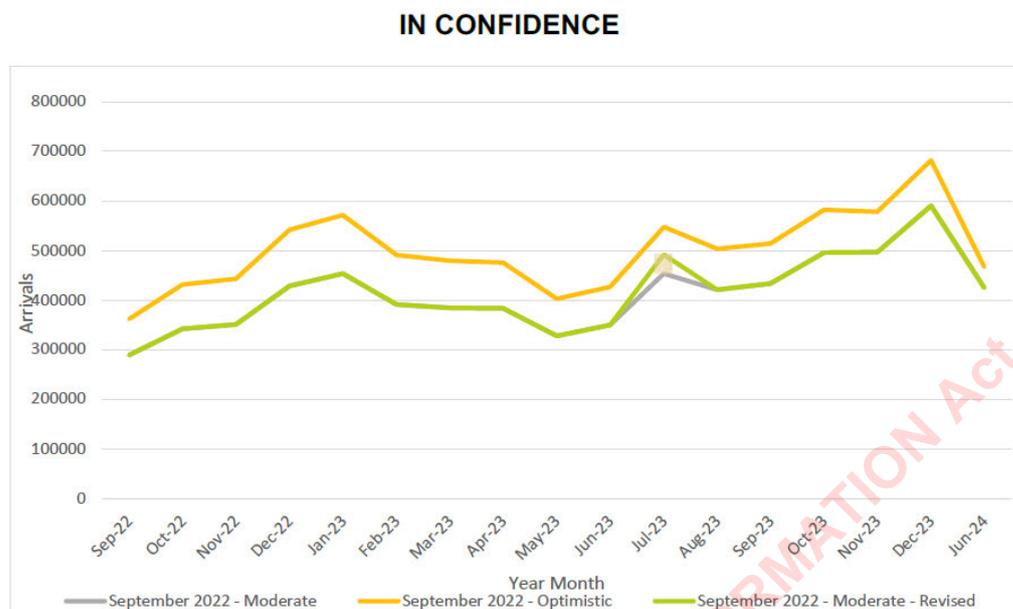
21. The Border Forecasting Network estimates between 640,000 and 1,000,000 air passengers could arrive in New Zealand during January and February 2023. The graph below shows moderate and optimistic scenarios of future air passenger volumes, including an allowance for the FIFA Women's World Cup in July 2023.³

¹ <https://www.stats.govt.nz/information-releases/international-travel-october-2022/> - accessed 3 January 2023

² <https://www.stats.govt.nz/information-releases/international-travel-october-2022/> - accessed 3 January 2023

³ Source, Customs New Zealand

Figure 2: Estimated number of passenger arrivals to New Zealand



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22. Further advice to the Ministers from the Border Executive Board in November 2022, noted that "New Zealand has experienced a significant increase in international passenger arrivals in recent months; from 151,000 in June 2022 to 238,000 in September 2022 compared to 262,000 in September 2019."⁵
23. It is difficult to determine the impact of international arrivals on the health system, with respect to COVID-19 infection. There are a number of factors to be considered; for example, case prevalence in country of origin, vaccination status, circulating variants, age and co-morbidities.
24. New Zealand has high levels of vaccination and immunity from prior infection, ready access to antivirals, surveillance systems in place and a health system that currently has capacity, therefore, the impact of international arrivals who are cases on the health system is likely to be low.
25. At the peak of the Omicron outbreak in New Zealand, the estimated prevalence of COVID-19 in the population was around 10-20%. This is the estimated peak prevalence of COVID-19 for travellers from countries or regions with high levels of cases. It is not valid to extrapolate this prevalence to all international travellers at one time, but perhaps could be used as an estimate from certain regions or countries. As an example, one of the upper forecast for travellers originating from China for January 2023 is 41,167 passengers. This would equate to 4,116 to 8,233 cases over a month. As of 3 January 2023, New Zealand's current 7-day rolling average is 3,149 cases per day or 94,470 cases per month, although actual infections are likely to be 2-3x higher. Additional cases from travellers from China could potentially increase overall cases by 4.3-8.6% with a lesser impact on the true number of infections given lower case ascertainment over the holiday period.

⁴ Dec 2023 – June 2024 – this is a 6-month jump to show the difference between summer (Dec 23) and winter (Jun 24).

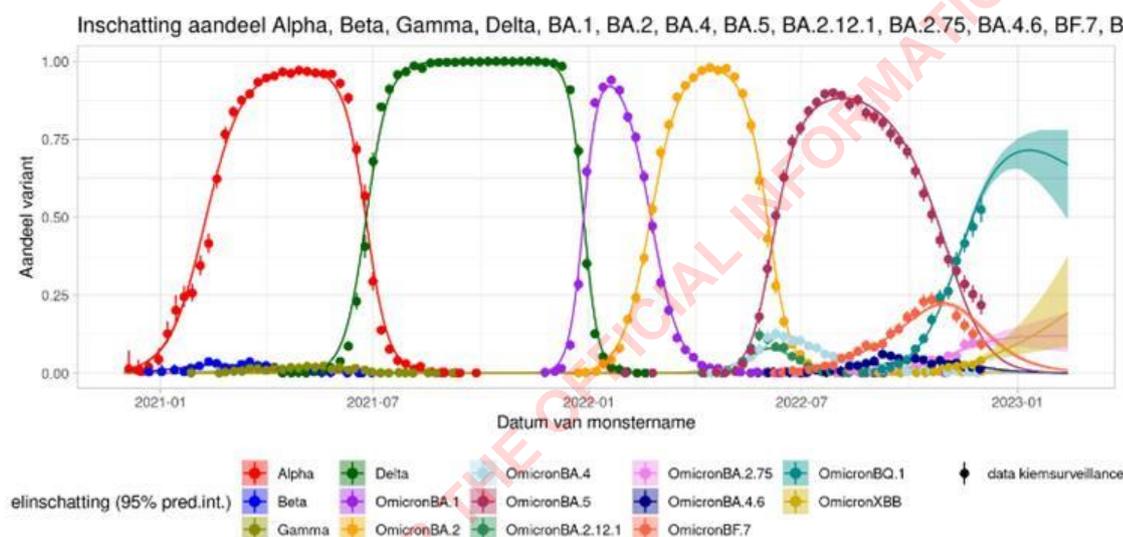
⁵ Source, Ministry of Transport, Border Executive Board Papers

26. Information from Ministry of Foreign Affairs notes that the cohort of travellers from China are likely to be younger, widely vaccinated, and recently post-exposure or post-infection. This suggests that the estimates above may be over-estimates.

Variants of Concern

27. Since the beginning of the pandemic, a number of SARS-CoV-2 variants have emerged globally, many causing waves of infection.
28. The graph below highlights the number of Omicron variants and their prevalence, since January 2021 to January 2023.⁶ As of January 2023, BF.7 is decreasing, whilst other variants, such as BA.2.74, BQ.1 and XBB are increasing.

Figure 3: A graph from ECDC indicates the emergence of different variants from January 2021 to January 2023



The graph shows the Alpha, Delta and Omicron variants (and Omicron sub-variants) of SARS-CoV-2. Sub-variants BA.2.75, BA.4.6, BF7, BQ.1 and XBB are shown separately on the graph.

29. As noted in the previous memo titled, *Public Health Risk Assessment – 2 January 2023*, China has identified BF.7 as the main variant spreading in Beijing. As a sub-lineage (descendent) of the Omicron variant BA.5, this is classified as a variant of concern (VOC) by the World Health Organisation.⁷
- a. However, to note, as of 03 January 2023, BF.7 has not been specifically labelled as a VOC by the European Centre for Disease Prevention and Control (ECDC) but is under monitoring.⁸
30. There is currently limited information to suggest where this variant originated.⁹ However, BF.7 has been detected in several other countries around the world including India, the United States (US), the United Kingdom (UK) and several European countries such as Belgium,

⁶ <https://www.rivm.nl/en/coronavirus-covid-19/virus/variants> accessed 03 January 2023 at 1051hrs

⁷ <https://www.who.int/en/activities/tracking-SARS-CoV-2-variants/> accessed 03 January 2023 at 1046hrs

⁸ <https://www.ecdc.europa.eu/en/covid-19/variants-concern> accessed 03 January 2023 at 1032hrs

⁹ <https://www.ecdc.europa.eu/en/covid-19/variants-concern> accessed 03 January 2023 at 1032hrs

Germany, France and Denmark.¹⁰ The variant appears to remain stable in countries with similar variant mixes to NZ, for example, in the US, it was estimated to account for 5.7% of infections up to 10 December 2022, a decrease from 6.6% the week prior.¹¹

31. BF.7 may have a stronger transmissibility compared to other Omicron subvariants, but as noted previously, the growth in China is thought to be due to the low level of immunity in the Chinese population from previous infection, and incomplete vaccination coverage.
32. On 25 November 2022 BF.7 has been de-escalated from a variant of concern by UKHSA, due to reduced incidence and low growth rates in the United Kingdom.

Agency views

33. Manatū Hauora has engaged with a range of agencies through the National Response Group. This includes Te Whatu Ora, the Ministry of Foreign Affairs and Trade, the Ministry for Primary Industry, the Ministry of Transport, the Department of the Prime Minister and Cabinet and the Ministry of Business, Innovation and Employment, the New Zealand Customs Service and the Border Executive Board.
34. Agencies were generally comfortable that either Option 1 (encouraging testing for all international arrivals) or Option 3 (status quo) would be appropriate and operationally feasible. Agencies did not identify any legal issues to address with either option.
35. Agencies noted that while Option 2 would likely be feasible, there would be significant lead times to stand up processes and systems that in the past supported and facilitated mandatory border testing requirements. For example, the New Zealand Traveller Declaration System could be reintroduced to collect traveller contact details for contact and test linking purposes. This would take at least three to four weeks to be stood up. This means that if a mandatory requirement was introduced prior to this time, an interim solution would be required.
36. The Ministry of Transport does not support Option 2. Aviation sector Chief Executives (representing airlines and airports) recently wrote to Ministers seeking government assistance to mitigate impacts such as labour shortages, airport congestion, passenger wait times, and mishandled baggage, as the aviation system recovers from the pandemic. Option 2 will very likely be perceived by the aviation sector as a backwards step by government, and will exacerbate the current issues of airport congestion, passenger wait times, and mishandled baggage.
37. Further, there are significant legal questions to work through, should the Minister agree to Option 2. This will include which legal instrument to use to impose an obligation on individuals, whether the legal tests to access these powers can be met and how quickly a requirement could be brought into force.
38. There are also practical challenges to some options, which may need to be resolved during implementation. For example, the New Zealand Customs Service has advised that space at airports (and especially Auckland Airport) is extremely limited, which would impact on the capacity to store and distribute RAT kits from the airport and may require workarounds that would take time to implement.

¹⁰ <https://www.globaltimes.cn/page/202211/1280588.shtml>, accessed 15 December 2022

¹¹ <https://www.globaltimes.cn/page/202211/1280588.shtml>, accessed 15 December 2022

39. Agencies agreed that it was appropriate to limit changes to air arrivals, on the basis that testing, and reporting arrangements already apply for the majority of maritime arrivals (who arrive on cruise ships).

Next steps

40. Manatū Hauora understands that the Minister for COVID-19 Response intends to announce any changes to testing arrangements for international arrivals on the morning of Wednesday 4 January 2023.

41. A draft media release has been prepared for the announcement.

42. Should the Minister agree to implement Option 1 (encouraging testing for all international arrivals) or Option 3 (status quo), several agencies will inform key stakeholders prior to the announcement. This includes:

a. s 6(a)

b. The Ministry of Transport informing airlines

c. The New Zealand Customs Service informing airport operators.

43. Alternatively, should the Minister agree to Option 2 (mandatory testing for symptomatic international arrivals), more detailed engagement will be required, particularly with the aviation industry. Where possible, agencies would seek to undertake this engagement in parallel to systems being stood up and legislative changes being made, which are likely to have significant lead times.