

# Briefing

## Risk-based approach to reconnection: proposed health requirements under the three entry pathways

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<b>Security level:</b> IN CONFIDENCE	<b>Health Report number:</b> 20211933
<b>To:</b> Hon Chris Hipkins, Minister for COVID-19 Response	

### Contact for telephone discussion

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### Minister's office to complete:

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 Withdrawn |  |

Comment:

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**Security level:** IN CONFIDENCE      **Date:** 27 August 2021

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

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## Purpose of report

1. This briefing reports back on the development of the three risk-based pathways for entry into New Zealand, with initial advice on who would be able to enter each pathway and the applicable health requirements on travellers.

## Summary

2. In August 2021, Cabinet agreed, as part of Government's *Reconnecting New Zealanders* approach, to shift from a country-based approach with two entry pathways (Quarantine-free travel zones and 14-day managed isolation and quarantine) to a risk-based approach with entry pathways for low, medium, and higher-risk travellers [CAB-21-MIN-3505 refers].
3. New Zealand has the opportunity afforded by vaccines to protect the hard-won gains and plan carefully for the phase ahead. In doing so, we need to develop the most effective package of health measures under the three risk pathways that will keep COVID-19 from entering the community.
4. New Zealand depends on its international connections, so pathways to restoring those safely remain a priority. The risk-based pathways framework supports robust criteria to maximise the gains of reconnection by granting streamlined entry to New Zealand, but without causing unacceptable and unmanageable risks to New Zealanders' safety.
5. This framework aims to channel inbound travellers along three pathways and impose health measures that are proportionate to the risk they pose.
6. Factors that will be considered as part of the health settings under the three pathways, will include applicable vaccination testing, isolation, and contact tracing requirements to give confidence that the increased risk of more-porous borders can be managed by border and health systems without leading to undue harm to people's safety.
7. If you agree with the general approach to the proposed health requirements, the Ministry of Health will further refine the health requirements for each of the traveller pathways for your consideration prior to the October 2021 Reconnecting New Zealanders Cabinet Paper.

## Recommendations

We recommend you:

- a) **Note** that in line with Government's commitment to an Elimination Strategy, we need to maintain the most effective set of health measures at the border to keep COVID-19 out of the community **Noted**
- b) **Note** that this report back provides an initial framework that will require further details before the final report back to Cabinet in October 2021 **Noted**
- c) **Note** that the health requirements outlined below will need to flex and adapt as the global and domestic environment evolves **Noted**
- d) **Note** that a country-risk assessment will be a key consideration for traveller risk and the Ministry of Health (the Ministry) is building on an existing country-risk assessment tool to determine a baseline for all countries **Noted**
- e) **Note** that the Ministry is seeking science and technical advice to establish vaccination standards for inbound travellers into New Zealand **Noted**
- f) **Note** that in light of a growing black market for fake vaccination and testing certificates, the Ministry reinforces the need for an internationally recognised, digitally verifiable vaccination certificate **Noted**
- g) **Note** that the Travel Health Declaration system will be a key tool to help operationalise the traveller risk pathways **Noted**
- h) **Note** that options for health requirements on arrival are being refined, including options for health screening, testing and isolation settings **Noted**
- i) **Note** that contact tracing will likely be a requirement for travellers from all three pathways. **Noted**
- j) **Agree** to the broad approach outlined in this paper and direct officials to further refine the health requirements prior to October 2021 Cabinet Paper **Yes/No**



Dr Ashley Bloomfield  
Te Tumu Whakarae mō te Hauora  
**Director-General of Health**  
Date: 27 August 2021

Hon Chris Hipkins  
**Minister for COVID-19 Response**  
Date:

# Risk-based approach to reconnection: proposed health requirements under the three entry pathways

## Context

1. In August 2021 Cabinet agreed, as part of Government's Reconnecting New Zealanders approach, to shift from a country-based approach with two entry pathways (quarantine-free travel (QFT) zones and 14-day managed isolation and quarantine (MIQ) requirement) to a risk-based approach with entry pathways for low, medium and higher-risk travellers [CAB-21-MIN-0305].
2. The approach proposed in this paper builds on the protections afforded by vaccines and the hard-won lessons from COVID-19 response to date, to plan carefully for gradual easing of border restrictions and the phased international reconnection. The approach requires the most effective package of health measures under the three risk pathways to keep COVID-19 from entering the community.

## Determining the most effective package of health measures for each pathway

3. The Ministry of Health (the Ministry) has been refining the proposed criteria for the three pathways and has developed initial advice on possible health requirements for travellers, including vaccination, testing and isolation requirements.
4. This briefing presents initial criteria, which will be fleshed out once areas of expertise such as public health who are responding to the August 2021 Delta outbreak have capacity, and we have learned more about the virus from our own experience and internationally. Greater certainty, along with details on the operational implications, will be provided in the report back to Cabinet in October 2021.
5. As we strive to define a core set of health measures that could apply to traveller categories, evidence continues to evolve, while new variants of the virus continue to emerge. This means that we will need to adjust our settings for the three entry pathways from time to time to ensure that we continue to keep New Zealanders safe from COVID-19.

## Entry criteria for the pathways

6. As New Zealand depends on its international connections, developing pathways to restoring those safely remains a priority. However, as border restrictions ease the risk of incursions will increase. Alongside measures to prepare for, stamp out and manage the impact of any resulting outbreaks, reducing the risk at the border is the key means of preventing New Zealand's health system from becoming overwhelmed by the virus. The risk-based pathways framework accordingly supports robust criteria to maximise the

gains of reconnection by granting streamlined entry to New Zealand along carefully managed pathways that do not cause unacceptable risks to New Zealanders' safety.

7. A traveller's vaccination status will become one of the most important considerations in traveller risk, alongside a country-risk assessment. As agreed by Cabinet in the August 2021 report back [CAB-21-MIN-3505 refers], the vaccination standards will apply to low and medium risk travellers. Travellers who are not vaccinated will need to enter via the high-risk pathway. The potential entry criteria is illustrated in **Table 1**.

**Table 1. Potential Entry Criteria for three risk-based pathways**

	<b><i>Low-risk pathway</i></b>	<b><i>Medium-risk pathway</i></b>	<b><i>Higher-risk pathway</i></b>
<i>Vaccination status</i>	Vaccinated with NZ-approved credential	Vaccinated with NZ-approved credential	Not required
<i>Country Risk Rating</i>	Most low-risk countries	Most medium-risk country	High-risk and very high-risk countries
<i>Pre-departure testing</i>	TBC – likely	TBC – likely	As per current settings.

*Country risk assessment*

8. The Ministry has developed a country risk rating framework which currently assesses very high-risk countries only. We are building on the existing framework to create a system that will assess all countries to create a baseline, and a process to keep all countries' status up to date.
9. The risk ratings for countries will be used to inform the entry pathways for individual travellers visiting New Zealand once the phased reopening of the border begin.
10. An interagency group will assess countries and assign HIGH, MEDIUM, or LOW ratings. The criteria is likely to include:
- in-country risk including daily new cases, daily cases per million, trend and deaths per million
  - risk to New Zealand's border including incoming arrivals at the New Zealand border, MIQ bookings, and modelling of predicted cases at the border, and
  - other relevant domestic considerations including system readiness, international relations, and vaccination rates in New Zealand.
11. This project is in its initial stage of development and the agreed assessment criteria is yet to be finalised. Officials will report back on this in the October 2021 Cabinet paper.

*Vaccination standards for inbound travellers in low and medium-risk pathways*

12. The efficacy of different COVID-19 vaccines currently in use internationally varies. While most vaccines offer protection against severe disease and illness, some do not appear to offer the same level of protection against infection and transmission.

13. The Ministry is working with Medsafe and the COVID-19 Vaccine Science and Technical Advisory Group (CV-TAG) to establish vaccine standards for inbound travellers.
14. Preliminary advice from the CV-TAG is that the Ministry should consider recognising vaccines approved by regulators in countries with similar regulatory systems to New Zealand. These systems have similarly robust approval processes and conduct thorough assessments of applications of new medicines.
15. Further advice from CV-TAG will also include factors such as number of doses, dose intervals, mixed dosing, and time since last dose that will be required as part of the standard. The expected timeframes for advice and decisions are end of September, and the final input will be provided to Cabinet in October.

#### *Vaccination certification requirements for low- and medium-risk pathways*

16. At present there are numerous types of vaccination certificates being issued internationally. There is also a growing black market of fake certificates. Until the proof of vaccination becomes more standardised with agreed security features, this variability will present challenges for accepting and verifying COVID-19 health credentials of international travellers.
17. The rigor around what New Zealand would accept as a valid proof of vaccination needs to reflect the Government's foremost priority to use the border as its key line of defence to keep COVID-19 out of the New Zealand community.
18. The Ministry's initial thinking is that, for certain inbound travellers to qualify for no quarantine upon entry to New Zealand, we would need to have extremely high confidence in the authenticity of their certificates presented on arrival. The highest level of confidence would be provided by the certificates being aligned to one of the international standards, with inbuilt security features that protect against falsification, and are able to be verified digitally.
19. The Ministry will continue work through the process of defining what the requirements for proof of vaccination might be, and what additional mitigations might be required.
20. The Ministry continues to work with New Zealand Customs, Immigration New Zealand and other agencies on the Travel Health Declaration system to ensure COVID-19 vaccination credentials can be assessed and verified for inbound travellers under the new risk-based approach.

#### *Pre-departure testing requirements for travellers*

21. Currently, there is mixed, inconclusive evidence on the effectiveness of pre-departure testing (PDT) in reducing the risk of new cases entering New Zealand. However, it is still a key layer of our protection. The Ministry considers that PDT will likely be required for low and medium-risk pathways. This will ensure that, at least in the initial stages of reopening, we can gain confidence in the traveller pathways and functioning of our systems.
22. It is also expected that travellers in the higher-risk pathway will continue with the current settings in place for PDT requirements for high and very-high risk countries. Advice on PDT for all pathways will be finalised ahead of the October 2021 Cabinet Paper.

## **Travel Health Declaration will be used to verify health information prior to travel**

23. Implementing the risk-based three entry pathway into New Zealand requires the health status of individuals to be checked before boarding the craft and for their health status credentials to be verified and checked on arrival
24. The traveller health declaration system will enable all inbound passengers to make a health declaration (eg, vaccination certification and PDT), ensuring the declarations are verifiable and strongly bound to the passenger, and can be individually risk assessed prior to travel.
25. It will ensure that passengers are directed to the correct testing and isolation requirements based on their assessed risk, and will underpin the scaled re-opening of the border, in a safe way

## **Health requirements for traveller pathways upon arrival to New Zealand**

26. Assessing a range of health requirements on arrival will be an important part of our border protections, in the same way that we have biosecurity and customs checks. A range of potential checks can be applied differentially for different categories of travellers. These requirements, on top of differentiating among the sources and routes of inbound travellers, would further reduce the risks they might pose once they have entered the country. The measures could flex depending on the level of risk and could loosen over time as we gain assurance that we can safely manage volumes.

### *Symptom screening*

27. At present, health screening at the border is limited to self-declared symptoms, with referrals to healthcare professionals at the border to determine appropriate management. As global movement increases, respiratory infections with similar symptoms to COVID-19, such as common colds and seasonal influenza, are likely to increase, and to present more-frequently at our border.
28. Border health screening for a significant number of arrivals will require adaptation of health structures and resourcing at the border. Investment in airport infrastructure may also be required to enable travellers to wait for border screening and move through airports in ways that would not increase the risk of COVID-19 transmission as volumes of travellers increase. Further work is required by health and border officials to determine the possible approaches, the investment needed, the lead-in time, and feasibility of border health-screening on a large scale.

### *Temperature screening*

29. There is some doubt about the efficacy of temperature checking using body scanners as there is evidence of high rate of false positives. The Ministry will report back with a fuller review of the efficacy of temperature screening ahead of the October 2021 Cabinet Paper.

### *Arrival testing requirements*

30. Arrival testing may be applied to all pathways to facilitate the safer entry of vaccinated travellers. However, the Ministry's view is that point of arrival testing will most likely be relevant for medium-risk travellers, pending further exploration and the emergence of new technologies.
31. There are two different testing options which could be deployed as point of arrival testing: rapid antigen testing administered by a trained healthcare worker; and rapid reverse transcription polymerase chain reaction (RT-PCR) testing. It is expected that RT-PCR would provide much more-reliable results, although it would take more time and investment to establish as a high throughput testing method [HR20211972 refers].
32. A pilot looking at the various options for testing at the border and how to implement these effectively is currently being designed. This will provide more information which, along with public health input, will be inform the Ministry's final advice on arrival testing requirements.

### *Isolation requirements*

33. Vaccinated travellers from low-risk countries will not be required to enter a MIQ facility on arrival, whereas the current 14-day MIQ requirement will continue for travellers coming through higher-risk pathway. For the medium-risk pathway travellers, short-stay MIQ or home-based isolation options are being considered as the main isolation requirement.
34. MIQ has a strong track record of risk reduction and this continues to be refined with experience. However, short-stay MIQ would require significant investment in workforce and financial resources and would strain already-stretched workforces. This may not be proportionate to the level of risk to the community once we have achieved significantly high vaccination uptake.
35. Home isolation may be another option, but while it may not pose the same capacity and resource constraints as MIQ, there is a high level of uncertainty about people's behaviour and their likely adherence to home isolation requirements. There is a spectrum of options for home-based isolation depending on the risk-level of travellers this option is used for (if any). A pilot currently planned for later in the year will test the logistics around a more stringent home isolation option.

### *Contact tracing*

36. Contact tracing will be a key requirement for travellers in all three pathways.
37. Nau Mai Rā has been created as a secure data collection point to request information from travellers coming through current QFTZ areas. It can be expanded and required for contact tracing before passengers arrive in New Zealand, so that contact tracers can efficiently use these details to contact travellers in the event of a COVID-19 outbreak in the area from which they have arrived from.
38. Officials are exploring technology solutions to support larger scale contact tracing, which may help to address some of the capacity constraints evident in the current outbreak.

## Other key considerations for the traveller pathways

39. The following considerations are still being explored and will be reported back in the October 2021 Cabinet paper.

### *Unvaccinated children*

40. A particular challenge with the pathway model is groups of mixed-risk travellers, for example families with unvaccinated children. Further public health advice is needed to determine what proportionate measures can be used to mitigate potential risk posed by unvaccinated children. This also raises equity concerns and issues relating to the New Zealand Bill of Rights Act (1990).

### *Transit route*

41. The risk in transit is complex depending on the route travelled prior to, and during, the flight itinerary. Some evidence suggests that cases of in-flight transmission have been too rare to attribute risk to airlines or transit airports, but there are cases of people contracting COVID-19 in-flight, including the recent case of an Air New Zealand aircrew member arriving from Japan. Further work is required to assess transit route risk, the country-risk, the operational parameters of the transit hubs, and in-flight transmission.

## Equity

42. As this approach creates restrictions which are specifically tailored to the severity and nature of the public health risk presented by different travellers, these restrictions will be more proportionate and provide a more balanced and equitable approach.
43. However, there are equity concerns particularly around our vaccination requirements, as vaccine availability varies significantly between countries and will not be available for certain groups eg children.
44. An in-depth equity analysis will be conducted as part of the report back to Cabinet in October 2021.

## Next steps

45. If you agree to the broad approach outlined in this report, the Ministry will work to further refine the health settings across the three risk-based pathways and report back on these to Cabinet in October 2021.
46. The Ministry of Health will also work with the Department of Prime Minister and Cabinet and border agencies to report back on how these settings may be operationalised, including developing the legal framework for transitioning from our existing border settings.
47. The Ministry will take further steps to test the approach, including through conducting pilots on rapid antigen testing.

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