

Briefing

Public health settings for medium-risk pathway

Date due to MO: 18 November 2021 **Action required by:** 19 November 2021

Security level: IN CONFIDENCE **Health Report number:** 20212528

To: 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 Withdrawn | |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:

Public health settings for medium-risk pathway

Security level: IN CONFIDENCE **Date:** 18 November 2021

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

Purpose of report

1. This briefing seeks your approval on public health settings for the medium-risk pathway as part of the plan for Reconnecting New Zealanders with the world.

Summary

2. New Zealand is now entering the next phase as we near a 90 percent vaccination rate across the country and we shift our Elimination Strategy to a minimisation and protection approach and adopt the new COVID-19 Protection Framework [CAB-21-MIN-0421].
3. Under the new approach – and with increasing vaccination rates – many systems and processes designed with the goal of stamping out COVID-19 must now be adjusted to reflect the new goals of minimising the spread of COVID-19 in the community and protecting those most vulnerable to the disease and ensuring the health system is not overwhelmed.
4. This shift in our overall context is also shaping the way we reconnect with the world; settings for arrivals is adapting to reflect the changing risk. Critically, as part of the Reconnecting New Zealanders strategy, international travellers self-isolating is intended to become one of the primary ways that people enter New Zealand from early 2022.
5. This approach for medium-risk travellers will complement low- and high-risk pathways as part of the risk-based approach to international arrivals Cabinet has agreed to adopt.
6. Even with high vaccination rates domestically and internationally, and a general reduction in risk of international arrivals transmitting COVID-19, residual risks are likely to remain for categories of international travel.
7. For this reason, we will need to implement public health settings and entry requirements for incoming travellers under medium risk-pathway to reflect and manage the evolving level of COVID-19 risk posed.
8. This paper seeks your decision on the public health requirements under the medium-risk pathway including vaccination, testing and isolation settings.

Recommendations

We recommend you:

- a) **Note** that opening the border under steps 1 and 2 of the medium-risk pathway for Reconnecting New Zealanders require consideration of public health settings to reflect and manage the evolving level of COVID-19 risk posed **Yes/No**
- b) **Note** that as part of the Reconnecting New Zealanders strategy, international travellers self-isolating is intended to become one of the primary ways that people enter New Zealand from early 2022 **Noted**
- c) **Note** that recent High Court ruling has thrown into question the NZ BORA public health justification of the MIQ requirements for New Zealand arrivals **Noted**
- d) **Note** that this ruling and expected further legal challenges mean we must consider self-isolation for both vaccinated and unvaccinated New Zealand arrivals **Noted**
- e) **Agree** to one of the following options for vaccination requirements for arrivals under the medium-risk pathway:
 - i. Allow all returnees regardless of the vaccination status, to go into self-isolation with 7 days for vaccinated and 10 days for unvaccinated; or **Yes/No**
 - ii. Allow all returnees regardless of the vaccination status, to go into self-isolation except for unvaccinated individuals arriving from higher risk countries, who will need to go into MIQ **Yes/No**
- f) **Agree** that the current standards for pre-departure testing are continued under the medium-risk pathway **Yes/No**
- g) **Note** that public health advises that mixed flights do not pose a risk as long as other checks are in place including vaccination, isolation, and testing requirements. **Noted**
- h) **Note** that to manage risk on arrival, the most effective option would involve an initial test, either by RAT or PCR **Noted**
- i) **Agree** we recommend that a RAT is the most effective test to conduct at the airport but could pose significant operational challenges **Yes/No**
- j) **Agree** to require self-declaration of previous 14 days travel history for arrivals under the medium-risk pathway **Yes/No**
- k) **Agree** that self-isolation and quarantine of returnees under the medium risk pathway will be under the same conditions as for cases and contacts in the community, and will include:
 - i. No limitations or requirements on how people travel from their arrival airport to their location of isolation/quarantine **Yes/No**
 - ii. No limitations on where people undertake self-isolation or who may be present in the home in the home while a person is undertaking **Yes/No**

self-isolation. However, if a returnee were to test positive, their household contacts would be required to self-isolate for 7 days (vaccinated) or 10 days (unvaccinated)

- iii. duration of self-isolation of 7 days for vaccinated and 10 days for unvaccinated returnees **Yes/No**
- l) **Agree** that testing for returnees in self-isolation would be day 0/1 test and a day 5/6 test **Yes/No**
- m) **Agree** that if a returnee tests positive while in isolation, they contact Healthline **Yes/No**



Maree Roberts
Deputy Director-General
System Strategy and Policy
Date: 18 November 2021

Hon Chris Hipkins
Ministry of COVID-19 Response
Date:

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Health settings for medium-risk pathway

Context

9. New Zealand is now entering the next phase as we near a 90 percent vaccination rate across the country and we shift our Elimination Strategy to a minimisation and protection approach and adopt the new COVID-19 Protection Framework [CAB-21-MIN-0421].
10. Under the new approach – and with increasing vaccination rates – many systems and processes designed with the goal of stamping out COVID-19 must now be adjusted to reflect the new goals of minimising the spread of COVID-19 in the community and protecting those most vulnerable to the disease and ensuring the health system is not overwhelmed.
11. The ongoing Delta outbreak is also part of our changing context in terms of our domestic risk profile and providing us with community models of care and support.
12. This shift in our overall context is also shaping the way we reconnect with the world; settings for arrivals is adapting to reflect the changing risk. Critically, as part of the Reconnecting New Zealanders strategy, international travellers self-isolating is intended to become one of the primary ways that people enter New Zealand from early 2022.
13. This approach for medium-risk travellers will complement low- and high-risk pathways as part of the risk-based approach to international arrivals Cabinet has agreed to adopt.
14. Even with high vaccination rates domestically and internationally, and a general reduction in risk of international arrivals transmitting COVID-19, residual risks are likely to remain for categories of international travel.
15. For this reason, we will need to implement public health settings and entry requirements for incoming travellers under medium risk-pathway to reflect and manage the evolving level of COVID-19 risk posed.
16. This paper seeks your decision on the public health requirements under the medium-risk pathway including vaccination, testing and isolation settings. These settings aim to provide the base on which specific measures can be built, maintained, and adjusted in response to developments. It does not address operational consideration, which will be subject to separate advice, including from other agencies.
17. The advice set out in this briefing for the medium-risk pathway ties in with the recent advice to you on the updated public health risk assessment of current border settings. That assessment concludes that the risk presented by cases arriving at the border has changed, and self-isolation is now considered a more proportionate management measure for most arrivals. This advice on also notes that any transition will need to be carefully managed to reduce potential impacts on communities and the health system resulting from the risks of changing from one system to another too quickly.

Expected stages of the medium-risk pathway

18. On Monday 15 November 2021, Cabinet endorsed the approach to Reconnecting New Zealanders with the World, by opening up the medium-risk pathway in the following steps:

- a. Step 1 – opening the medium-risk pathway to fully vaccinated New Zealand citizens, residence-class visa holders, and other travellers eligible under our current restrictive border settings from Australia from 11.59 pm on 16 January 2022 (provided they have been in Australia or New Zealand for the past 14 days);
 - b. Step 2 – expanding the medium-risk pathway to fully vaccinated New Zealand citizens, residence-class visa holders, and other travellers eligible under our current restrictive border settings, from all but higher-risk countries, by 14 February 2022, with staging if required;
 - c. Step 3 – expanding the medium-risk pathway to fully vaccinated foreign nationals (possibly staged by visa category) by 31 May 2022.
19. Under step 1, we expect approximately 9,000 arrivals a week. While in step 2, we would open up to significant extra volumes and a wider lane of risk. However, we envisage that the same public health settings would manage the risk proportionately.

Timing of reopening will align with domestic settings

20. To achieve our goals of protecting people and minimising health impacts by containing outbreaks, we will need to be confident in the effectiveness of the COVID-19 Protection Framework to manage COVID-19 and protect the vulnerable alongside changes to our border settings.
21. This includes ensuring that changes to domestic settings, such as the increased movement across the Auckland boundary, are bedded in before significant changes are made to border settings.
22. Health system preparedness must also be taken into consideration as measures to allow greater freedom of movement, both domestically and across our borders, must not create undue impacts on the health system's ability to cope. There will be increased pressures in the next few weeks to manage COVID-19 domestically, including supporting cases to isolate safely at home.
23. We will learn more about how to support returnees to self-isolate and quarantine more successfully during an initial period at step 1 that will inform a more sustainable model of self-isolation and quarantine at step 2 and beyond.

Public health requirements for medium-risk pathway

24. The medium-risk pathway aims to ensure that there are suitable risk mitigations in place for travellers in line with our minimisation and protection strategy, while also enabling a larger number of travellers to enter New Zealand. In essence this means detecting as much as possible infection prior to departure using PDT and using vaccination status as a measure of protection to guide management of individuals after arrival.
25. The following section lays out the proposed settings to inform Cabinet advice. We note that any final settings will be subject to a public health assessment at the time of reopening to ensure they are proportionate to the level of risk posed.

Holding risk off-shore – pre-departure settings

Pre-departure testing will remain a measure to hold risk offshore

26. A negative pre-departure test prior to boarding provides a key layer of protection by detecting and holding risk offshore.
27. It is recommended that the current standards are continued as we move forward with the medium-risk pathway. Currently, to enter New Zealand, most travellers are required to have a negative COVID-19 test within 72 hours of their first international departure. This can be a PCR, LAMP, or antigen test.

Rapid-antigen test at point of departure has been explored

28. Current options for testing at the point of departure include rapid antigen testing (RAT) and PCR testing. Rapid antigen testing is a potential tool to enable quicker COVID-19 testing, as some tests are capable of point of care and community-based application.
29. RATs which usually test anterior nasal swab samples (that can be self-collected, or collected by a healthcare worker), are able to provide a much quicker turnaround time for individual tests than most polymerase chain reaction (PCR) tests and have the potential to be deployed as point of care or self-tests without the need for a laboratory. While these are highly desirable characteristics, the main disadvantage of RATs is reduced sensitivity when compared with PCR testing.
30. Rapid antigen test at departure has been explored as a possible option to provide assurance that a person is not acutely infectious during travel and therefore reduces the chance of in-flight transmission. Current options require significant oversight, space to conduct at any volume, and time before results are known. One option, yet to be explored, might be to conduct any RAT pre-departure, eg in a departure area, while passengers are held in a confined area for a sufficient period before boarding.
31. However, given the expected volumes, there are constraints around feasibility of this measures, particularly in countries/airports that are not as well-resourced.

Establishing vaccination status

32. If we are to differentiate between vaccinated and unvaccinated, it is also critical to define what we mean by 'fully vaccinated'. 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.
33. On 11 November, you agreed that the recognised vaccines for New Zealand's definition of "fully vaccinated" are any of the Medsafe or World Health Organization Emergency Use Listing approved vaccines.
34. It is expected that where unvaccinated children under 17 are travelling with adults who are eligible for the medium-risk pathway, they will enter on the same entry pathway as their adult guardians.

Vaccination credentials are also a critical consideration

35. Since 1 November, for all non-New Zealand citizen arriving by air must provide proof of vaccination, in order to enter MIQ. Under this policy a broad approach has been taken for

defining what will constitute proof of vaccination, given that additional risk mitigation measures are in place (including testing, isolation and quarantine). This decision reflects a number of pragmatic and equity-related factors.

36. For the medium risk pathway, we may wish to apply a more rigorous approach, in order to have greater confidence in the authenticity, integrity and validity of the documentation. However, if we were only to accept digital certificates in the medium-risk pathway, there may be unacceptable trade-offs such as NZ BORA and equity impacts for those who were vaccinated in countries that do not issue digital certificates.
37. Under Reconnecting New Zealanders step 1, we can assume that most returning New Zealander citizens and residents entering via Australia will hold a digital vaccination certificate issued in either New Zealand, Australia, the United Kingdom or one of the other 49 countries who are members of the EU Digital COVID-19 Certificate framework. However, not all will hold such certification.
38. As the Travel Health Declaration System will not be operational until later in Q1 2022, assessing vaccination status will need to be done in person, by presenting a document to a border official for checking. This will require manually checking both the pre-departure test document and the vaccination document and will have impacts on managing passenger flow through airports.
39. While needing to have reasonable confidence in the authenticity of vaccination documentation, it is recognised this is another layer in the COVID-19 protection, and therefore understanding some level of risk may be acceptable.

Vaccination status of returnees may need to be considered as part of entry requirements

40. In all our previous advice on risk-based pathways under the Reconnecting New Zealanders framework, the Ministry of Health has recommended that any returnees coming through the medium-risk pathway should be fully vaccinated with appropriate credentials.
41. However, the public health advice on this issue has shifted: to recommending entry of both vaccinated and unvaccinated returnees through the medium-risk pathway. This is due to the high vaccination rates domestically, which shifts the risk calculus and puts in question the public health justification under the New Zealand Bill of Rights Act 1990 (NZ BORA) to require vaccination as entry requirements.

En-route settings

42. Under the risk-based approach, it is assumed that the risk-profile of travellers on some flights will be mixed, which may include some vaccinated and non-vaccinated travellers on the same flight. Additionally, many airlines will not allow non-vaccinated passengers to board.
43. Based on public health advice, we do not consider that mixed flights pose a risk as long as other checks are in place including vaccination, isolation, and testing requirements.

Post-arrival settings

44. Public health advice has maintained the value of MIQ for unvaccinated arrivals. The recent High Court ruling in the Bolton case has not changed this public health rationale, but it is expected to continue to be tested in the courts. The public health view is that we can manage the possible risk presented by unvaccinated returnees not just through short-stay MIQ, but also through other measures, including self-isolation and testing. COVID-19 Vaccination Certificate (CVC) requirements will allow us to buffer the risks presented by

unvaccinated returnees, who would be limited in their access to many domestic locations without a CVC.

45. We have considered the option of allowing only fully vaccinated returnees to enter through the medium-risk pathway. This would reduce any infection risk presented by unvaccinated returnees – which current evidence shows is around three times higher than from a vaccinated individual. The likelihood of legal challenges referred to above makes this option less tenable.
46. Therefore, there are two options regarding for vaccination requirements for the medium-risk pathway:
 - Option 1** – Allow all returnees, regardless of the vaccination status, to go into self-isolation with 7 days for vaccinated and 10 days for unvaccinated; or
 - Option 2** – Allow all returnees, regardless of the vaccination status, to go into self-isolation except for unvaccinated individuals arriving from higher risk countries, who will need to go into MIQ. This is because the residual risk presented by these individuals is greater than posed by unvaccinated individuals from lower risk places (eg low-risk Australian states).
47. Should unvaccinated arrivals bypass MIQ we recommend they be required to self-isolate for 10 days, as opposed to seven days for vaccinated New Zealand arrivals under steps 1 and 2 of the medium-risk pathway.

Arrival settings

Initial testing

48. Point of arrival testing has been considered as an option for an added layer of protection. It has shown to detect a significant number of cases - previously 60% of cases were detected through this test but this percentage has dropped more recently. There are a few options for conducting the initial test:

RAT for point of arrival testing at the airport

49. The advantages of RAT are that the test itself is straightforward to perform on an individual. From the point the swab is collected, it is only 15 minutes before a result can be read. The Auckland Airport trial has shown that the use of the RAT test is currently not significantly affecting processing rates due to low demand.
50. However, with expected volumes, this will likely change, and it may not be feasible to conduct this test on every returnee. The delays in conducting the tests and awaiting the results, plus operational logistics including having sufficient workforce and infrastructure remains a key concern.
51. Further, the public health perspective is that RAT on arrival is most effective for people that are highly infectious, so there is some merit in having capability present at the airport to conduct RAT on arrival for some categories of arrivals, eg those who are unvaccinated or coming from higher risk places, or who are symptomatic.
52. RAT can be through nasal or mouth swab, or through a saliva sample.
53. Operational agencies support the option of having some RAT capability at the airport that would allow us to test some categories of passengers when and if needed. It is expected that all airports have existing provisions to facilitate the option of some RAT testing.

PCR as option for point of arrival testing at the airport

54. Alternatively, PCR testing has been considered as an option. However, there are several constraints, particularly laboratory capacity. Another significant issue is that we lose the benefit of seeing the results immediately (as we would with RAT) and there is a risk of PCR picking up historical cases.

PCR as option for testing at Day 0/1

55. Day 0/1 PCR testing is currently being used and remains a reliable option. This could be an alternative to a test at the airport as the test at the start of the home isolation/quarantine period.

Verification on arrival at the airport

56. Self-declaration of previous 14 days travel history is recommended.
57. This requirement should remain as we still have the 'very high risk' (VHR) countries category. Additionally, knowledge of travellers' routes to New Zealand is needed to enable ongoing monitoring of any potential traveller origin specific risks including the emergence of new variants.

Self-isolation settings

58. Any domestic settings imposed on returnees will need to align with the shift in our management of cases and contacts in the community, with self-isolation and self-isolation now being the default position. As we are no longer generally managing close contacts of cases in a managed isolation facility, there is a case for treating New Zealand international arrivals in the same way, because we now consider the risks posed by both groups of people to be broadly equivalent.

Duration and location for self-isolation and quarantine of returnees

59. In order to facilitate a large and increasing number of travellers is recommended entering through the medium-risk pathway, a high-trust approach will need to be taken to self-isolation requirements, supported by appropriate, targeted testing. A high-trust approach is also consistent with the level of public health risk posed by travellers entering through the medium-risk pathway not being significantly greater than the infection risk from cases in the community.
60. Broadly, and as agreed in the recent joint briefing between the Ministry of Health and the Ministry of Business, Innovation and Employment [HR 20212434 refers], we recommend that this includes:
- a. no limitations or requirements on how people travel from their arrival airport to their location of isolation; and
 - b. no limitations or requirements on where people may undertake their self-isolation or who else may be present in the home while a person is undertaking self-isolation. However, if a returnee were to test positive, their household contacts would be required to self-isolate for 7 days (vaccinated) or 10 days (unvaccinated).
61. In line with the management of close contacts of community cases, we also recommend the duration of self-isolation for returnees coming under the medium-risk pathway to be 7 days for those who are vaccinated, and 10 days for those who unvaccinated (if they are allowed to bypass MIQ).

62. We recommend that support is traveller-initiated and in-home welfare support for people undertaking their self-isolation is focused on highlighting existing community services to travellers, with the expectation that they would be 'self-sufficient'.
63. Further consideration will be given to directing travellers towards resources that they can access through existing community services that can be accessed remotely (eg Healthline). This mirrors the approach recommended for travellers self-isolating under the current short-stay MIQ model¹.

Testing requirements for self-isolation and quarantine of returnees

64. This period of self-isolation will be supported through appropriate, targeted testing that will allow us to find cases among the returnees.
65. It is likely that there is a greater risk of transmission for close contacts of community cases, as compared to returnees. This has implications as to where we target the resources of discretionary testing.
66. Our recommended testing requirements for returnees who are self-isolating would be the same as we do for close contacts of community cases – day 0/1 test and day 5/6 test. This will ensure consistency but may mean that resources are diverted from community where they are needed more.
67. Within these the initial settings, the default for the test would be a PCR. As we move forward, we may start seeing a transition to more usage of RAT. However, there are concerns about how effective a RAT may be when self-administered.

Escalation pathway for returnees who test positive

68. We recommend that if returnee tests positive while in isolation, they are expected to contact Healthline and follow the instructions.

Compliance and monitoring requirements will be a high-trust, low touch model

69. Issues of compliance are still being worked through with the relevant agencies.

Equity

70. Those returning to New Zealand should not have to stay in MIQF any longer than is necessary, if at all, to protect the public health of New Zealanders.
71. However, we need to still take some risk mitigation measures. If a large number of additional COVID-19 cases are seeded at the border, there is a risk that there may be some additional health and non-health effects of COVID-19 in the community. We know that COVID-19 has had a disproportionate health impact on Māori and Pacific communities as Māori, and younger age groups of Pacific peoples currently have low rates of vaccination compared with the wider population and could be disproportionately impacted.
72. The settings outlined in this briefing will help to ensure that the impacts of COVID-19 in the community are minimised, and that vulnerable population groups are protected.

¹ This approach is for travellers who are self-isolating, and is distinct from health and welfare support that is provided to individuals who test positive for COVID-19 and are medically assessed as being able to safely and appropriately isolate at home. Such individuals will continue to receive appropriate support under the care in the community model.

Next steps

73. This advice will feed into Reconnecting New Zealanders paper going to the Cabinet on 22nd November 2021 and will subsequently feed into the expected government announcements relating to the Reconnecting New Zealanders' plan.

ENDS.

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