Document 7

DEPARTMENT OF THE PRIME MINISTER AND CABINET
TE TARI O TE PIRIMIA ME TE KOMITI MATUA

Briefing

FEBURARY STRATEGY DISCUSSION

To: Hon Chris Hipkins
Minister for COVID-19 Response

Date	15/02/2021	**Priority**	Medium
Deadline	16/02/2021	**Briefing Number**	DPMC-2020/21-502 MBIE 2021-2345

Purpose

1. This briefing provides an agenda, background material, and proposed topics for a strategy discussion with Hon Ayesha Verrall and officials from DPMC, MBIE, and the Ministry of Health on 16 February 2021 6:30 p.m.

Recommendations

1. **Note** the contents of this briefing to support your strategy discussion; **Yes / No**

2. **Forward** to Hon Ayesha Verrall, Associate Minister of Health. **Yes / No**

3. **Indicate** your preferred approach to advancing the Elimination Strategy Cabinet Paper

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15 / 02 / 2021

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15 / 02 /2021

KEEP IT OUT -STRATEGY DISCUSSION DPMC-2020/21-502 / MBIE 2021-2345

Hon Chris Hipkins
Minister for COVID-19 Response

/   /2021

Proactively Released

Contact for telephone discussion if required:

Name	Position	Telephone		1st contact
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Joey Shannon	Special Advisor, DPMC	s9(2)(a)		
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Minister's office comments:
☐ Noted
☐ Seen
☐ Approved
☐ Needs change
☐ Withdrawn
☐ Not seen by Minister
☐ Overtaken by events
☐ Referred to

KEEP IT OUT -STRATEGY DISCUSSION	DPMC-2020/21-502 / MBIE 2021-2345

FEBRUARY STRATEGY DISCUSSION

Purpose

1. This briefing provides an agenda, background material, and proposed discussion topics for a strategy discussion with Hon Ayesha Verrall and officials.

Background

2. You are meeting with Hon Ayesha Verrall and officials from DPMC, MBIE, and the Ministry of Health on 16 February 2021 6:30 – 8:00 p.m. for a strategy discussion.

3. The proposed agenda covers:

   - Item 1: Evolution of the Elimination Strategy

   - Item 2: Management of risk in the Managed Isolation and Quarantine (MIQ) system.

4. Attachments to assist your discussion are:

Item 1

   a. Annex A: Draft Cabinet Paper slide 'A' : Elimination Strategy – Public Health Intervention Framework

   b. Annex B: Draft Cabinet Paper slide 'B': New Zealand's COVID-19 Elimination Strategy (February 2021)

   c. Annex C: Draft Cabinet Paper slide 'C': COVID-19 Response – 2021 at a glance

   d. Annex D: 1 February briefing slides A-C: Continuous review of the Elimination Strategy 1 February

Item 2

   e. Annex E: A Year in MIQ

   f. Annex F: Cohort approach to allocation

   g. Annex G: Evolution of Keep It Out and MIQ across 2021 and beyond.

5. This briefing and supporting material was prepared largely prior to the Auckland community cases confirmed on 13 February 2021. However, in the discussion officials will raise insights from the current situation and response to inform this discussion and you may wish to do the same.

Item 1: Evolution of the Elimination Strategy and future strategy discussions

6. On 1 February 2021, you received the briefing, *Elimination Strategy Update: Emergence of New Variants* from the Ministry of Health and the Department of Prime Minister and Cabinet [DPMC-2020/21-484; HR 20210151].

7. We also provided your office with a draft Cabinet Paper on the Elimination Strategy on 5 February 2021 [DPMC-2020/21-509; HR 20210209].

8. This advice is summarised below. Discussion of questions identified below will inform further development of the Cabinet Paper.

Summary of recent advice

9. To date, New Zealand's overall COVID-19 elimination strategy has been effective, as illustrated through low disease prevalence in our communities and a comparably low mortality rate. The May 2020 strategy described four pillars: border controls; robust case detection and surveillance; effective contact tracing and quarantine; and strong community support of control measures.

10. Over recent months, we have continued to build our knowledge and experience regarding our COVID-19 response: we have managed another significant outbreak in Auckland, in August, and we have followed developments relating to the emergence of variants of significance. With vaccines pending, it is timely to consider refinements and improvements to our strategy. The most recent outbreak in Auckland can also inform our priorities and approach.

11. The draft Cabinet paper recommends updating our elimination strategy for the next six to twelve months, adopting a framework and language of the following four pillars (Annex A):

    a. Keep It Out - pre-border and border settings, including managed isolation and quarantine

    b. Prepare For It - detection and surveillance, and baseline public health measures established through Alert Level 1 (but recommended at all Alert Levels)

    c. Stamp It Out - contact tracing and case management, and stronger public health measures (Alert Levels 2 to 4)

    d. Manage The Impact - health system readiness and resilience, community engagement.

12. The key messages are that New Zealand's approach has been successful, with New Zealanders enjoying freedoms that are relatively rare around the world. Compared with most other countries, our approach has allowed for a relatively swift economic recovery in most sectors, too.

13. A COVID-19 vaccine(s) may allow a return to a 'new normal'. The independent regulator Medsafe has recently completed its assessment of the Pfizer and BioNTech vaccine and has provisionally approved it for use in New Zealand. Delivery of this vaccine will begin in February and will be initially rolled out to border workers and their household contacts. Vaccines will then be made available for health workers and then the wider population in the second half of the year. Broad population immunisation for COVID-19, whilst dependent on vaccine delivery and regulatory approval, is expected in the later part of 2021.

14. We propose taking a cautious and measured approach to altering current settings even as we look forward to the benefits we expect COVID-19 immunisation programmes to bring (both here and overseas), and as we continue to seek ways to maintain and rebuild our global connectivity. We will also continue to strengthen measures in our response as appropriate, taking a flexible and tailored approach to any change in circumstances or community resurgence.

Impact of variants

15. A key recent development related to the elimination strategy is the reporting of new variants. The focus is on their effect at the population level. True differences in viral behaviour are difficult to identify with certainty as different control measures are applied in different jurisdictions. There is consensus that at least some of these variants are significantly more transmissible. Continued assessment of emerging international information is essential but impacts on New Zealand's elimination strategy are already apparent:

   a. A variant that is 1.5 times as transmissible (estimate for B.1.1.7 or 'UK' variant) as previously circulating variants will increase the number of people infected by a single case in the same time period. This increase in the ease of transmission places the defence measures taken within managed isolation and quarantine facilities (MIQFs) under increased pressure to obtain the same outcome.

   b. To date, there is little data on how the variants originating in the UK and South Africa may interact with the Pfizer/BioNTech vaccine. Public health officials are continuing to monitor the situation and we will update you as the situation develops. Regardless of the impact of different variants at the person level, the efficacy of vaccination in a population is strongly influenced by transmissibility. A more transmissible variant will require a greater proportion of the population to be vaccinated to stop disease spread.

   c. Due to the increased infectiousness of the variants, it is advised that any new case identified within the community is treated as being of the more infectious variant until confirmed otherwise. Public health officials have advised that an even more precautionary approach should be taken to contain future community cases moving forward. As was the case throughout 2020, the use of higher alert levels may be required in order to contain the spread of the virus, giving officials time to quickly contact trace and isolate cases. This has been reflected in the advice and Government response to the 13 February community cases in Auckland.

   d. However, our aim remains to manage any future community outbreaks without the use of Alert Level 4. We have a number of experiences and thus greater confidence in our ability to first detect and then calibrate our response to the circumstances of any outbreak using Level 2 or 3 (or somewhere between Alert Levels 1 and 2, or 2 and 3) alongside faster contact tracing and isolating potential new cases.

16. The draft Cabinet paper proposes public messaging for the elimination strategy for 2021 in line with the above (Annex B).

17. **Proposed question for discussion: Does the updated framework (Annex A) and public messaging (Annex B) reflect your expectations for the elimination strategy in 2021?**

Priorities for refinement and evolution of the elimination strategy

18. The draft Cabinet paper proposes a forward strategic work programme for COVID-19 which comprises:

    a. activities focused on continuous improvement of current measures;

    b. advice on moving to a future state for the elimination strategy, via further exploration of possible options identified by the Ministry of Health.

19. It further proposes that the priorities for strategic advice around COVID-19 be:

    a. looking domestically, at current settings and the ongoing COVID-19 readiness and response, including:

        i. advice on any changes to the Alert Level Framework, including Alert Level 1;

        ii. continuous improvement in key activities, like detection and surveillance;

    b. looking outward in terms of international reconnection, border settings and vaccines including:

        i. any outstanding issues around a risk-based approach to in-bound travellers (including the implications for managed isolation and quarantine settings as a result of the safe travel zone arrangements); and

        ii. a roadmap for reconnection and reopening predicated on the interaction between vaccine(s) deployment and how our strategy for COVID-19 may unfold over time;

20. The paper proposes that a Ministerial Group oversee this forward strategic work programme for COVID-19, providing regular updates to Cabinet (officials recently provided a draft terms of reference for this group). This Ministerial Group would also report back to Cabinet on two specific issues in the near term:

    a. Any outstanding issues around a risk-based approach to in-bound travellers (including the implications for passenger flows into managed isolation facilities, the recommendations from the review of the managed isolation facilities, and quarantine settings as a result of the safe travel zone arrangements); and

    b. A "roadmap" for reconnection and reopening predicated on the interaction between vaccine(s) deployment and how our strategy for 'Keep it Out' may unfold over time.

21. The paper proposes a programme of work over the 2021 calendar year that will focus on keeping New Zealanders safe from COVID-19 (Annex C). It will also include work to maintain and rebuild connections with our international partners. This anticipates cautious relaxing of the border settings when it is safe to do so; noting that the global vaccine roll-out may have a high impact on risk mitigation.

22. The 1 February 2021 briefing further provided an update on more immediate quarter 1 priorities for the elimination strategy (Annex D).

23. Drawing on these materials on priorities, you may wish to discuss the following questions:

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a. **Whether the strategic priorities proposed in the draft Cabinet paper (para 15) and the near-term priorities (annex D) reflect your expectations for officials' focus in the coming months?**

b. **Which specific priorities should be the focus of further strategy discussions with officials, and how do we navigate these conversations with the COVID-19 ministerial group and with Cabinet?**

Item 2: MIQ settings as a critical component of the Keep it Out Pillar

24. Included in the Q1 2021 priorities for the elimination strategy, under the Keep it Out Pillar are:

    a. Reviewing border settings, to strike the right balance for volumes in terms of managing demand legal requirement and health advice

    b. Review MIQ operational settings, including allocation of cohorts within facilities, transport arrangements, staff testing, IPC measures and post-departure isolation.

25. There are key choices around our approach to MIQ, following recent events and in light of changes put into place in the last six weeks. These areas were identified as the priority for this first strategy discussion with officials in 2021.

Background

26. The model of MIQ that we now have has evolved over the last twelve months. Annex D depicts the year in the life of MIQ, and particularly points in time where key steps have been taken to strengthen the model. These include: implementing a national operational framework and Standard Operating Practices to facilitate consistent practices across facilities; introduction of staff testing in September 2020; and implementing MIAS in October to help manage demand and increase the occupancy rate of MIQ facilities.

27. More recently, the introduction of pre-departure and Day 0/1 testing for those travelling from high risk countries and the use of interim room restrictions are measures that have been put in place to assist in managing risk in a worsening global environment.

28. Advice across a range of other areas is being developed that is focused on strengthening MIQ settings to reduce and/or manage risk. This work includes consideration of: a review of the criteria for facilities; the use of technology in facilities; the process for vaccinating the MIQ workforce; a review of the staff testing order; a review of the testing schedules for those in MIQ; assessments of ventilation systems in the facilities; and advice on continued room restrictions.

29. It is imperative that measures within MIQ facilities are understood within a whole of system approach and designed with a strong overall public health lens with the aim of preventing the transmission within MIQFs and protecting the New Zealand community from COVID-19. With this in mind, the Ministry of Health is working with MBIE to undertake a public health review of the end-to-end MIQ system. This aims to ensure a more coherent, science-based and proportionate approach to improvements to the MIQ system. This advice will be provided to you in the next few weeks.

30. Advice also continues to be provided on how we balance current demands on capacity, and over time more substantive advice will be provided on how changes in the environment –

including the introduction of the Trans Tasman COVID Safe Travel Zone (TTCSTZ), and rising vaccine rates around the world – will create further choices for meeting demand.

The data story

31. Annex D also shows the timeline when we have seen COVID incursions into the community. These 11 incursions need to be set against the volumes of people that have progressed through MIQ over the last year. As the graph below illustrates, through until 1 February 2021 a total of 102,165 people moved through MIQ facilities.

Figure one: cumulative total of people through MIQ from 26 March 2020 to 1 February 2020
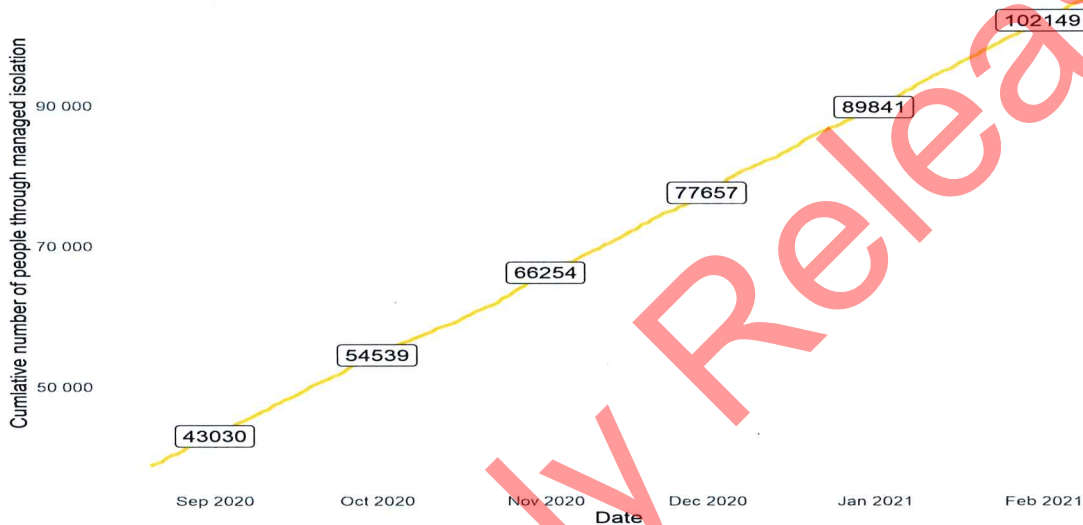
32. Of these, 1,744 people have been in quarantine. Figure two provides a view of the spread across time of these people entering quarantine since September 2020. It is important to note that the numbers of people who have been in quarantine include community cases (which explains the August / September spike).

Figure two: Timeseries volumes of people who have been in quarantine facilities (26 March 2020 to 1 February 2021)

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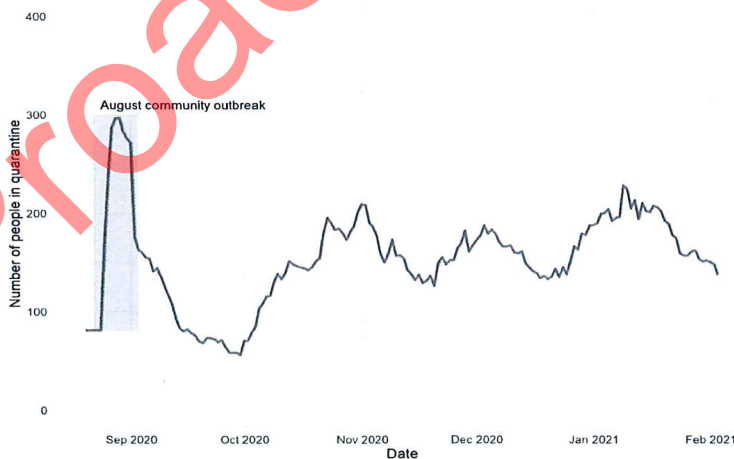
33. Data is also available about when positive cases have been identified in the facilities; as illustrated in the figure below. Of these, Health data suggests 7 are as a result of in-facility transmission. Total cases identified through testing are:

a. from 15 June 2020 to 31 January 2021

i. routine day 3 testing – 304 cases

ii. routine day 12 testing – 75 cases

iii. other testing arrangements – 164 cases

b. since 4 January day 0/1 testing – 31 cases.

Figure three: Timeseries of those who have tested positive[1]
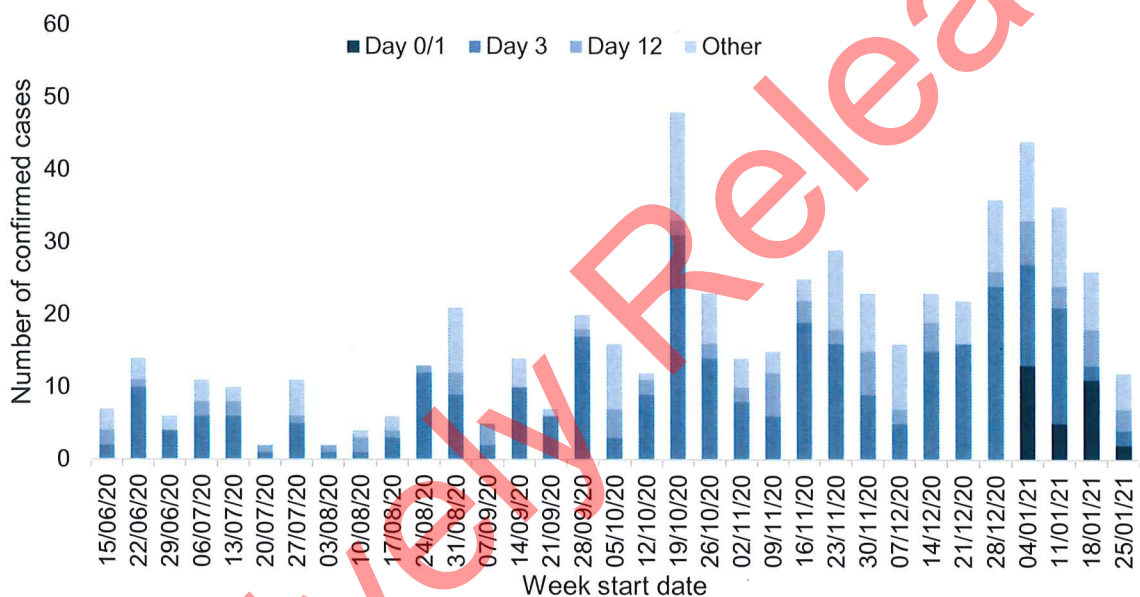
34. To date, we have been confident that our MIQ settings have been effective in managing the risk of the virus being transmitted into the community. Data would largely support this view. However, the new variants and recent experience of community transmission associated with the Pullman Hotel MIQF suggests that there is a need to continue to look at the operational settings used to keep New Zealanders safe.

Strengthening MIQ settings to reduce and/or manage risk

35. In this part our conversation with you we would welcome the opportunity to discuss Annex E, which reflects the previous advice we have provided on allocation of cohorts [MBIE 2021-2195 refers], overlaid with an approach to room restrictions, IPC settings and transport needs. In all of the scenarios the basic principles of risk management in MIQ apply – limited movement around a facility, daily health checks, no mixing of bubbles and regular testing.

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[1] The spike in results in the week of 19 October coincides when the Russian mariners were in the facilities.

36. A key function of a cohort approach is to ensure that those in a MIF who may (for whatever reason) come into contact with others are at a similar point in their 14 day MIQ stay. A cohort approach reduces the risk of undetected transmission and transmission within a facility and we have looked at differing scenarios that balance reducing risk alongside the level of stringency and the impact on capacity.

37. We understand that you have signalled a level of comfort with scenario one (the current settings with additional restrictions). This scenario does not limit cohorts to a single facility or floor within a facility and, of the four scenarios, has a greater risk of undetected transmission. Under the current operating environment and the relatively low incidents of in-MIF transmission, a scenario that has the lowest impact on MIQ capacity may be attractive, however it will not provide optimal risk mitigation for in-facility transmission.

38. We would like to discuss the different scenarios further with you including if this is the most effective way to confidently manage risk of in-MIF transmission. Cohorts are also closely connected to advice underway on criteria for facilities and the outcomes sought through the elimination strategy. We would also like to discuss with you timeframes and phasing for making changes to the operating model (without a hard brake being applied).

39. In the absence of stricter cohort management processes, room restrictions have been applied alongside the day 0/1 testing with the intention of reducing the risk of transmission before the day 0/1 test results are received. The grounds for this restriction is health and safety and was directed by the Chief Executive of the Ministry of Business, Innovation and Employment. Following the Pullman community transmission case this restriction was also extended to everyone who has had their day 11/12 test through until such time as they depart (to protect them from unintended exposure before they depart). Both are being reviewed and further advice will be provided to you this month. However, under stricter cohort management processes (scenarios 2, 3 and 4 on Annex F) the need to restrict returnees to their rooms (particularly after day 12) is effectively removed as the cohort travel through most of the 14-day incubation / isolation period together. Continued movement restrictions would need to remain, to protect any cross-bubble transmission.

40. Some areas we would like to explore with you include:

    a. What level of cohort stringency you would like to see in MIQs (and what the level of risk from a public health perspective might look like) over the next 12 months?

    b. MIQ currently allocates on the basis of maximum occupancy across the system. Any change to the current approach would mean a reduction in capacity of between 5 and 30% in addition to the 10% redundancy we carry to accommodate emergency situations. Is there a level of 'additional system redundancy' that you would be comfortable with?

    c. Scenario's 1 and 2 outlined in the annex will result in a lower level of impact on capacity and can be managed across all facilities. Scenario's 3 and 4 would require changes in the makeup of our facilities as the largest facilities would no longer be economic. We would appreciate an opportunity to discuss the benefits and risks of each scenario to gain a sense of which approach would be your preference over time.

    d. Room restrictions are one way to reduce the risk of transmission between bubbles but come with some operational challenges including non-compliance with BORA and increased incidence of unsociable behaviour and low compliance (for example smoking in rooms). Advice will be provided later in the month, but we would appreciate discussing

your interest in continuing with some form of room restriction, particularly when sat alongside the various cohort scenarios and the data in Figure three.

Balancing capacity in MIQ now and beyond 2021

41. Changes to how we manage risk in the facilities – whether as a result of changes in the allocation of cohorts, or because we change criteria for facilities (for example, if it is decided that we can no longer bus people from a facility to off-site exercise facilities) will have an immediate impact on how we manage current capacity. In addition, as we look out across and beyond the rollout of vaccines, other decisions will need to be taken about the ongoing shape and requirement for MIQ.

42. Annex F sets out a possible way of looking at settings as we move from the current high-risk environment to one of decreased-risk. In this part of the conversation we would like to work through:

    a. presenting issues associated with current capacity, prioritisation and volumes

    b. your interest in exploring alternative models for MIQ as the context moves to nuanced and decreased levels of risk.

Current capacity, prioritisation and volume considerations

43. Presenting issues associated with capacity and prioritisation include:

    a. how shifts in capacity could best be responded to because of either:

        i.   reduced capacity in the event that the review of MIQ facilities (to be reported back in early March) determines some MIFs are not fit for purpose

        ii. increased capacity when the TTCSTZ is implemented; and

    b. continuing to strike an appropriate balance between returning New Zealanders (and permanent residents) and others who provide economic, social and cultural benefits, such as critical workers.

Capacity

44. As part of the development of options on strengthening MIQ settings to minimise the risk of transmission from MIQ facilities, concerns have been raised about the ability of the current system to safely and sustainably manage current volumes of travellers. Key concerns range from the suitability of the facilities themselves in preventing transmission and the workforce/resourcing requirements to keep returnees – and staff – safe.

45. The current review of the criteria for MIQ facilities may identify a need for either rationalisation of facilities or on-boarding different facilities, if infection protection controls to mitigate some criteria cannot be provided appropriately (for example, provision of opportunities for access to fresh air in rooms, lower-level buildings, and ensuring that exercise opportunities are provided safely). If the former, the change in supply will result in lower capacity.

46. Implementation of TTCSTZ will see a reduction in demand from people travelling from Australia (although we should expect that this will be offset by latent demand from other parts of the world).

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47. In both instances, operating at lower capacity will deliver public health benefits, primarily for a stretched health and MIQ workforce (assuming workforce numbers remain the same but supporting fewer MIFs), and may see a reduced number of cases in facilities. It will also deliver some cost savings. However, reduced capacity will inevitably mean longer delays for returning New Zealanders giving rise to Bill of Right Act (BORA) concerns, and see ongoing pressure to accommodate large groups and critical workers so as to provide economic relief to key sectors.

48. Further advice will be provided to you on how capacity might be addressed in both of these cases; however it would be helpful to have a conversation about your current interest in how a reduction in capacity might be responded to. Specifically:

    a. whether to reduce costs (by reducing the number of facilities) and free up capacity in the health workforce; or

    b. using any 'freed-up' capacity to reduce waiting times for MIQ spaces (given commentary below on prioritisation pressures, but noting that filling spaces with those from high-risk countries rather than Australia will increase public health risk); and then

    c. once MIQ waiting times are sufficiently reduced, considering which groups of foreign travellers (e.g. skilled workers, business travellers, family reunification) Ministers wish to prioritise for more permissive immigration settings.

Prioritisation

49. There is continuing pressure to find the 'right' balance between providing space for returning New Zealanders citizens and permanent residents and others who provide economic, social and cultural benefits, such as critical workers.

50. Currently around 70 percent of rooms in managed isolation are used by New Zealand citizens and permanent residents, with the remaining rooms used by non-New Zealanders. Most are booked via MIAS. Upcoming changes to MIAS (expected in March) will allow the system to prioritise between New Zealanders and non-New Zealanders. However we have identified a number of issues that indicate that the current 'first-come, first-served' system may be sub-optimal in terms of achieving the best outcomes for New Zealand. For example:

    a. there is no clear 'manual allocation' pathway for individual critical workers essential to deliver government priorities or maintain infrastructure, which creates risk;

    b. given the demand for emergency allocation, the number of rooms allocated likely need to be increased and criteria broadened to ensure those in dire need can enter NZ;

    c. a number of critical worker visas are being granted while there are no spaces in MIQ; this leads to a growing backlog and complains about the immigration and MIQ systems not being aligned;

    d. the group arrivals process is very resource intensive for officials and Ministers, and may not be the most efficient or fair way to allocate rooms across sectors;

    e. the growing demands from sports teams to enter MIQ with training arrangements creates additional system risk, is a significant drain of staff time and resources, and impacts MIQs social licence due to perceptions of favouritism;

f.   there is growing public scrutiny over all manual allocation decisions due to a perception of ad hoc and inconsistent decision making for some group arrivals into MIQ.

Operating model considerations

51. Looking out towards mid and late 2021 it is clear that there will be ongoing demand for changes in the current MIQ model, driven largely by vaccine deployment in other countries and as more people travelling are historical cases.

52. In the short term, it is likely that no changes to, or exemptions from, MIQ will be required. However, over time, if the evidence about managing transmission changes (e.g. if vaccinations offer sterilising immunity), there could be a need to consider alternative accommodation options for arrivals with historical infection or who are vaccinated. In the longer-term, the widespread vaccination of New Zealanders will give rise to consideration of the ongoing need for, and form of, MIQ.

53. This could include different types of accommodation (ranging from self-isolation, reduced stay in MIQ, purpose-built or bespoke facilities) or different operating models (for example, increasing the role of the private sector in providing MIQ).

54. We would welcome a high-level discussion on how MIQ may be required to evolve over time and your appetite for exploring more substantive changes to MIQ, recognising the long lead-in times needed to implement them. In a recent briefing on bespoke accommodation options [MBIE 2021-1717 refers], officials highlighted the following complex policy and operational issues that would take considerable time to be worked through. These include:

a.   accommodation arrangements: ensuring the key requirements needed to prevent transmission of COVID-19 within facilities, and to the wider community, are met, and ensuring the safety, security and wellbeing of guests;

b.   workforce constraints and the need to provide wraparound services;

c.   the role Government might play across the spectrum of bespoke options;

d.   funding considerations; and

e.   equity considerations for different types of bespoke arrangements.

55. We are also interested in testing whether you see a need for advice on the need for and feasibility of purpose-built facilities.

Consultation

56. The Ministry of Health was consulted on this paper. A wide range of agencies have been consulted on the elimination strategy work, including the draft Cabinet paper, which forms the basis for the content in Item 1.

APPENDIX 1: Elimination Strategy | Public Health Intervention Framework

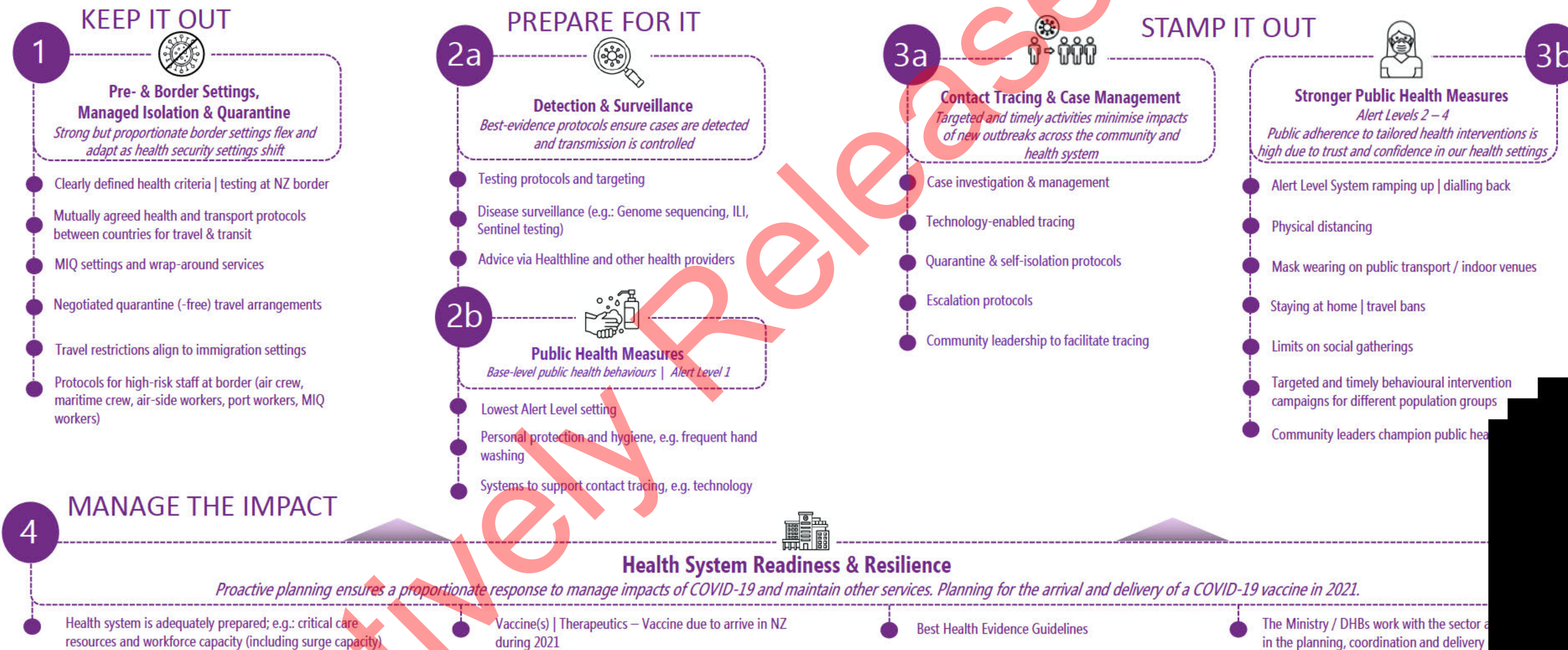MINISTRY OF HEALTH

Objective — *To prevent cases of COVID-19 | KOWHEORI-19 entering New Zealand while being ready to quickly eliminate any chains of transmission in the community*

Approach — *We learn and iterate our evidence and risk-based approach to the best set of public health measures balancing health, economic and social outcomes for New Zealand, while working closely with New Zealanders to grow and sustain social licence for the measures taken*

ELIMINATION STRATEGY

HUMAN RIGHTS | BILL OF RIGHTS

TE TIRITI O WAITANGI

EQUITY

Health Response Pillars

Strategic Action Areas

Foundational Pillar

KEEP IT OUT

1 — **Pre- & Border Settings, Managed Isolation & Quarantine**
Strong but proportionate border settings flex and adapt as health security settings shift

- Clearly defined health criteria | testing at NZ border
- Mutually agreed health and transport protocols between countries for travel & transit
- MIQ settings and wrap-around services
- Negotiated quarantine (-free) travel arrangements
- Travel restrictions align to immigration settings
- Protocols for high-risk staff at border (air crew, maritime crew, air-side workers, port workers, MIQ workers)

PREPARE FOR IT

2a — **Detection & Surveillance**
Best-evidence protocols ensure cases are detected and transmission is controlled

- Testing protocols and targeting
- Disease surveillance (e.g.: Genome sequencing, ILI, Sentinel testing)
- Advice via Healthline and other health providers

2b — **Public Health Measures**
Base-level public health behaviours | Alert Level 1

- Lowest Alert Level setting
- Personal protection and hygiene, e.g. frequent hand washing
- Systems to support contact tracing, e.g. technology

STAMP IT OUT

3a — **Contact Tracing & Case Management**
Targeted and timely activities minimise impacts of new outbreaks across the community and health system

- Case investigation & management
- Technology-enabled tracing
- Quarantine & self-isolation protocols
- Escalation protocols
- Community leadership to facilitate tracing

3b — **Stronger Public Health Measures**
Alert Levels 2 – 4
Public adherence to tailored health interventions is high due to trust and confidence in our health settings

- Alert Level System ramping up | dialling back
- Physical distancing
- Mask wearing on public transport / indoor venues
- Staying at home | travel bans
- Limits on social gatherings
- Targeted and timely behavioural intervention campaigns for different population groups
- Community leaders champion public hea[lth]

MANAGE THE IMPACT

4 — **Health System Readiness & Resilience**
Proactive planning ensures a proportionate response to manage impacts of COVID-19 and maintain other services. Planning for the arrival and delivery of a COVID-19 vaccine in 2021.

- Health system is adequately prepared; e.g.: critical care resources and workforce capacity (including surge capacity)
- Vaccine(s) | Therapeutics – Vaccine due to arrive in NZ during 2021
- Best Health Evidence Guidelines
- The Ministry / DHBs work with the sector a[...] in the planning, coordination and delivery [...]

BALANCING THE SYSTEM

The pillars work as a 'system' to help achieve elimination. The set of public health measures within each pillar adjust over time as evidence changes.
Each pillar has some residual risk depending on the efficacy and stringency of the measures. Taking more risk in one part of the system may necessitate stronger measures elsewhere.

BALANCING RISK

DATA COLLECTION | MANAGEMENT

DECISION-MAKING APPROACH

Considerations

- Social and cultural licence is fundamental for the ongoing success of our public health response achieved through proactive engagement and clear communications.
- Distribution, and equitable health and wellbeing outcomes are priorities underpinning our whole-of-government approach.
- Resilience and inclusion help citizens unite against a common health threat and support each other through response and recovery.
- We build public trust and confidence in our health security settings to drive adherence to public health interventions.
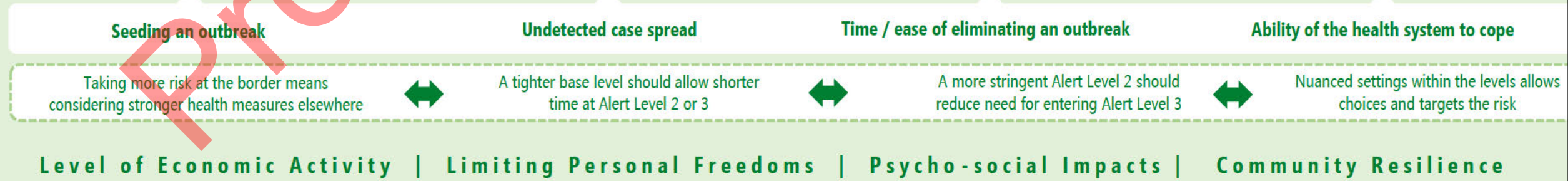- There is strong community support [for] control measures across Aotea[roa] New Zealand.

Risk

- Seeding an outbreak
- Undetected case spread
- Time / ease of eliminating an outbreak
- Ability of the health system to cope

Interaction

- Taking more risk at the border means considering stronger health measures elsewhere ⟷
- A tighter base level should allow shorter time at Alert Level 2 or 3 ⟷
- A more stringent Alert Level 2 should reduce need for entering Alert Level 3 ⟷
- Nuanced settings within the levels allows choices and targets the risk

Trade-offs

Level of Economic Activity | Limiting Personal Freedoms | Psycho-social Impacts | Community Resilience

B New Zealand's COVID-19 Elimination Strategy (February 2021)

Our Elimination Strategy for COVID-19 has successfully shielded New Zealand from the much higher rate of illness and death experienced in many other countries. The strategy has enabled the economy and society to enjoy freedoms that are relatively rare around the world.

Longer term, a COVID-19 vaccine will support a return to a new normal. New Zealand has negotiated access to new vaccines as they are developed and made available. We won't rush to distribute these until we are confident in their safety. A vaccine may become available in New Zealand in early 2021, but widespread immunisation is unlikely until late 2021 or 2022, at which time we will seek to distribute as many as possible, as fast as possible.

But we need to continue our elimination strategy for at least the next 6-12 months. In the meantime, the Elimination Strategy allows us to protect New Zealand from the virus and enables social and economic activity to continue as much as possible. We will, however, continue to adapt the strategy as the situation evolves, such as by vaccinating health and border workers once that's possible.

The Elimination Strategy has four pillars. We aim to *Keep It Out* using strict border controls and managed isolation. We *Prepare For It* through testing and surveillance and practising basic public health behaviours in Alert Level 1. We quickly *Stamp It Out* if a case slips through into the community, with rapid contact tracing and case management, and use of higher Alert Levels only if needed. We *Manage The Impact* by ensuring the health system is resilient and able to surge where needed, and by ensuring appropriate measures are in place to mitigate the social and economic impacts of the response. Across the strategy we expect to maintain and improve our current settings based on quality improvement, and best available evidence, as well as look ahead to those things that might fundamentally shift our settings (eg, vaccines and therapeutics).

Strict border controls will remain, with some cautious re-opening. New Zealanders have low risk tolerance for incursions through the border into the community, so we will continue with limited cross-border travel. We do not intend to expand the capacity of managed isolation, but we will consider some cautious re-opening with countries that present a very low risk. For example, we might consider shorter duration managed isolation period or quarantine-free arrangements for travellers from Australia and the Pacific. We will continue to tighten practice in managed isolation facilities to ensure that high public health standards are consistently met, and that any transmission to border workers is detect[ed] as quickly as possible. We will prepare for th[e] challenges and opportunities associated [with] increased freedom of movement thro[ugh] re-opening.

Testing and surveillance will continue to be strengthened. Our surveillance plan is being regularly updated based on the latest evidence. We continue to rely on the most sensitive test - nasopharyngeal PCR, as the primary approach given New Zealand's low rate of COVID-19. But we are exploring cautious integration with other modalities to supplement and strengthen the overall approach.

Community support for and follow through with public health advice is vital, even at Alert Level 1. Risk of transmission is reduced by doing the basics: washing your hands, staying home when sick, getting tested if you have symptoms. Scanning in using QR codes, and other ways of keeping a record of movement helps us prepare to contact trace if needed. Support for businesses to enable employees to take leave to isolate while being tested is available now and will continue to be assessed for adequacy. Technology is being developed to support record keeping using Bluetooth, to be released early in 2021. Additional requirements, such as face coverings on public transport, will be kept under active consideration.

Isolating contacts of a confirmed case helps us stop an outbreak quickly. We have scaled up our ability to trace a community outbreak quickly. Health professionals will partner with community leaders to support people in the event of an outbreak. The number of contacts (and contacts of contacts) who are being asked to test and isolate has increased over time, as doing so slows the spread. Although this disrupts more people and businesses, it is preferable to needing to use higher Alert Levels. Support for businesses is currently available (such as leave support scheme) and additional support is being considered.

Our aim is not to use Alert Level 4 [and] instead rely more on Alert Level 2 [and] we will use Alert Level 3 if we nee[d] to stop community transmission. [...] the other pillars has increased in recen[t...] giving us more confidence in being abl[e...] community outbreak without moving a[...] Alert Level 3 or 4. Those higher Ale[rt Levels] used if needed, but given more care at [...] along with faster contact tracing and is[olation of] potential cases, we aim use Alert Level [...] somewhere in between 1 and 2, or 2 a[nd...] small new community outbreaks, tailor[ing our] response to the circumstances.

We will continue to be open about our approach. Being open about what we know, when we know it, and what's in our thinking has b[een] key to building trust with the public. We will continue this approach with strong public communication across a range of channels.

COVID-19 Response | 2021 at a glance

MINISTRY OF HEALTH

	JAN-MAR 2021	APR-JUN 2021	JUL-SEP 2021	OCT-DEC 2021

KEEP IT OUT

1

Pre- & Border Settings, Managed Isolation & Quarantine
Strong but proportionate border settings flex and adapt as health security settings shift

- Trans-Tasman Safe Travel Zone & Quarantine Free Travel with Cook Islands expected
- Safe travel arrangements with other low risk countries or a shift to a unilateral risk-based approach
- Other arrangements for key cohorts – e.g. RSE workers, sports
- Ongoing refinement of Maritime and Air border orders, including sometimes looking to open up (e.g. Quarantine Free Travel / Safe Travel Zones) and sometimes safeguarding – e.g. more testing, sequencing of replacement crew boarding maritime vessels ▲
- Continuous improvement to Managed Isolation and Quarantine policy and operations ▲

PREPARE FOR IT

2a

Detection & Surveillance
Best-evidence protocols ensure cases are detected and transmission is controlled

- Integration of other testing / sampling approaches ■
- Roll-out of the Testing IT backbone
- Ongoing evidence assessment of testing and surveillance approaches ■

2b

Public Health Measures
Base-level public health behaviours | Alert Level 1

STAMP IT OUT

3a

Contact Tracing & Case Management
Targeted and timely activities minimise impacts of new outbreaks across the community and health system

- Ongoing continuous improvement of measures deployed in the management of cases and outbreaks ▲ ■
- COVID Tracer App – Bluetooth functionality released December
- Ongoing enhancement and integration of technological solutions to support the overall response ■
- Ongoing review of evidence to inform public health measures in the Alert Level Framework, including face coverings, gathering sizes etc. ■

3b

Stronger Public Health Measures
Alert Levels 2 – 4
Public adherence to tailored health interventions is high due to trust and confidence in our health settings

MANAGE THE IMPACT

4

Health System Readiness & Resilience
Proactive planning ensures a proportionate response to manage impacts of COVID-19 and maintain other services. Planning for the arrival and delivery of a COVID-19 vaccine in 2021.

- First COVID-19 Vaccine delivered to New Zealand – earliest date*
- National Immunisation Solution Minimum Viable Product release to support vaccine delivery

Focus of the work:

- ● *Advice on future changes*
- ● *Improving current settings*
- ● *Evidence and analytics*
- ● *Introduction of innovation / technology*

Nature or reason for advice / proposed change / further work

- ▲ *Changes considered in response to a critical event*
- ■ *Regularly reviewed in line with emerging evidence*

NOTE: *These events or milestones are dependent on other factors and events. Only some will be within Government control*

A COVID-19: Continuous Review of Elimination Strategy – Update as at 01 Feb 2021

2020 Review
Elimination Strategy Review was undertaken at the end of 2020 that identified potential options for our border settings. In particular, it was considered we could cautiously reopen our border if we strengthened measures across the Pillars.

2021 Context
In late 2020, reports of new variants of SARS-CoV-2 with increased transmissibility between hosts occurred in several places, most notably in the UK, Brazil, and South Africa. It is likely a more transmissible variant will become the most dominant lineage circulating the globe. Globally the rates are escalating and in response, many countries have increased their vigilance across the various COVID-19 public health measures. Recent post managed isolation cases in Auckland and Northland are confirmed to be the South African variant. Given the global situation, emerging science, and the potential for further border incursions, there is a need to consider whether a more precautionary approach is warranted within our risk-based strategy. (The fourth pillar, 'managing the impact', is not detailed in this update).

PILLAR 1: KEEP IT OUT

The Pillars
Pre- & Border Settings, Managed Isolation & Quarantine
Strong but proportionate border settings flex and adapt as health security settings shift

2020 Review findings
The Elimination Strategy review considered moving from a one-size fits all to a more risk-based framework for arrivals at the border.

Changed Context
New variants of COVID-19 are being reported that are more transmissible than previously circulating variants. This development requires our Elimination Strategy to take a more **precautionary approach,** slowing any selective relaxation at the border and tightening controls immediately. **Case numbers globally are increasing,** including the cases of new variants, which are likely to be reflected in our MIQ. **New community case** suggests current border/MIQ settings be reviewed to ensure they remain fit for purpose.

Q1 Priorities
Our priorities moving forward are:

- Reviewing border settings, to strike right balance for volumes in terms of managing demand, legal requirements and health advice.
- Reviewing MIQ operational settings, incl. allocation of cohorts within facilities, transport arrangements, staff testing, IPC measures and post-stay isolation.
- Further strengthening aircrew and maritime measures
- Understanding returnees and their needs (welfare and health)
- Assessing benefits of more-open borders (quarantine-free travel zones - QFTZ) against risks e.g. spread to Pacific
- Taking account of NZ and international vaccination context and how this relates to the Elimination Strategy e.g. impact on MIQ and QFTZ.

Beyond Q1
There is a need to understand further the cumulative impacts of our measures at the border/MIQ e.g. collate data on case characteristics and transmission rates in MIQ. We also need to maintain readiness to apply a risk-based approach to flex our border settings up or down as circumstances demand, including in light of the new variants and the introduction of vaccines, and measures to maintain an increased social and economic recovery.

PILLAR 2: PREPARE FOR IT

Detection and Surveillance & Public Health Measures
Best-evidence protocols ensure cases are detected and transmission is controlled, & base-level public health behaviours

2020 Review findings
The Elimination Strategy review considered that we could strengthen our surveillance, as well as adherence to baseline public health measure, and should consider what new Alert Level (AL)1 could look like if we were to strengthen it.

Changed Context
Changes to the global risk profile with the new, more transmissible variants and high global cases, alongside the **new post-manged isolation cases in Northland and Auckland** heightens the need for preparedness, surveillance and community vigilance, also reflecting local iwi perspectives. There is continued need to maintain social license in order to maintain high levels of adherence to the public health measures

Our priorities moving forward are:

- Strengthen communication around awareness, vigilance, and adherence.
- Continually review Alert Level settings and control measures (e.g. masks) in accordance with changing landscape
- Preparation and containment plans in place that are flexible against changing circumstances to ensure early detection and quick wrap-around
- Keeping testing rates high and making testing more acceptable, accessible and less invasive, including population surveillance.
- Building workforce and infrastructure capacity for surge response
- Engaging with communities including building better understanding of the 'geographies of influence' e.g. iwi networks and faith-based groups

Much can be done in conjunction with mitigation, testing, and capacity building and community engagement to ensure interventions are effective. Forming/strengthening connections with and understanding of communities, and building capacity, speed, and sequencing will be key to being prepared. With the impacts of a vaccine not yet clear, preparation and mitigation efforts will continue to retain their importance.

PILLAR 3: STAMP IT OUT

Contact Tracing, Case Management & Stronger Public Health Measures
Best-evidence protocols ensure cases are detected and transmission is controlled, & base-level public health behaviours

2020 Review findings
The Elimination Strategy review recommended that outbreaks could be managed at lower AL, through relying on more-localised restrictions, fast contact tracing, and changes to triggers for moving up and down AL.

Changed Context
A **more transmissible variant** requires more rapid and comprehensive response to community outbreaks. The risk tolerance for incursions and the response to these must be adjusted given the higher risk of a larger outbreak. This could mean e.g. faster escalation up Alert Levels. **Post-manged isolation cases in Northland and Auckland** needs to be rapidly contained.

Our priorities moving forward are:

- Prioritising work to enable rapid containment of cases
- Amending contact tracing and testing protocols to enable faster containment
- Enhancing modelling capabilities to understand possible trajectory of new Covid variants
- Refining AL public health measures in light of emerging best science.
- Refining and targeting the types of the testing utilised
- Ensuring responsive communications to support community vigilance and adherence to public health measures

Review any changes to the Alert Levels that may have occurred in Q1 to assess effectiveness and responsiveness to changing circumstances.

B **COVID-19 – PILLAR 1: KEEP IT OUT – Current state, Recent Developments and Future Direction**

A key priority is ensuring the controls outlined in the Keep It Out Pillar remain strong enough to minimise the risk of incursions of COVID-19 into the community

Pre-border & border settings, Managed Isolation & Quarantine

2020 Review Findings	What has changed since the review?	What are our key forward priorities?
Context: The findings of the 2020 Elimination Strategy review considered a risk-based, cautious opening strategy to allow more flows at the border. The underlying assumption at the time of the review was that NZ would continue to pursue an elimination strategy and border restrictions continue in some form.	**Context**: New variants of COVID-19 are being reported which are more transmissible than previously circulating variants. The number of cases internationally continues to rise, with implications for NZ i.e., more cases in MIQ: shortening list of countries considered low risk. These developments require a precautionary approach to any selective relaxation at the border. **Post-manged isolation cases in Northland and Auckland** suggests the need to review the current settings at border/MIQ to ensure these remain fit for purpose.	**Context**: The new variants pose unquantified threats including increased transmissibility. This drives a precautionary approach namely being quicker to tighten border controls and slower to ease opening. The more transmissible variant of COVID-19 increases the pace of infection should community outbreak occur. As is expected, the larger and more complex an outbreak, the more difficult it is to contain, and the more implications there will be for morbidity and mortality across the outbreak.

Changes explored in the 2020 Review:

- Taking a risk-based approach to MIQ including:
  - Quarantine-free for very low-risk (e.g., Australia, some Pacific Islands)
  - 7-day MIQ for travellers from low-risk sources (e.g., s6(a))
  - All others – 14 days MIQ
- Changes to MIQ to enable additional capacity, on a bespoke basis.
- Introducing more frequent testing, including less invasive sample collection to allow for broader testing
- Stricter requirements for border and MIQ workers about testing and public health measures.

Recent changes to border settings :

- Pre-departure testing for arrivals from the US and UK from 31 December extended to all other travellers (with exceptions) on 25 January.
- Day 0/1 testing for all arrivals from 18 January 2021 (apart from Australia, Pacific Islands, Antarctica) and restricted movements until test results available.
- Voluntary daily saliva PCR testing for highest-risk MIQ workers in place from 26 January 2021 (quarantine and dual-purpose MIQ facilities).
- A new Border Worker Testing Register has been put in place to enable employers to monitor compliance of testing of their employees.
- An audit of the validity of pre-departure test evidence provided by passengers is proposed.
- From 26 January 2021, Air New Zealand requires passengers on all its international flights to wear face masks throughout their journey.
- Cook Islands to New Zealand quarantine-free travel commenced on 21 January 2021 and is under constant review.
- Assessments of the ventilation system in MIQs will be completed end of the week to suggest changes.
- Review of MIQ by Health and MBIE on pre and post MIQ assessment.

The **post-manged isolation cases in Northland and Auckland** involving the South African variant require urgent review of border and MIQ settings, particularly given it the source of infection is linked to another MIQ guest.

Recommended changes in response to developments:

- Reviewing and adjusting border settings, including ensuring that the right balance for volumes is found in terms of maintaining safety inside facilities to prevent any transmission, managing demand, legal requirements and health advice.
- Reviewing MIQ operational settings to test that they are appropriate for the current environment; including allocation of cohorts within facilities, transport arrangements, movement of people within facilities, staff testing, and MIQ IPC measures. This work would also explore post-stay isolation and testing.
- Reviewing whether quarantine-free travel can be managed with confidence e.g., incursions containable in NZ, no spread to Pacific.
- Understanding returnees and their needs (both health and welfare)
- Further strengthening of aircrew and maritime areas (e.g. how we manage replacement crew from airport to MIQ to maritime vessel, and the reverse).
- Determine how vaccination policy relates to the Elimination Strategy e.g., impact on MIQ and QFTZs pending vaccine introduction.

NEXT STEPS

- In current circumstances, maintaining a high level of vigilance at the border is advised. However, officials will continue to monitor the evidence and the global situations to provide advice on adopting a risk-based approach that will strike the right balance over "posture" around tightening/relaxing at the border within the risk-based strategy. We will also continue to monitor the measures in light of the vaccine roll-out.
- Inter-agency consultation will allow us to develop a shared understanding around the prioritisation and sequencing of proposed interventions in response to the developments. Critical to these conversations will be establishing the opportunities, constraints, and risks related to the delivery of these workstreams under the Elimination Strategy.

COVID-19 – PILLARS 2 and 3: PREPARE FOR IT – STAMP IT OUT

The success of efforts to stamp out any resurgence of the virus will depend heavily on preparedness measures developed "during peace time". These measures include the combination of detection and surveillance, public health measures, and improved community capacity, capability and engagement.

PILLAR 2: PREPARE FOR IT

Detection, Surveillance & Public Health Measures

2020 Review Findings

The Review of the Elimination Strategy recommended that best-evidence protocols are used to ensure cases are quickly detected and transmission is controlled.

Changes explored in the 2020 Review:

Detection and surveillance:
- More background scanning activity e.g. wastewater testing.
- Stronger messaging that anyone with cold/flu like symptoms should get tested as soon as possible.
- Broad but localized testing when a community case is detected.

Public health measures:
- Stronger messaging to stay home when sick, supported by increased access to sick leave
- Mandate record keeping (including QR scanning) at higher risk venues (e.g. bars/restaurants and gym)
- Strongly encourage or mandate use of technology-based tracking
- Mandate face coverings on public transport under Alert Level 1.

What are our key forward priorities?

Change in context: **Changes to the global risk profile** with new, more transmissible variants and high global cases, alongside the new **post-manged isolation cases in Northland and Auckland** heightens the need for preparedness, surveillance and community vigilance. There is also a continued need to maintain social licence in order to maintain high levels of adherence to the public health measures.

Recommended changes for future direction:
- Strengthen communication around awareness, vigilance, and adherence to public health measures including use of COVID tracer app and Bluetooth function.
- Continually review Alert Level settings and control measures (e.g. face masks and limits on gatherings)
- Regional and national preparation and containment plans in place that are flexible against changing circumstances to ensure early detection and quick wrap-around.
- Engaging with communities including building better understanding of the 'geographies of influence' e.g. iwi-based networks and faith-based groups to support in preparedness and contact tracing efforts.
- Lifting testing rates and making testing more acceptable and accessible, as well as supporting people to stay home when unwell/awaiting results.
- Building workforce and infrastructure capacity for surge response e.g., refining and educating in IPC and engaging potential workforce multipliers (such as voluntary organisations).
- Reviewing and refining the surveillance plan to ensure population coverage and any appropriate asymptomatic testing

PILLAR 3: STAMP IT OUT

Contact tracing and Case Management & Stronger public Health Measures

2020 Review Findings

The Review of the Elimination Strategy recommended that targeted and timely activities, along with increase in public's adherence to health interventions would help to minimise impacts of new outbreaks across the community.

Changes explored in the 2020 Review:

Contact tracing and Case Management:
- Build strong relationships with local communities to assist efforts when needed.
- Expand use of isolating contacts of contacts, using a risk-based approach.

Public health measures:
- Less use of higher Alert Levels (i.e. 2-4)
- Tweaks to Alert Levels to permit slightly more activity without significantly increasing risk (e.g. different gathering limits for outdoor/indoor, remove single server rule)
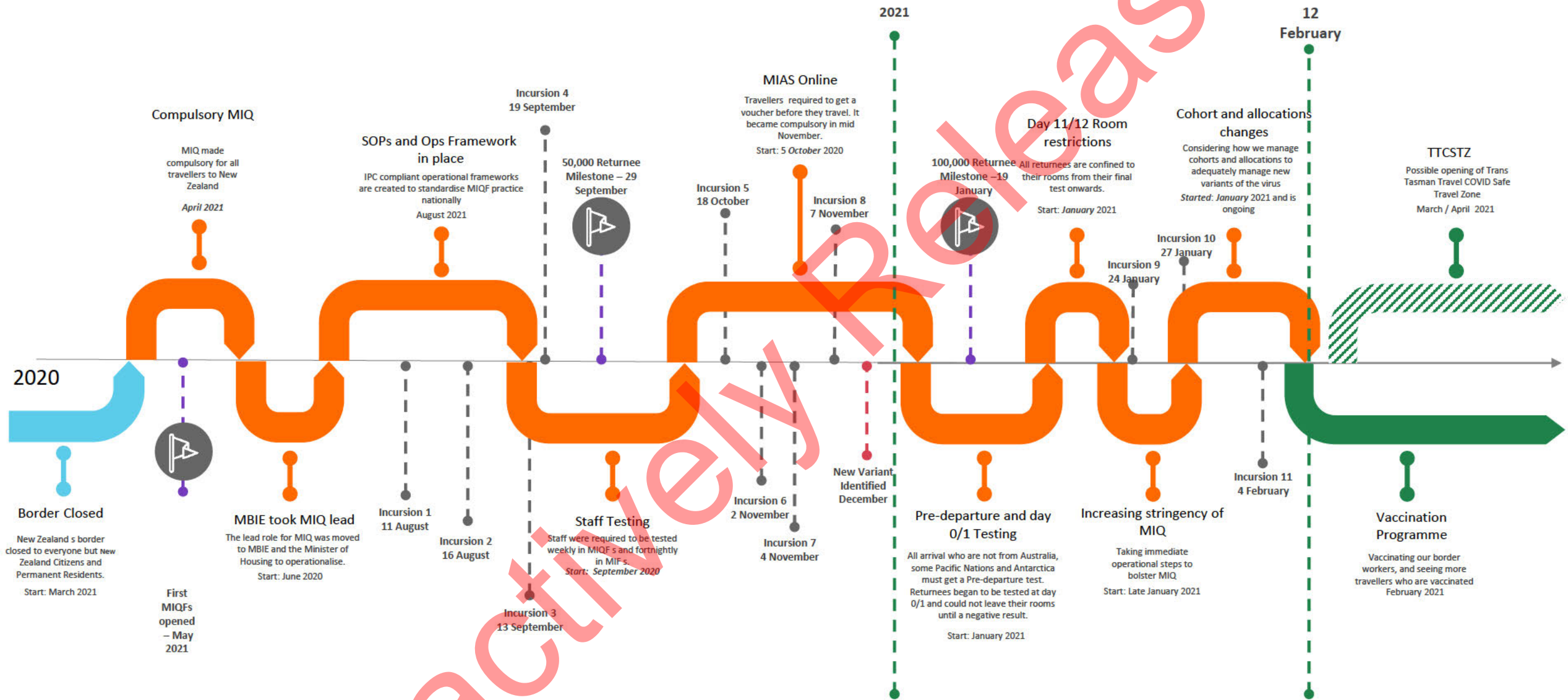
What are our key forward priorities?

Change in context: More-transmissible variants require more rapid and comprehensive response to community outbreaks. The risk tolerance for incursions and the response to these must be adjusted given the higher risk of a larger outbreak. This could mean e.g. faster escalation up Alert Levels. Any **border incursions** need to be contained rapidly and new understandings of the characteristics of the new variants need to be built into our response.

Recommended changes for future direction:
- Prioritising work to enable rapid containment of cases and apply lessons learnt.
- Regional and national containment measures putting in place to respond to community outbreaks, and ensuring these are flexible against changing circumstances to ensure early detection and quick wrap-around.
- Implementing amended contact tracing protocols e.g. lowering tolerance for assuming close contact.
- Refining testing measures with plans for increased frequency and sequencing.
- Continually reviewing Alert Level settings and their application, including consideration of regional restrictions, gathering restrictions; requirements for QR scanning.
- Ensuring responsive communications to support community vigilance and adherence to public health measures

The fourth pillar, 'managing the impact', is not detailed in this update).

Annex E: A year in MIQ

Annex F: Cohort approach to allocation

MANAGED ISOLATION AND QUARANTINE

REDUCING RISK OF UNDETECTED TRANSMISSION / INCREASING STRINGENCY →

S1: Current capacity based allocation with restrictions	S2: One cohort (arrival within 96 hours) per floor(s)	S3: One cohort (one arrival within 96 hours) per MIF	S4: One 24 hour cohort one MIF(s)
Policy outline • Proposed changes to MIQ in response to recent transmission are implemented • Leaving room only for scheduled breaks (exercise, health checks, smoking)	**Policy outline** • Cohorts can be allocated into any MIF with capacity provided they are limited to floors (or wings) • Remove mixing of cohorts • Strict measures to avoid interaction with other cohorts	**Policy outline** • 1 Cohort (arrivals within a 96 hour window) per MIF – no further returnees arrive until post departure cleaning across facility complete • May require more than one MIF depending on inbound passenger numbers	**Policy outline** • One cohort (arrivals within 24 hours) will go into one MIF • MIF now off line for 16-18 days (isolation period plus cleaning)
Room Restrictions • Room restrictions (up to 3 days) on day 0/1 and day 11/12 to minimise contact and risk – under review	**Room Restrictions** • Room restrictions on day 0/1(under review	**Room Restrictions** • No room restrictions unless symptomatic	**Room Restrictions** • No room restrictions unless symptomatic
IPC processes • Reviews of current IPC and Ventilation • N95/P2 Masks rolled out to health staff in MIFs	→		
Transport • No different day arrivals transported together during stay. Social distancing on transport to be monitored	**Transport** • Current model but no different day arrivals travel together. • Suitability of offsite exercise reviewed	**Transport** • Cohort / bubble transport. • No movement once arrived at facility	**Transport** • Transport to and from facility in small groups
Capacity impacts • Continue to operate at current operating capacity	**Capacity impacts** • Likely overall reduction of 5-10% (up to 450 rooms) • Some further redundancy where floors cannot be filled in larger MIFs	**Operational impacts** • Overall reduction of up to 20% (up to 900 rooms)	**Operational impacts** • Capacity would be significantly reduced (over 30% or 1350 rooms)
Benefits • Strong current state, having only 10 incursions in 105,000 returnees • Smaller resourcing increase required	**Benefits** • Provides better public health benefits than BAU • Dependent on effective cohort allocation and management.	**Benefits** • Greater viral loading controls • Provides greater public health benefit than S1 and S2.	**Benefits** • Very high viral loading controls • Maximises the public health benefits from managed cohorts.
Risks • Greater public health risks if cohort and bubble distancing not adhered to • Still carries workforce risks but managed through IPC processes • New variants may pose greater risk under this scenario due to increased transmissibility.	**Risks** • Workforce risks due to the fluctuating timing of testing • Will reduce the effective capacity of the system.	**Risks** • Will deplete MIQ capacity and efficiency • Will make allocation processes harder to manage.	**Risks** • Efficiency and capacity limited - Large MIF's are not viable • Limited places would impact on Non NZ entries (critical workers, large groups) • Expanding number of facilities to maintain overall capacity creates further workforce and system pressures.

Annex G: Evolution of keep it out and MIQ across 2021 and Beyond

MANAGED ISOLATION AND QUARANTINE

	High-risk environment - *current situation*	Nuanced risk environment	Decreased-risk environment
Global context/drivers of change	• high prevalence of COVID-19 in most jurisdictions • relatively low vaccination and uncertain impact on transmission • few travellers can be considered low risk (except some Pacific nations and some Australian states) • new variants give rise to ongoing risk of incursion from MIQ (ongoing risk of new, unknown variants)	• increase in jurisdictions or travellers with low COVID-19 risk • increased numbers of vaccinations worldwide and in New Zealand • Growing number of passengers that can be considered low risk, but most still cannot	• widespread global vaccinations • large numbers of New Zealand population vaccinated • Some vaccines significantly reduce transmission for dominant variants • Risk remains (unvaccinated individuals domestically and overseas) • Global travel starts to increase in rest of world
Implications for approach to 'Keep it Out'	**Maintain**, and where necessary, strengthen current approach	**Evolve** toward a precautionary risk-based approach	**Ease** border settings as we move toward a new normal
Interventions Black – in train; *Italics* – for consideration	• Strengthening MIQ: changes to cohorts; reviewing MIFs; reviewing IPC and PPE requirements; reviewing room restrictions; standardising procedures to increase consistency. • Maintaining measures such as pre-departure and day 0/1 testing. • Negotiated Safe Travel Zone agreements with Cook Islands and Australia.	• *Negotiated Safe Travel Zone agreements with other jurisdictions* • *Unilateral quarantine-free travel arrangements* • *Reduced-duration of MIQ stay (e.g. 7 days)* • *Bespoke MIQ facilities for some groups (e.g. RSE workers, students)*	• *Exemptions from MIQ for travellers that meet conditions for being considered very low risk.* • *Managed self-isolation* • *Bespoke MIQ facilities with reduced restrictions (could include private sector involvement)* • *Purpose-built facilities*
Capacity, volume and prioritisation questions	• **Can the current MIQ system continue to sufficiently and safely manage existing volumes of people?** Reducing capacity may reduce risk and ease pressure on the workforce, but would result in more NZers and critical workers waiting for places. • **How do we manage 'freed-up' capacity flowing from TTCTZ or other border changes?** Options include: 1) closing MIFs and reducing overall capacity; 2) using extra capacity for returning NZers/critical workers; 3) use extra capacity to expand immigration settings to a wider range of foreign travellers e.g. skilled workers, business travellers/investors, family reunification. • **Are we getting the right balance between returning NZers/permanent residents, and others who provide economic, social & cultural benefits (including critical workers)?** Current 'first-come, first-served' system sub-optimal – long waits for NZers, and critical workers unable to secure places in MIAS despite having visa. Could we be more strategic re: MIAS allocation/prioritisation to achieve the best outcomes for NZ?		
MIQ operating model questions	• **What MIQ changes may be needed to deal with an increase in vaccinated returnees, historical cases or introduction of international accreditation schemes (travel passport)?** Current evidence does not support change of approach (i.e. 14-day MIQ needed). But what if evidence suggests a change in risk status over time? Could different arrangements (e.g. self-isolation, reduced stay or bespoke facilities) be an option, freeing up further capacity and delivering a proportionate, risk-based approach? • **Do we want to explore evolving the hotel-based MIQ model for some groups where risks can be successfully mitigated and managed?** E.g. self-isolation, reduced stay, bespoke facilities or a change in operating model (e.g. private MIFs). Is there appetite for any small-scale trials or pilots to test safety? • **Is there a case to explore purpose-built facilities?** While it may take too long to be viable for the short-to-medium term, could purpose-built premises support our longer term response and our response to a future pandemic?		
Other relevant issues	• Lack of public understanding on vaccination and what it means for the requirement to isolate and quarantine – i.e. increasing numbers of exemption applications on basis of vaccination. • Lead-in times for making any significant changes to MIQ operating model. If we may want purpose-built/bespoke/other arrangements in future, preparatory work needs to start now. • Cost and sustainability of current model. With ongoing uncertainty around global context, evolution of COVID-19 and pace of change, MIQ may be required in some form for next few years. • Uncertainty associated with new variants and impact of more concentration of returnees from higher risk countries once STZs are in place with lower risk countries.		