

Approach to Managing Arrivals From Countries with Very High Risk of COVID-19

High Risk Country Assessment

In order to manage the risk of arrivals from countries with very high risk, ongoing assessment and surveillance is undertaken.

A two factor approach to assessing risk is proposed. The first factor is **an assessment of the public health situation in the country of origin**; this could include:

- data on community transmission and country prevalence
- public health assessments of the country's health response, vaccination status, presence of variants of concern
- public health assessments of specific exacerbating or mitigating factors such as overcrowding, nature of transport available, distance needed to travel to reach international hubs

This could be used to develop a high risk country watch list for which a specific risk assessment should be made. **At the moment India is considered very high risk.** Countries on this list will be re-assessed on a consistent timeframe until the above factors change.

The second factor is **an assessment of the specific risk presentation at our border**; this could include:

- the number of arrivals from the country
- the number of arrivals from a specific country testing positive and how that presents in terms of overall arrivals testing positive
- whether arrivals from that country are presenting with variants of concern

Existing Mitigations

There are a range of existing mitigations in place, which have been broadly effective at keeping COVID-19 out of the community, with over 130,000 people through MIQ as at April 2021

This includes increased testing requirements for arrivals from high risk countries.

Additional Mitigations

Additional mitigations will need to be in place for countries with very high risk of COVID-19.

A combination of these mitigations specific to the health risk presenting from any very high risk country will be implemented. This A3 presents options that can be taken forward now for implementation in the future. **Options for mitigation of risk from India have been prioritised.**

Options to reduce traveller numbers reduces risk by limiting the total inflow of travellers. This will result in less arrivals with COVID-19.

Options to improve health interventions are mitigations that can be put in place to either reduce the incidence of COVID-19 amongst travellers, or lower the risk of these travellers infecting others en-route or in MIQ.

These options are analysed in more detail in the tables on following pages.

Options to improve health interventions

1. Limit the test type to PCR tests (Officials recommend for India)
2. Reduce pre-departure test window from 72 to 48 hours (Officials recommend for India)
3. Require tests to come from an accredited lab (could be implemented in a limited fashion for India)
4. Require rapid pre-departure tests at the airport (not easily implemented for India)
5. Keep arrivals from very high risk countries within a cohort in MIQ

Options to directly limit traveller numbers

- A. All travellers must have been outside of a very high risk country for 14 days (DG-Health Preferred Option for India)
- B. All travellers must have been outside of a very high risk country for 7 days
- C. Citizens and their partners and/or children can travel, all others must have been outside of a very high risk country for 7 or 14 days
- D. Citizens and residents and their partners and/or children can travel, all others must have been outside of a very high risk country for 7 or 14 days

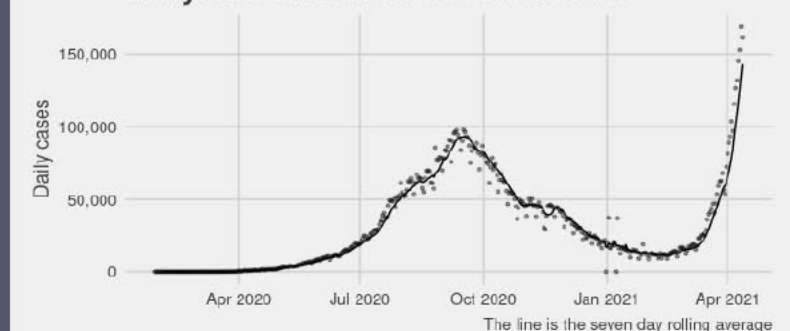
Health Assessment for India

The increased level of cases in India, and a subsequent spike in positive cases of COVID-19 in arrivals resulted in India being considered a country with very high risk of COVID-19 in the health risk assessment.

In the three months since 10 January 2021 50% of imported cases of COVID-19 were from India. The situation in India continues to be of significant concern. The sharp rise in incidence that began in March is accelerating exponentially, which suggests that the control measures India have put in place are not yet having an effect.

The Director-General of Health considers that the situation in India is currently very high risk. The risk of higher case numbers at our border and in our MIQ system, is too great to justify any changes to the travel restrictions which would result in high numbers of people who are COVID-19 positive from India arriving in New Zealand.

Daily new COVID-19 cases in India



Detailed Options Table – Options to directly limit traveller numbers

Option	Feasibility	Efficacy	Impacts	Officials Recommendation
<p>A. All travellers must have been outside of a very high risk country for 14 days</p>	<p>All of these options could be implemented through a change to the air border order.</p> <p>This could be implemented quickly in response to Ministers decisions.</p> <p>The length of time that any person is required to spend outside of a very high risk country could be shortened from 14 to 7 (or 10 or 5) days. This is difficult to enforce in situations where travellers are using a split ticket to travel.</p>	<p>This option would effectively prevent all travel to New Zealand by all travellers from a very-high risk country.</p> <p>In theory somebody could travel to a hub country, wait for 14 days and then continue their travel to NZ. However, for many countries, some travellers will not be able to get temporary entry visas which would effectively stop them from travelling.</p>	<p>This will have significant impacts on those who are unable to travel especially if they do not have rights to travel elsewhere, or other jurisdictions restrict travel. These impacts could include, but are not limited to: increased risk of infection of COVID-19, humanitarian issues, or loss of family connections, and increased requests for consular assistance. There would be potentially significant cost issues, and therefore equity issues, as those travellers that moved through an intermediate country would need to pay for accommodation, insurance, meals etc.</p> <p>6(a)</p>	<p>This option can be used as a precautionary approach in the case of changes in very high risk countries which will enable the overall situation to be assessed and any mitigations to be determined.</p> <p>For both legal and bilateral relationship reasons it is recommended this option be temporary with a clear timeframe for review.</p> <p>Health Advice as applied to India This option will limit most people so it will have a similar effect in reducing numbers as the current policy has been which limits travel for all people from India.</p> <p>This is the Director-General of Health’s preferred option.</p>
<p>B. All travellers must have been outside of a very high risk country for 7 days</p>	<p>Exemptions would be required for emergency situations and foreign diplomats and their dependents.</p>	<p>This would likely have the same effect as the above option, although may allow for some more travel through other pathways.</p>	<p>There could be a reduction in the overall number of flights which carry a lot of passengers from very high risk flights - with some disruption to cargo and passenger travel.</p> <p>s6(a)</p>	<p>This option can be used as a precautionary approach in the case of changes in very high risk countries which will enable the overall situation to be assessed and any mitigations to be determined. For both legal and bilateral relationship reasons it is recommended this option be temporary with a clear timeframe for review.</p> <p>6(a)</p>
<p>C. Citizens and their partners and/or children can travel, all others must have been outside of a very high risk country for 7 or 14 days</p>	<p>Existing MIQ bookings for affected passengers will need to be cancelled or rebooked, which may result in some disruption.</p>	<p>Citizens made up approximately 22% (422 people) of travel from India to New Zealand from 8 January to 8 April 2021.</p> <p>It is unclear what proportion of travellers arrive as partners or children of citizens.</p>	<p>Impacts are as above for those unable to travel will still affect NZ citizens [and residents] e.g. if a NZ citizen child is unable to travel because their non-citizen [or resident] parent is banned. Humanitarian exemptions are only available in extraordinary circumstances and will not account for the majority of these cases. Likely to increase requests for consular assistance.</p> <p>s6(a)</p>	<p>This option will likely result in a substantial drop in numbers of arrivals from very high risk countries (although not total). It could be used where there is some acceptable risk with the use of other mitigations.</p> <p>This would not restrict the rights of New Zealand citizens under the NZBORA (but could be seen as negatively drawing a ‘wedge’ between a citizen and resident, when the latter have access to most other rights).</p> <p>6(a)</p>
<p>D. Citizens and residents and their partners and/or children can travel, all others must have been outside of a very high risk country for 7 or 14 days</p>	<p>Citizens and residents combined made up approximately 66% (1,435 people) of travel from India to New Zealand from 8 January to 8 April 2021.</p> <p>It is unclear what proportion of travellers arrive as partners or children of citizens and/or residents.</p>	<p>Citizens and residents combined made up approximately 66% (1,435 people) of travel from India to New Zealand from 8 January to 8 April 2021.</p> <p>It is unclear what proportion of travellers arrive as partners or children of citizens and/or residents.</p>	<p>Impacts are as above for those unable to travel will still affect NZ citizens [and residents] e.g. if a NZ citizen child is unable to travel because their non-citizen [or resident] parent is banned. Humanitarian exemptions are only available in extraordinary circumstances and will not account for the majority of these cases. Likely to increase requests for consular assistance.</p> <p>s6(a)</p>	<p>This option will likely result in a drop in numbers of arrivals from very high risk countries (although less than the above option). It could be used where there is some acceptable risk with the use of other mitigations.</p> <p>This would not restrict the rights of New Zealanders under the NZBORA.</p> <p>6(a)</p>

Detailed Options Table – Crown Law Advice on options to directly limit traveller numbers

Option	Crown Law Advice
A. All travellers must have been outside of a very high risk country for 14 days	9(2)(h)
B. All travellers must have been outside of a very high risk country for 7 days	9(2)(h)
C. Citizens and their partners and/or children can travel, all others must have been outside of a very high risk country for 7 or 14 days	9(2)(h)
D. Citizens and residents and their partners and/or children can travel, all others must have been outside of a very high risk country for 7 or 14 days	9(2)(h)

Proactively Released

Detailed Options Table – Options to improve health interventions

Option	Feasibility	Efficacy	Impacts	Officials Recommendation
<p>1. Limit the test type to PCR tests</p>	<p>The pre-departure testing requirements can be altered by the Director-General of Health, or through amendments to the Air Border Order.</p>	<p>Could be efficacious where the reliability of pre-departure tests results is questioned, though would not address risk of people being infected immediately prior to departure.</p> <p>s6(a)</p>	<p>This is unlikely to have significant negative impacts if applied in most countries. We understand that PCR tests are available in the most common hubs travellers pass through on their way to New Zealand, but exemptions would be required where this is not the case.</p>	<p>This is likely a low impact option that could be implemented in most countries, and improve confidence in the testing approach.</p> <p>Officials recommend this option is applied to India as it will still mean that the most accurate testing methodology is required for these travellers.</p>
<p>2. Reduce pre-departure test window from 72 to 48 hours</p>	<p>As above for testing requirements.</p>	<p>This option would reduce the risk of exposure to some degree but not significantly as there would still be 48 hours in which to be exposed. It is not clear at which part of a travellers journey they would be most at risk.</p> <p>6(a)</p>	<p>Lab capacity/turnaround times in departure location may make this unfeasible. This could create hardship and wellbeing issues for New Zealanders stranded at short notice if test results are not returned in time.</p>	<p>Further consideration could be given to this option for countries with very high risk.</p> <p>6(a)</p>
<p>3. Require tests to come from an accredited lab</p> <p>This gives greater assurance over:</p> <ul style="list-style-type: none"> • Testing procedure, • Test analysis, and • Test verification 	<p>As above for testing requirements.</p> <p>The Ministry of Health's initial assessment is that they have no regulatory authority, or ability to assess laboratories in other countries. A list of labs accredited by a foreign government could be accepted.</p>	<p>Useful where there is concern about fraudulent or inaccurate pre-departure test results.</p> <p>6(a)</p>	<p>Depending on the accreditation process and the availability of accredited labs, this could limit peoples access to testing and result in travellers being unable to meet standards required in time for travel. However, this is seen as unlikely to be a significant challenge.</p>	<p>Further consideration could be given to this option for countries with very high risk.</p> <p>6(a)</p>
<p>4. Require rapid pre-departure tests at the airport</p>	<p>As above for testing requirements.</p> <p>6(a)</p>	<p>This may give some added assurance that travellers from very high risk countries are COVID-19 free before boarding their flight and may reduce the number of COVID-19 positive returnees arriving in MIQ. However, rapid tests are not yet accurate enough to be relied on so this option is likely to be of limited efficacy.</p> <p>6(a)</p>	<p>These tests are not available at all airports. This means, unless rapid testing became available, it could amount to a ban.</p> <p>The additional time spent in an airport could increase chances of exposure to COVID-19. This could be limited by allowing testing at nearby hotels.</p> <p>Implementation could result in reciprocation by other countries.</p>	<p>Further consideration could be given to this option for countries with very high risk.</p> <p>6(a)</p>
<p>5. Keep arrivals from very high risk countries within a sub-cohort in MIQ</p>	<p>A form of cohorting is already being implemented – dependent on available capacity.</p>	<p>Cohorting returnees would further reduce the risk of intra-MIQ transmission between returnees at different points of their stay. This would mean that there is less risk of transmission of COVID-19 from a person early in their stay to a person who is close to the end. This will reduce the risk of transmission to the community.</p>	<p>Sub-cohorting of travellers from very high risk countries could reduce overall capacity and therefore limit space for travellers from other countries.</p>	<p>The Minister for COVID-19 Response has agreed to progress this option.</p> <p>6(a)</p>

ANNEX A - COVID-19 TRAVEL & BORDER MEASURES APPLIED TO ARRIVALS BY SELECTED JURISDICTIONS

This table is a best endeavours summary of travel and border measures applied now, or previously applied, in selected jurisdictions. It is intended to provide examples of different approaches taken internationally. COVID-19 measures evolve rapidly and verification should be sought before relying on any individual data point.

Country	Risk level	Pre-departure	In transit	Arrival
Australia	Red zone travellers	<ul style="list-style-type: none"> Negative PDT (72 hrs) Australian Travel Declaration form (72 hrs prior)¹ 	<ul style="list-style-type: none"> Mask on flight and in airports Social distancing Quarantine (Federal rules apply if transiting to another country, e.g. hotel stay) 	<ul style="list-style-type: none"> 14-day quarantine in state facilities, user-pays.²
	Green zone travellers, e.g. New Zealand	<ul style="list-style-type: none"> Australian Travel Declaration form (72 hrs prior) 		<ul style="list-style-type: none"> No quarantine.
ASIA				
Singapore	High-risk countries ³	<ul style="list-style-type: none"> No entry if in UK/South Africa last 14 days and short term visitors Can enter if citizens/PR Negative PDT (72 hrs) 	<ul style="list-style-type: none"> Mask on flight and in airports Social distancing Floor markers Temperature screening 	<ul style="list-style-type: none"> PCR test on arrival. 21-day isolation: 14-day in dedicated facility, PCR test at end. Additional 7-day residence and PCR test at end.
	All others	<ul style="list-style-type: none"> Approval two weeks prior to entry Pre-trip health & travel history through SafeTravel online portal Negative PDT (72 hrs) Apps: Install & activate TraceTogether, SafeEntry, WhatsApp 		<ul style="list-style-type: none"> PCR test on arrival. Self-isolate at self-sourced accommodation until negative test. 7-14-day isolation (depending on departure location) in dedicated facility, PCR test at end. Local health requirements (e.g. social distance). Apps: encouraged to use TraceTogether and SafeEntry.
	Green Lanes (Business & official travel) ⁴	<ul style="list-style-type: none"> Negative PDT (72 hrs) Health declarations and payment for arrival swab Travel insurance, minimum coverage of S\$30,000 (COVID-19-related costs) 		<ul style="list-style-type: none"> SafeTravel Pass for week of travel, valid visa, negative test result, return air/bus ticket, App: proof of TraceTogether PCR test on arrival. If negative can leave place of isolation. Private transportation to declared accommodation and throughout. 14-day travel itinerary submitted and followed.
	Air Travel Pass (Short term & business) ⁵	<ul style="list-style-type: none"> No PDT required Must travel directly to Singapore Must have stayed in their declared point of departure last 14 days Monitor symptoms Travel insurance w/ minimum coverage of S\$30,000 (COVID-19-related costs) Health, travel history and accommodation declarations through SafeTravel 		<ul style="list-style-type: none"> Air Travel Pass approval letter, visa, copy of insurance App: proof of TraceTogether PCR test on arrival. If negative, they can leave their place of isolation. Private transportation to declared accommodation and throughout.
Taiwan	High risk countries visited in the past 14 days ⁶	<ul style="list-style-type: none"> Negative PDT (72 hrs) Flights previously suspended from UK (lifted 10 April 2021) 	<ul style="list-style-type: none"> Mask on flight and in airports Social distancing 	<ul style="list-style-type: none"> PCR test on arrival – if positive, then hospitalised. 14-day quarantine at group facilities Phone app with location tracking to ensure people are self-isolating at home. Officials call 2x day to ensure phones are not left at home.⁷
	All	<ul style="list-style-type: none"> Negative PDT (72 hrs) Proof of quarantine location at check-in 		<ul style="list-style-type: none"> Health declaration. Temperature check. Testing for symptomatic persons. 14-day quarantine at home followed by 7-day self-health management: <ul style="list-style-type: none"> Quarantining at home: provide an affidavit declaring quarantine will be restricted to one person/one residence. Self-health management: masks outside the home, daily temp. checks, reporting of symptoms, a record of places visited, no public transport, no access to crowded public spaces.

¹ Exclusions include: flight crew, diplomats, people travelling on military flights.

² Diplomatic service can self-isolate

³ Current countries are: UK, South Africa.

⁴ Includes: Brunei Darussalam, Mainland China (Chongqing, Guangdong, Jiangsu, Shanghai, Tianjin and Zhejiang), Germany, Japan, Malaysia, Republic of Korea

⁵ Includes: Australia, Brunei Darussalam, Mainland China, New Zealand, Taiwan

⁶ Current countries are UK, South Africa or Eswatini (due to variant concerns.). Source: [Taiwan Bureau of Consular Affairs](#).

⁷ Source: 20 March 2020, [Coronavirus: Taiwan tracking citizens' phones to make sure they stay indoors | The Independent](#)

Country	Risk level	Pre-departure	In transit	Arrival
EUROPE				
Ireland	High risk countries	<ul style="list-style-type: none"> Passenger Locator Form⁸ Negative PDT (72 hrs) 	<u>Dublin Airport:</u> <ul style="list-style-type: none"> Mask wearing (except children under 13 and those with medical reasons) Social distancing Hand sanitizer Plexiglass screens 	<ul style="list-style-type: none"> No testing on arrival. 14-day hotel quarantine. Release after 10 days with a negative PCR test. Fine (up to €5,000) or imprisonment (6 months) for Passenger Locator Form violations. App for contact tracing.
	Low-risk countries	<ul style="list-style-type: none"> Passenger Locator Form (showing self-isolation address). Negative PDT (72 hrs). 		As above, except: <ul style="list-style-type: none"> 14-days self-isolation at home (unless cannot show negative PCR test). Release after 5-days with a negative PCR test. Exemptions for self-isolation apply.⁹ Police call homes for isolation checks (but cannot enter).
United Kingdom	High-risk countries	<ul style="list-style-type: none"> Outbound travel banned, with exceptions via a "Reason for travel" form.¹⁰ "Travel test package" for Day 2 & 8 booked ahead of departure (user pays). Negative PDT (fine £500 for passenger and £2000 for airline). 	<u>UK Airports, port or stations:</u> <ul style="list-style-type: none"> Mask wearing. Social distancing. 	<ul style="list-style-type: none"> 10-days hotel quarantine. £5000-£10,000 for not hotel quarantining; £1000 per test for not taking Day 2 & 8 tests and an extra 14-days quarantine.
	Other countries	<ul style="list-style-type: none"> Passenger Locator Form (PLF) (must carry proof).¹¹ 10 years in prison or a £10,000 fine for concealing red list country travel). 		<ul style="list-style-type: none"> 10 days self-isolation. Opt-in Day 5 "test to release" (users pay for private test to leave self-isolation with negative result). Spot-checks on isolating arrivals, subject to fines of max. £10,000 if not in place declared.
Germany	Arrivals from "areas of variant of concern"	<ul style="list-style-type: none"> Negative PDT if travelling by air, otherwise test on arrival. Electronic notification system (allows health authorities to contact arrivals and monitor their self-isolation). 	<u>Frankfurt Airport:</u> <ul style="list-style-type: none"> Medical masks (except children under 6 and those with medical reasons). Social distancing. Sanitizer. Public announcements of distancing rules (multiple languages) every 5 mins. Plexiglass screens. 	<ul style="list-style-type: none"> 10-14 days self-isolation (private home or commercial accommodation) depending on regional rules. No possibility of shortening.
	International risk areas (most countries)			<ul style="list-style-type: none"> 10-days self-isolation (private home or commercial accommodation). Release after 5 days if negative result (unless from areas of variants concerns).¹² Some states exempt fully vaccinated travellers, (unless from areas of variant concerns).
	Low risk			<ul style="list-style-type: none"> No isolation required.
France	Travellers from the EU (aged 11+)	<ul style="list-style-type: none"> Negative PDT (72 hrs).¹³ 	<u>Paris Airports:</u> <ul style="list-style-type: none"> Medical masks. Social distancing. Hand sanitizer. Thermal temperature checks at baggage areas. 	<ul style="list-style-type: none"> Temperature checks (via thermal cameras at baggage delivery areas). 7-day self-isolation recommended (required if symptoms), PCR test at end of 7-days. PCR test for those coming from countries where testing isn't easily available. Medical follow-up if positive test.
	Travellers outside the EU (aged 11+)			All the above, and in addition: <ul style="list-style-type: none"> Written statements on arrival declaring they: <ul style="list-style-type: none"> are symptom-free and had no contact with a positive case in last 14 days; agree to testing on arrival if required; commit to self-isolation and PCR testing at the end Certificate of international travel
NORTH AMERICA/PACIFIC				
Canada		<ul style="list-style-type: none"> Negative PDT (72 hrs)¹⁴ 	<ul style="list-style-type: none"> Mask wearing (except for those with medical reasons). Social distancing. 	<ul style="list-style-type: none"> Temperature testing and/or health questionnaire on arrival 14-days self-isolation: first 3 days in MIQ then isolation at home if test negative Test at end of self-isolation period App for contact tracing
Hawai'i		<ul style="list-style-type: none"> Negative PDT (72 hrs). Result uploaded to Safe Travels (Mandatory State of Hawaii Travel and Health Form) Health questionnaire on Safe Travels account 24hrs prior 	<ul style="list-style-type: none"> Mask wearing Social distancing Sanitizer 	<ul style="list-style-type: none"> Temperature checks Complete health questionnaire 10-day self-quarantine in self-identified quarantine location

⁸ Essential supply chain workers (air and ship crew and hauliers) and accredited diplomats are exempt.

⁹ Exemptions include: patients travelling to Ireland for urgent medical reasons; international transport workers; Drivers of Heavy Goods Vehicles; Aviation and maritime crew; Police/Defence Forces personnel, while carrying out their duties; travel pursuant to an arrest warrant, extradition proceedings or other mandatory legal obligation; diplomats.

¹⁰ Valid reasons include, among others, work, medical treatment and returning home.

¹¹ Diplomats are exempt.

¹² Some exemptions include: short-term stays of professional drivers/crews, health workers, and possibly commuters; short-term family visitors; senior official delegations; officials, parliamentarians or diplomats travelling on essential business; policemen returning from a mission, business travellers, relevant sports officials, certain returning holiday-makers (conditional), foreign military personnel (NATO/EU), and seasonal workers - unless from areas of variant of concern

¹³ Exemptions: borders living areas, emergency work commitments, road transport workers.

¹⁴ Travellers departing from the Caribbean or South America can use tests conducted within 96 hours of departure