



Briefing

FURTHER ADVICE ON RISK MITIGATION MEASURES FOR VERY HIGH RISK COUNTRIES

To: Hon Chris Hipkins
Minister for COVID-19 Response

Cc: Rt Hon Jacinda Ardern
Prime Minister

Hon Kris Faafoi
Minister of Justice

Hon Grant Robertson
Deputy Prime Minister

Hon Andrew Little
Minister of Health

Hon Nanaia Mahuta
Minister of Foreign Affairs

Hon Dr Ayesha Verrall
Associate Minister of Health

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Purpose

This paper builds from the advice given in the briefing note DPMC-2020/21-872 and reflects the Ministerial discussion on 21 April. It provides a revised set of decisions, to be taken by Ministers with delegated responsibility (Hipkins, Robertson, Mahuta, Verrall).

Recommendations

1. Agree that New Zealand adopt a 3 level system to guide decisions around travel restrictions into New Zealand:

YES NO

- 1.1. Low risk countries (including many Pacific Island countries where there have been few or no recent cases of COVID-19, and countries with which we have a Safe Zone travel agreement);

- 1.2. High risk countries: the rest of the world

1.3. Very high risk countries: those designated countries that pose a particularly high risk of arrivals from that country testing positive for COVID-19 in New Zealand

2. **Agree** in relation to very high risk countries:

YES NO

2.1. that from 11:59pm on 28 April 2021 travel to New Zealand from very high risk countries is temporarily limited to New Zealand citizens, their partners and/or dependent children, and parent(s) of a dependent child (where the child is a New Zealand citizen).

2.2. that from 11:59pm on 28 April 2021 all other travellers must have been outside of a very high risk country for the 14 days immediately prior to travel to New Zealand.

2.3. that permitted travellers from very high risk countries (being citizens, their partners and children, parents of children who are citizens and those granted a humanitarian exception, foreign diplomats and their dependents) will be required to provide evidence of a negative nasopharyngeal RT-PCR (PCR) test from an accredited laboratory prior to travel and that this will replace the usual pre-departure test requirement in place for high risk countries.

3. **Note** that on Sunday 11 April 2021 the Government temporarily suspended travel from India until 11:59pm on 28 April 2021 in response to a spike in COVID-19 positive returnees from India.


4. **Note** that on 19 April 2021 Cabinet considered a suite of risk mitigation measures for arrivals from very high risk countries and delegated authority to a subgroup of Ministers to take final decisions.

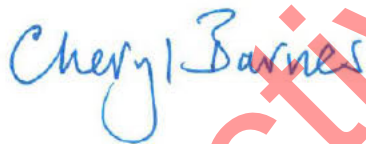
5. **Note** that the Ministry of Health have identified criteria used to assess the risks to New Zealand from travellers from high-risk countries which weights the data starting with the total numbers of arrivals to New Zealand, cases presenting at the border, and the rate of positive cases per 1000 arrivals.

6. **Note** we can add to this an assessment of the cumulative risk of arrivals to New Zealand based on the future risk of cases presenting from any given country, using as a threshold for very high risk a rate of more than 50 cases per 1,000 arrivals (as above) and a minimum number of 15 arrivals a month s9(2)(g)(i)

7. **Note** that this approach identifies India, Brazil, Papua New Guinea and Pakistan to the very high risk list.

8. **Agree** to the use the approach that uses the assessment of the future risk of cases and identifies the above countries. **YES** NO
9. **Agree** that the Minister for COVID-19 Response in the future will also consider vaccination rates and the overall trend in the daily number of new cases of COVID-19 in a country when considering whether a country should be designated very high risk. **YES** NO
10. **Note** that officials will provide further advice that the role of variants of concern could play in the decision to designate a country very high risk.
11. **Note** that officials will review their assessment of very high risk countries and report back to you by 7 May 2021, and fortnightly reviews will be made thereafter.
12. **Note** the Minister for COVID-19 Response will notify Cabinet of these and any future designations of very high risk countries.
13. **Note** any legislative amendments required to implement the outcome of these assessments will include a mechanism for the Minister to publicly notify which countries are determined to be very high risk.
14. **Note** that airside transit through a very high risk country is excluded from the 14 day requirement.
15. **Note** that officials will provide further advice on an exemptions regime that will consider permanent residents who departed New Zealand and recently travelled to a very high risk country prior to announcements of that country being considered very high risk.
16. **Agree** that the nasopharyngeal RT-PCR test for permitted travellers must be taken 72 hours prior to departure. **YES** NO
17. **Note** officials from MFAT and the Ministry of Health will provide further advice later by Friday 23 April 2021 to confirm the availability of laboratory testing within a 48-hour period, that would meet NZ Bill of Rights Act considerations, in those countries currently determined to be very high risk.
18. **Note** the Ministry of Health and MFAT officials will develop an initial list of accredited laboratories for very high risk countries, and report back by Friday 23 April 2021.
19. **Agree** that officials will notify the governments of countries which New Zealand assesses to be very high risk, and New Zealand-based affected communities, prior to any public announcement. **YES** NO
20. **Note** that if the process to identify countries as high risk for the purposes of enhanced monitoring is made public, MFAT will first notify the governments of any affected countries.

21. **Note** the Minister for COVID-19 Response may make or amend an Order under section 11 of the COVID-19 Public Health Response Act 2020, informed by these decisions.
22. **Note** before making or amending an Order, the Minister for COVID-19 Response must have regard to any advice from the Director-General about the risks of the outbreak or spread of COVID-19, and the nature and extent of any measures that are appropriate to address those risks. The Minister may also have regard to these decisions on the level of public health measures appropriate to respond to those risks and avoid, mitigate, or remedy the effects of the outbreak or spread of COVID-19.
23. **Note** should any Order be made, or amended, Ministerial consultation requirements will be satisfied through the proposals outlined in this paper.
24. **Note** that the Minister for COVID-19 Response has previously directed MIQ to cohort arrivals into New Zealand in facilities within a 96 hour period, and transition to this will be completed by 16 May 2021.
25. s6(a)

26. **Note** that the Border Executive Board will oversee the implementation of these measures.



Cheryl Barnes
Deputy Chief Executive, COVID-19 Response

22./04./2021



Hon Chris Hipkins
Minister for COVID-19 Response

22./04./2021

Contact for telephone discussion if required:

Name	Position	Telephone		1st contact
Cheryl Barnes	Deputy Chief Executive, COVID-19 Response,	N/A	s9(2)(a)	✓
Ivan Luketina	Principal Policy Advisor	N/A	s9(2)(a)	

Minister's office comments:

- Noted
- Seen
- Approved
- Needs change
- Withdrawn
- Not seen by Minister
- Overtaken by events
- Referred to

I would like further advice by the end of the month on criteria for removing a Very High Risk designation (if the measures work as intended, VHR countries will quickly no longer meet the VHR criteria, but the risk if travel resumes will not have decreased).

Proactively Released

RISK MITIGATION MEASURES FOR VERY HIGH RISK COUNTRIES

Purpose

1. This paper builds from the advice given in the briefing note DPMC-2020/21-872 and reflects the Ministerial discussion, and the matters that were agreed, on 21 April 2021. It provides an additional set of decisions, to be taken by Ministers with delegated responsibility (Hipkins, Robertson, Mahuta, Verrall).
2. This briefing should be read in conjunction with previous advice on this topic (DPMC-2020/21-872). Note that critical parts of the advice in that briefing, including relevant Crown Law advice is not repeated in this briefing.

Background

3. Resurgence of COVID-19 is occurring in a number of countries. We can expect to see further waves of infections in many countries emerge as new variants arise, vaccination programmes are rolled out at different speeds, and public health measures are relaxed in overseas jurisdictions. As a result we may see further spikes in COVID-19 positive returnees in the future, placing pressure on managed isolation and quarantine (MIQ) systems and workforce and increasing the risk of a community outbreak.

Assessment of very high risk countries

Initial public health assessment of COVID-19 risk by country arrivals and cases at border

4. The following provides a proposed process for assessing whether countries should be considered for enhanced monitoring by public health officials in relation to elevated COVID-19 risk.
5. The process involves the following three steps:
 - a) **Arrivals at the New Zealand border:** we consider there would need to be more than **150 arrivals from a country over a three-month period** to be considered for further assessment due the flow of travellers that we can manage under existing settings.
 - b) **Number of cases presenting at border:** this considers the ability for our existing systems to manage the flow of any positive COVID-19 arrivals the country safely. Of those countries with more than 150 arrivals over three months, we consider that there would need to be more than **30 cases presenting over a three-month period** to be considered for further risk assessment.
 - c) **Cases per 1000 arrivals:** represents the proportionate level of risk of positive COVID-19 cases presenting at the border in comparison to other countries. Of countries with more than 30 cases presenting over a three-month period, we consider countries with an average of over **50 cases per 1000 arrivals** over a three-month period.

6. s9(2)(g)(i)
7. An application of the criteria above to countries is outlined in Table 1 in *Attachment A*.
8. Note the following caveats associated with the data:
- Arrivals data is self-reported on arrival cards and is from 1 Jan 2021 until March 20.
 - New Zealand case data is for 1 Jan 2021 to April 18. This means that countries with small number of arrivals then cases per arrivals may not be a good estimate of the underlying pattern.
 - Departure country is based on ESR EpiSurv records. For recent cases these records do change during the course of a case investigation. This is more likely to be the case for travel hubs s6(a).
 - The New Zealand case country includes all arrivals from departure country who tested positive for COVID-19 – not just the cases detected by Day 0/1 or Day 3 testing.
9. To improve our data and monitoring of countries, the Ministry of Health will construct an algorithm that can be fed different thresholds for the criteria, to demonstrate the impact of using different thresholds.
10. The Ministry of Health will also work on getting better quality and more current data on the arrivals, so that we can assess countries against the criteria over a shorter time period in future should there be a rapid escalation in concern about a specific country which necessitates a policy reaction.

It is possible to add to the public health assessment outlined above to include an assessment of the future risk of cases presenting from any given country

11. The criteria used to assess the risks to New Zealand from travellers from high-risk countries weights the data on numbers of arrivals to New Zealand, cases presenting at the border and whether case numbers are increasing or decreasing over time (outlined in paragraph 5). This allows us to assess the public health risk to New Zealand as it based on who is arriving in the country.
12. We can add to this an assessment by putting greater weighting on the of the future risk of cases presenting from any given country, using a rate of cases per 1,000 arrivals. This adds an assessment of the potential risk if more people arrive from those countries (and also a sense of the effectiveness of measure in place in those countries).
13. This addition also recognises the cumulative risks to our MIQ system: in that reducing numbers of travellers from countries with a high number of travellers s6(a) could open up more spaces in MIQ for travellers from other countries s6(a) in which the likelihood of a traveller having COVID-19 based on their country of origin is higher.
14. If these additional criteria are included in the assessment of risk to New Zealand from travellers from high-risk countries, this widens the set of countries assessed as very high risk to include India, Brazil, Papua New Guinea and Pakistan.

15. An application of this additional criteria is outlined in Table 2 in *Attachment B*.

Other matters raised by Ministers

16. **Variants of concern:** Genome sequencing is required to obtain data on the presence of variants of concern in any country. New Zealand is currently the only country which is undertaking genome sequencing at the frequency and standard required. In light of this, the Ministry of Health does not propose the information on variants to be sufficient to consider as part of country risk assessment at this time.

High Risk Countries

17. We expect significant interest – domestically and internationally – in any public messaging about the criteria used by New Zealand to assess the risk level of countries, and especially of any assessment of countries being high risk.
18. s6(a) [REDACTED] if the list of countries for enhanced monitoring is made public, MFAT will require:
- a) Advance notice to affected foreign governments; and
 - b) The opportunity to provide a consular and foreign policy perspective into communications developed by Ministers' offices, the Department of Prime Minister and Cabinet, or other agencies.

19. s9(2)(b)(ii) [REDACTED]

Restricting travel from very high risk countries

20. The Minister for COVID-19 Response has asked for advice on allowing New Zealand citizens, and their immediate family (defined as the partner, dependent child/ren and the parent of a dependent child) to travel to New Zealand from very high risk countries while mitigating the risk of importing COVID-19 into New Zealand.
21. This can be achieved by restricting travel to New Zealand of all other travellers (with a small number of exceptions such as foreign government representatives and with an exemptions process) who have been in very high risk countries in the 14 days immediately prior to travelling to New Zealand. It can be expected that limiting arrivals in this way will substantially reduce the flow of COVID-19 positive arrivals into MIQ, allowing the system to manage this level of risk through existing MIQ settings.
22. Given the complexities and changeable nature of international travel in the COVID-19 context it is not possible to fully assess the feasibility of these impacted travellers being able to travel to New Zealand by spending 14 days in a third (not very high risk) country. Individual motivation and access to funds will be significant.

Additional pre-departure testing requirements for very high risk countries

23. The Minister for COVID-19 Response has asked for advice on the following amendments to the pre-departure testing requirements for travellers from very high risk countries:
- a) Limit the test type to nasopharyngeal RT-PCR tests (currently three tests are specified for pre-departure testing) as this is the most accurate test;
 - b) Reduce the pre-departure testing window to 48 hours, as this reduces the time in which a traveller can be exposed to COVID-19 prior to travel; and
 - c) Require tests to come from an accredited laboratory to ensure test results are reliable.
24. These measures will decrease the risk of COVID-19 positive passengers embarking on flights to New Zealand by reducing exposure risk between testing and departure and improving the accuracy of the pre-departure testing.
25. The Ministry of Health recognises a nasopharyngeal RT-PCR test as the best specimen type and on this basis this test is recommended for travellers from very high risk countries.
26. s6(a)
27. s6(a)
28. s6(a)
29. **Timeframe for PCR testing:** more information is required before considering a shift of pre-departure testing requirements from 72 hours to 48 hours for travellers from very high risk countries.

Identifying accredited laboratories in very high risk countries

30. As noted in previous advice (DPMC-2020/21-872 refers), the Ministry of Health will work with MFAT to identify laboratories in other jurisdictions from which we would accept nasopharyngeal RT-PCR test results. This will involve investigating:
- a) the accreditation system in each country;
 - b) what standards they use;
 - c) their specific accreditation for COVID-19 nasopharyngeal RT-PCR testing;
 - d) who the accreditation body is; and

e) how we access a list of accredited laboratories.

31. Note many countries use the same ISO 15189 standard, the standard for medical laboratories that we also use in New Zealand. There may be other standards used in other countries. In New Zealand we require laboratories to be accredited to ISO 15189 specifically for COVID-19 testing, on top of their standard accreditation.
32. The Ministry of Health and MFAT officials will develop an appropriate process for identifying, and provide an initial list of testing laboratories which will be acceptable for the purposes of travel to New Zealand from very high risk countries.

Crown Law advice

33. s9(2)(h)

[Redacted]

34. s9(2)(h)

[Redacted]

35. s9(2)(h)

[Redacted]

36. s9(2)(h)

[Redacted]

Further work to come

37. Officials will prepare further advice for delegated Ministers on:
 - a) Additional advice on how to deal with potential offshore stranding of permanent residents, who departed New Zealand for legitimate family or personal reasons, prior to the very high risk country announcement. s9(2)(g)(i)
[Redacted]
 - b) Advice on ability to receive test results within 48 hours in India.

- c) A process for identifying, and an initial list of, testing laboratories which will be acceptable for the purposes of travel to New Zealand from India.
 - d) Advice on the penalty regime, including options around fees options and visa considerations.
38. The Ministry of Health and MFAT officials will provide further advice on a list of testing laboratories which will be acceptable for the purposes of travel to New Zealand from any additional very high risk countries by next Friday 30 April.

Financial Implications

39. There are no financial implications arising from the decisions in this paper.

Consultation

40. This paper was developed with the Ministry of Health, the Ministry of Business, Innovation and Employment, the Ministry of Foreign Affairs and Trade, the Ministry of Transport.

Communications

41. The Ministry of Foreign Affairs and Trade will work with the office of the Minister of Foreign Affairs to provide advance notice to the Governments of countries assessed as very high risk, and high risk countries for enhanced monitoring, on the decisions taken in this paper, and will provide a consular and foreign policy perspective into communications developed by other Ministers' offices, the Department of Prime Minister and Cabinet, or other agencies.
42. The Department of the Prime Minister and Cabinet is preparing a press release and talking points for possible public announcements on Friday 23 April 2021.

Attachment A: Initial public health assessment of COVID-19 risk by country arrivals and cases at border

Table 1: initial country risk assessment based on public health criteria

	Step 1	Step 2	Step 3	Conclusion
Country	Arrivals in New Zealand in 2021	Cases presenting at NZ border 2021	Cases per 1000 arrivals	Risk to New Zealand
India	1,707	158	92.6	Very High
United States	2,565	34	13.3	High
United Kingdom	3,777	33	8.7	High
United Arab Emirates	429	11	25.6	High
Russia	249	11	44.2	High
Pakistan	185	11	59.5	High
South Africa	445	7	15.7	High
Philippines	496	6	12.1	High
Japan	341	6	17.6	High
Ireland	179	6	33.5	High
Malaysia	250	4	16	High
Singapore	568	3	5.3	High
Indonesia	141	3	21.3	High
Netherlands	247	2	8.1	High
Italy	135	2	14.8	High
Australia	9,031	1	0.1	
Canada	606	1	1.7	High
Germany	424	1	2.4	High
France	234	1	4.3	High
Switzerland	170	1	5.9	High
China	1,663	0	0	High
Cook Islands	1,435	0	0	High
Vanuatu	1,149	0	0	High
Samoa	1,130	0	0	High
Hong Kong	541	0	0	High
Fiji	403	0	0	High

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South Korea	387	0	0	High
Taiwan	264	0	0	High
<i>Cut off as counties below this line have fewer than 150 arrivals over a 3-month period</i>				
Thailand	148	0	0	N/A
Spain	110	0	0	N/A

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Attachment B: Application of wider set of criteria including future risk to countries

Note the table below includes the following thresholds:

- >50 infectious arrivals per 1000 arrivals, 2021 YTD
- >15 travellers per month

Country	More than 50 Cases per 1000 arrivals, 2021	Average arrivals per month, 2021	Risk
Ethiopia	411.8	4.72	High
Ukraine	294.1	9.44	High
India	92.6	474.17	Very High
Poland	87	6.39	High
Bahrain	71.4	3.89	High
Croatia	66.7	4.17	High
Brazil	60.2	23.06	Very High
Papua New Guinea	60	27.78	Very High
Pakistan	59.5	51.39	Very High