



**MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT**
HĪKINA WHAKATUTUKI



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



BORDER EXECUTIVE BOARD



**NEW ZEALAND
FOREIGN AFFAIRS & TRADE**
MANATŪ AORERE



COVID-19 Response Weekly Report

12 November 2021

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1 Status Summary

Key		
Symbol	Colour	Meaning
●	Green	On track, no roadblocks, no significant delays anticipated
●	Amber	Slow progression, some delays, some roadblocks present
●	Red	Not progressing, on hold, significant delays

Border

Agency	Last Week	This Week	Agency Comment
Border Measures MoH	●	●	<p>Saliva testing at boundary</p> <ul style="list-style-type: none"> As at 10 November: <ul style="list-style-type: none"> 28,092 individuals and 1,656 businesses had registered with Asia Pacific Healthcare Group (APHG), the saliva testing provider engaged by the Ministry for saliva testing to meet testing requirements to cross alert level boundaries. 86,342 saliva tests for permitted workers crossing the boundary have been completed by APHG. <p>Boundary testing compliance</p> <ul style="list-style-type: none"> As at 4 November, at the land border, a total of 1,124,970 vehicles have been stopped at the checkpoints on Auckland's northern and southern boundaries, with a total of 12,457 vehicles turned around (1.1 percent of total vehicles). On 8 November, at the air border, 215 passengers attempted to travel out of Auckland. Of these, 4 were refused travel: two whose tests were out of date and two who could not locate their results. <p>Self-Isolation Pilot</p> <ul style="list-style-type: none"> As at 11 November 2021, 13 participants have arrived in New Zealand since the commencement of the Self-Isolation Pilot, 10 are in Auckland and 3 are in Christchurch. 27 more participants are expected to arrive by 20 November, 15 in Auckland and 12 in Christchurch. The Health components of the Self-Isolation Pilot continue to work as expected.
Testing and vaccination of border workforce MBIE	●	●	<p>Staff Testing</p> <ul style="list-style-type: none"> Compliance reporting is at 92%, (down 5% from last week), for staff who worked in the week of 1-7 November 2021. 8% of staff on site in the week of 1-7 November 2021 are showing in the BWTR as overdue (380 workers). This change is explained as most of the overdue workers (302) are on the saliva testing regime. With this week's changes to the Required Testing Order (increasing tests required) more workers are switching from nasal to saliva testing. The Border Worker Testing Register (BWTR) algorithm that determines a worker's testing cycle means that when switching to saliva testing a worker's testing cycle starts from the day after their last nasal swab. This means that if it's been 7 days since a worker's last nasal swab at the time they opted in to saliva testing, they will show as non-compliant/overdue. It should be noted that this anomaly has been common for workers at isolation facilities who had previously been on a 14-day nasal testing cycle. Numbers of saliva tests overdue are high at the moment because of the large transition to saliva testing. However, as workers complete their first testing cycle and the number of workers making the switch reduces over time, we expect to see the compliance percentage begin to rise again. <p>Vaccinations</p> <ul style="list-style-type: none"> The BWTR shows, of the workforce on site for the week of 1-7 November, 98.3% have had two doses of the vaccine, 0.6% had one dose and 1.1% have vaccination status 'unknown'. Vaccination assurance follow-ups for those with an 'unknown' status in BWTR did not identify any breaches of the Vaccination Order. In last week's report we advised of a vaccination breach of a bus driver who had been assessed as having one dose of the vaccination. Since then, the worker has been added to the BWTR. When no vaccination information pulled through into BWTR after the worker's NHI was matched, we followed up with the worker again and he confirmed he in fact had not been vaccinated. We advised him he should get vaccinated and he knows he cannot come on site again if he has not been vaccinated. There were no vaccine exemptions granted last week.
MBIE	●	●	<p>Saliva Testing</p> <ul style="list-style-type: none"> As at 7 November, 2,704 MIQ workers (up 1,769 from last week) have opted-in to saliva testing. Saliva testing is currently operational across all active MIQF sites. The update to the Required Testing Order came into force at 11 59pm Monday 8 November resulting in daily testing for workers at quarantine facilities and twice weekly testing for workers at isolation facilities. As noted last week, we anticipate there may be an initial decrease in compliance as our workforce transition to these new testing cycles, so we will continue closely monitoring and supporting our workforce through this change.
Two-way QFT with QFT Niue Australia MoH	●	●	<ul style="list-style-type: none"> QFT to Australia from anywhere in New Zealand began on 1 November 2021, depending on requirements of individual states and territories which have their own rules and guidance. QFT from Australia remains suspended.
MoH	●	●	<ul style="list-style-type: none"> Response planning for Niue is being reviewed and refreshed in light of the current Delta outbreak in New Zealand. Discussions with Niue on two-way QFT have recommenced in light of recent changes to MIQ and testing protocols as part of recent repatriation flights. s6(a)

Border (Continued)

Reopening new travel pathways - Pacific Islands	Agency	Last Week	→ This Week	Agency Comment
	MoH	●	●	<ul style="list-style-type: none"> One-way QFT was expanded to a wider cohort of travellers from Samoa, Tonga, Tokelau and Vanuatu on 8 November 2021, with the first flight arriving safely from Tonga on 8 November. The expanded cohort includes New Zealand citizens, holders of a New Zealand resident visa, and holders of a critical purpose visa including Recognised Seasonal Employer (RSE) workers and medical transfer patients and their carers. These travellers are deemed low-risk and can travel to New Zealand with no additional health requirements (no pre-departure test, no isolation or testing on arrival). The 1 November 2021 COVID-19 vaccination requirements for international travellers now apply to travellers on this QFT pathway. Response planning for the Cook Islands and Tokelau is being reviewed and refreshed in light of the current Delta outbreak in New Zealand. The Cook Islands has proposed the opening of the border to New Zealand from mid-January 2022.
	MFAT	●	●	<ul style="list-style-type: none"> The first QFT flight from Tonga, a charter carrying 169 RSE workers, arrived in New Zealand on 8 November. It was followed on 9 November by the first QFT flight available to non-RSE workers, carrying 18 passengers (low numbers on the back of Tonga's week-long lockdown). The final repatriation flight for 2022 has been moved from 23 November to 30 November, subject to an assessment by Tongan Ministry of Health. New Zealand Ministry of Health is engaging Tongan counterparts ahead of the health assessment. The first expanded QFT flight from Vanuatu is scheduled for 20 November, following an RSE charter flight on 16 November. Seventy-five RSE workers were repatriated on 6 November. The Government of Vanuatu is considering whether the return legs of three upcoming RSE charter flights in November can be used to repatriate its nationals (there would likely be a cap of approximately 100 pax per flight), in addition to the three remaining commercial repatriation flights scheduled before the end of the year. The first expanded QFT flight from Samoa is scheduled for 13 November, carrying at least 82 passengers, with 101 RSE workers expected to be repatriated on the return leg. RSE charters are also scheduled for 17 and 21 November. With the commencement of expanded QFT including Tokelau, officials are once again assisting Tokelau with medical transfers to New Zealand. Separately, officials will provide advice to Cabinet in December on our approach to reconnecting with further Pacific partners on a low-risk pathway.

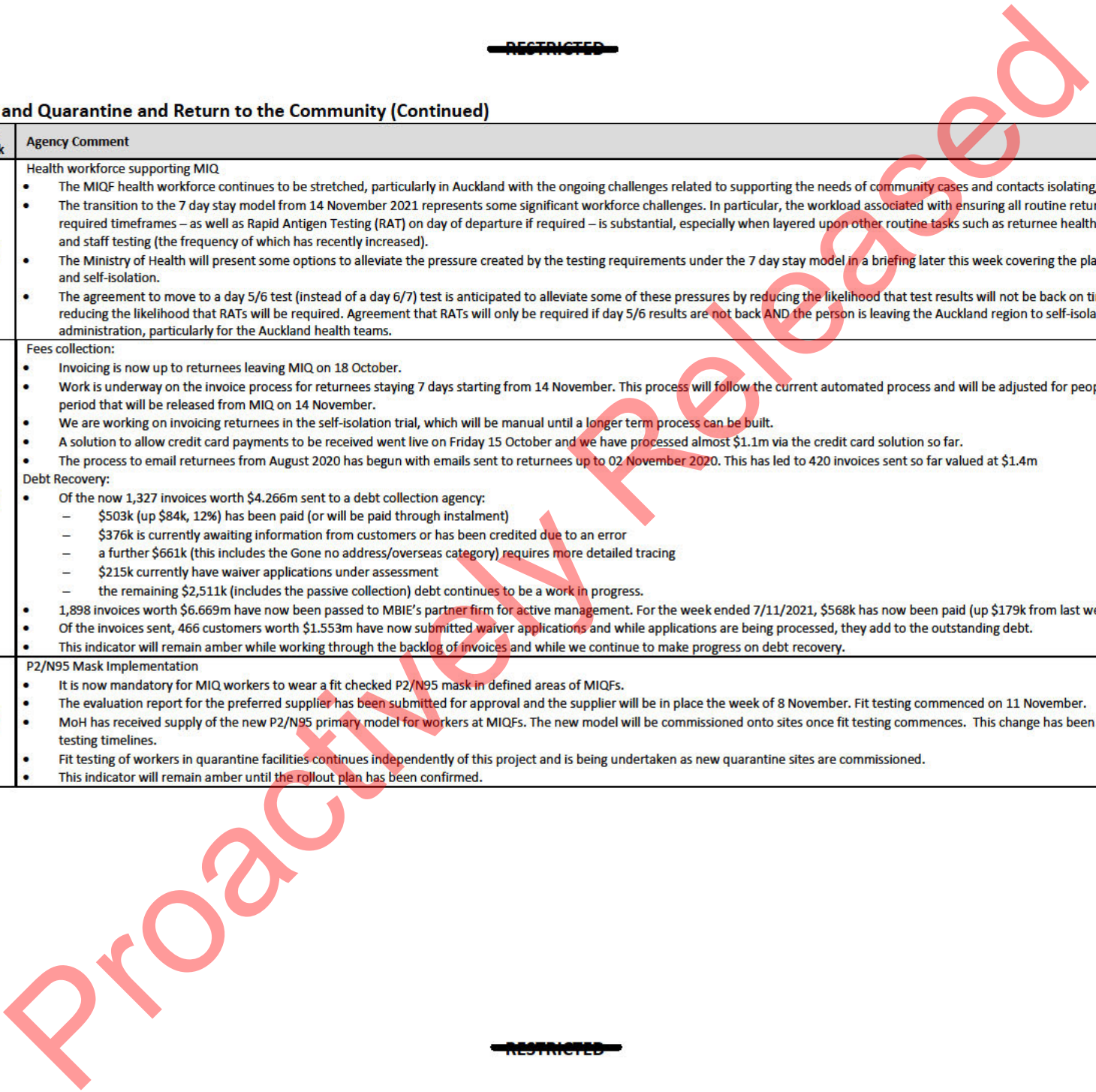
Managed Isolation and Quarantine and Return to the Community

Place and conditions of stay	Agency	Last Week	→ This Week	Agency Comment
	MBIE	●	●	<p>Ventilation Systems</p> <ul style="list-style-type: none"> Ventilation remediation work has been completed at 26 of our 33 facilities, with 13/26 facilities fully signed off. Remediation work at the remaining seven facilities (including the new Christchurch Elms facility) is underway. We are currently tracking to complete remediation work for all but two facilities this year. The final two facilities are expected to be completed by the end of January 2022. Efficiencies from the change to length of stay in MIQ from 14 to 7 days has enabled us to recommence remediation work. The first 300 air filtration units (which are used to provide an extra layer to our defence) from an order of 1500 have arrived in the country and are ready to be distributed to fulfil orders. These units will be shared between MoH and MIQ.
	MBIE	●	●	<p>Renewing Contracts</p> <ul style="list-style-type: none"> We now have the legal contracts for 31 facilities, with one contract currently out for signing (JetPark Hamilton). We are continuing to progress the Services Agreement with the Elms Christchurch in preparation for go live in late November. This indicator will remain amber while we finalise the extended terms and conditions with the hotels.
	MBIE	●	●	<p>Self-Isolation Pilot</p> <ul style="list-style-type: none"> 13 participants have arrived and are successfully self-isolating: 8 in Auckland, 5 in Christchurch. The final day for applicants to return their verification information was Friday 5th November. 79 participants to date have been approved for the pilot. We await a few final confirmations from applicants. In total, 241 travellers were provisionally selected for the pilot (including replacements for withdrawals and ineligible applicants). The total number of withdrawals to date is 79. The testing regime has now been finalised following the change from 14 to 10 days of isolation.

Managed Isolation and Quarantine and Return to the Community (Continued)

Agency	Last Week	This Week	Agency Comment
MBIE	●	●	<p>Health workforce supporting MIQ</p> <ul style="list-style-type: none"> The MIQF health workforce continues to be stretched, particularly in Auckland with the ongoing challenges related to supporting the needs of community cases and contacts isolating/quarantining in MIQFs. The transition to the 7 day stay model from 14 November 2021 represents some significant workforce challenges. In particular, the workload associated with ensuring all routine returnee testing is completed within the required timeframes – as well as Rapid Antigen Testing (RAT) on day of departure if required – is substantial, especially when layered upon other routine tasks such as returnee health checks and clinical management, and staff testing (the frequency of which has recently increased). The Ministry of Health will present some options to alleviate the pressure created by the testing requirements under the 7 day stay model in a briefing later this week covering the plan for implementing shorter MIQ stay and self-isolation. The agreement to move to a day 5/6 test (instead of a day 6/7) test is anticipated to alleviate some of these pressures by reducing the likelihood that test results will not be back on time by day 7 departure, and therefore reducing the likelihood that RATs will be required. Agreement that RATs will only be required if day 5/6 results are not back AND the person is leaving the Auckland region to self-isolate further reduces the impact of RAT administration, particularly for the Auckland health teams.
MBIE	●	●	<p>Fees collection:</p> <ul style="list-style-type: none"> Invoicing is now up to returnees leaving MIQ on 18 October. Work is underway on the invoice process for returnees staying 7 days starting from 14 November. This process will follow the current automated process and will be adjusted for people staying 8-13 days in the transition period that will be released from MIQ on 14 November. We are working on invoicing returnees in the self-isolation trial, which will be manual until a longer term process can be built. A solution to allow credit card payments to be received went live on Friday 15 October and we have processed almost \$1.1m via the credit card solution so far. The process to email returnees from August 2020 has begun with emails sent to returnees up to 02 November 2020. This has led to 420 invoices sent so far valued at \$1.4m <p>Debt Recovery:</p> <ul style="list-style-type: none"> Of the now 1,327 invoices worth \$4.266m sent to a debt collection agency: <ul style="list-style-type: none"> \$503k (up \$84k, 12%) has been paid (or will be paid through instalment) \$376k is currently awaiting information from customers or has been credited due to an error a further \$661k (this includes the Gone no address/overseas category) requires more detailed tracing \$215k currently have waiver applications under assessment the remaining \$2,511k (includes the passive collection) debt continues to be a work in progress. 1,898 invoices worth \$6.669m have now been passed to MBIE's partner firm for active management. For the week ended 7/11/2021, \$568k has now been paid (up \$179k from last week). Of the invoices sent, 466 customers worth \$1.553m have now submitted waiver applications and while applications are being processed, they add to the outstanding debt. This indicator will remain amber while working through the backlog of invoices and while we continue to make progress on debt recovery.
MBIE	●	●	<p>P2/N95 Mask Implementation</p> <ul style="list-style-type: none"> It is now mandatory for MIQ workers to wear a fit checked P2/N95 mask in defined areas of MIQFs. The evaluation report for the preferred supplier has been submitted for approval and the supplier will be in place the week of 8 November. Fit testing commenced on 11 November. MoH has received supply of the new P2/N95 primary model for workers at MIQFs. The new model will be commissioned onto sites once fit testing commences. This change has been well received and aligns with the fit testing timelines. Fit testing of workers in quarantine facilities continues independently of this project and is being undertaken as new quarantine sites are commissioned. This indicator will remain amber until the rollout plan has been confirmed.

Post-managed isolation processes



Community Protection

Agency	Last Week	This Week	
MoH	●	●	<ul style="list-style-type: none"> • As of 9:00am 10 November: <ul style="list-style-type: none"> – there were 4,813 community cases associated with the Delta Community Outbreak. Of these, 2,932 are active cases, 1,875 are recovered and six deaths. – there are 83 cases linked to the Auckland Community outbreak who are currently in hospital. – there are 4,570 open contacts. Of these 103 are Close Plus contacts and 2417 are Close contacts. • As at 10 November the testing sites in operation are as below: <ul style="list-style-type: none"> – There are 19 community testing centres (CTCs) available across the Auckland Metro Area. – There are 8 CTCs open across the Waikato region, including 5 CTCs and 3 Pop-Ups. – There are 11 CTCs available in Northland. – There are 4 CTCs open in Canterbury. – We are awaiting further testing requirements in Tairāwhiti, Taranaki, and Hawkes Bay once further wastewater results are received. – 27,957 tests were processed on 9 November with a rolling 7-day average of 25,821. <p>Rapid Antigen Testing</p> <ul style="list-style-type: none"> • The use of rapid antigen testing as a point of arrival test as part of the traveller self-isolation pilot in Auckland is underway. A progress report on pilots will be provided to the Minister for COVID-19 Response on 18 November. • The business sector trial with MBIE is under way and due to be completed by the end of November. The Ministry is working closely with MBIE to assess findings from the trial and consider further rollout to other businesses, the management of which will be handed back to the Ministry. • A position statement and plan for a phased rollout of rapid antigen tests to healthcare, other government agencies, businesses and the community has been developed and provided to the Associate Minister of Health, Hon Dr Ayesha Verrall. • The Ministry is taking a phased approach to the roll-out of rapid antigen testing to ensure that public health surveillance and business health and safety measures through testing are appropriate. There is also need to ensure that infrastructure related to reporting of rapid antigen tests is in place across settings. The approach will need to be supported by clinical and public health advice. • As part of changes to shortened stay at managed isolation facilities, returnees whose Day 5/6 PCR test results are not available and who are leaving Auckland, will undertake a rapid antigen test on Day 7, before going into self-isolation. <p>Updated Testing Guidance for the Health Sector</p> <ul style="list-style-type: none"> • The COVID-19 Testing Guidance for the Health Sector has been updated, replacing the testing guidance issued on 11 September 2021. • This Testing Guidance is intended for the current community outbreak of COVID-19 and includes guidance for when all of New Zealand or any regions are at Alert Levels 2, 3 or 4. • The Guidance will be superseded by any further guidance issued by the Ministry of Health which reflects changes in outbreak status when necessary, and once the COVID-19 Protection Framework is introduced. <p>Saliva Testing</p> <ul style="list-style-type: none"> • As at 10 November 2021: <ul style="list-style-type: none"> – 4,998 border workers have opted into saliva testing. This number will fluctuate due to the dynamic nature of our border workforce. – Of the 3,405 active workers who are undertaking saliva testing, approximately 86.2 percent are compliant in meeting their testing requirements. – 29 education business/schools and 1,330 individuals in the education sector have now registered for saliva testing.

Case investigation, surveillance and testing

Proactively Released

Vaccination

Implementation and operation	Agency	Last Week	This Week	Agency Comment on Status of Focus Area
		MoH	●	●

Resurgence Planning and Response

Resurgence planning including	Agency	Last Week	This Week	Agency Comment on Status of Focus Area
	Resurgence planning including	DPMC	●	●
DPMC		●	●	<ul style="list-style-type: none"> A regional webinar is being held on Thursday 11 November, focussing on the wrap around social and welfare services required to support COVID-19 in the community. Regional Leadership Group (RLG) will hear from a panel who has experienced providing the wrap around system response over the past 2 months in Auckland and will share with attendees the successes, challenges, lessons learned and other insights, to help prepare regions for the next phase in the COVID response. Additionally, a number of pieces of work are underway that seek to enable greater clarity for RLGs, including review of roles and responsibilities for the RLGs to support the transition to the CPF.
Readiness planning	MOH	●	●	<ul style="list-style-type: none"> The Ministry of Health is continuing to work closely with central agencies and the wider all-of-government network to provide further advice to Cabinet on the transition strategy and upcoming implementation of the COVID-19 Protection Framework. Internally the Ministry is preparing advice on both the policy settings for the new framework and undertaking planning for the implementation of the changes. Hon Dr Ayesha Verrall, Associate Minister of Health, took an oral item to the Cabinet Priorities Committee on 9 November 2021 to update her colleagues on progress with the future testing strategy and contact tracing model. Hon Andrew Little, Minister of Health, is also receiving advice on isolation strategies and in particular, the COVID-19 Care in the Community workstream. The Ministry is preparing a joint Cabinet report back from the Minister for COVID-19 Response and Hon Dr Ayesha Verrall for the Cabinet Social Wellbeing Committee meeting on 17 November 2021. This report back will provide an update on contact tracing and testing strategies as New Zealand prepares to transition to the COVID-19 Protection Framework. The Ministry is also preparing a Cabinet report back from the Minister of Health on managing COVID-19 care in the community. This is being led by the Health System Preparedness Programme based in the DHB Performance and Support Directorate. The Department of the Prime Minister and Cabinet is preparing a report back on system-wide transition plans to transition to the new strategy, to which officials at the Ministry of Health are key contributors. This will be considered by Cabinet on 29 November 2021.
	Response	MBIE	●	●

2 COVID-19 Insights

2.1 Insight of Note Written by the Department of the Prime Minister and Cabinet

2.1.1 Countries Approaches to Increasing COVID-19 Vaccine Uptake

Introduction

The Insights and Reporting Team in DPMC's COVID-19 Group, have analysed approaches taken by governments and other organisations overseas to encourage people to receive a COVID-19 vaccination. As part of this analysis, the approaches governments have taken to improve accessibility amongst potentially vulnerable groups were also considered. The report focuses on situations where a large proportion of the population has received the COVID-19 vaccine and governments are looking to encourage the remaining population to do so. The report includes examples from countries where accessibility has been improved as well as where incentives are used, or where there are disincentives to remaining unvaccinated against COVID-19, and the communications approaches. This report is intended to be brief, and further information is available if required.

COVID-19 Vaccine Accessibility

Several countries have focused on ways to improve access to the COVID-19 vaccine in a bid to increase uptake amongst some groups who may face access issues. Examples from Hawaii, Canada, Australia, the Czech Republic, Hong Kong, Belgium, and Germany are set out below.

A study from the University of Hawaii found that Native Hawaiians and Pasifika, who constitute approximately 10% of the population,¹ recorded disproportionate rates of vaccine hesitancy. The study highlighted concerns in these communities around COVID-19 vaccine efficacy and safety and general mistrust of government. However, the most important issue in determining COVID-19 vaccine uptake was access, with many only willing to receive the vaccine if there were no logistical barriers. To address this issue the Hawaii Department of Health began working with local pharmacies and organisations to approach hard to reach groups through mobile vaccination clinics in their neighbourhoods. The approach also involved using native language speakers, making information available in 16 languages, training community health workers, building relationships with local leaders, and establishing virtual town halls. Early anecdotes also identified the online booking system as a disincentive amongst those with poor computer literacy or limited access to a computer, a particular problem amongst the older population. In response the state established a 'Kupuna (elderly) call centre'. The centre is staffed to ensure that callers are placed on hold for as little time possible.²

In Canada, Canada's First Nations populations were a priority, with everyone in 31 remote indigenous communities, only accessible by air, offered their first COVID-19 vaccination by 8 March 2021. To encourage uptake of the vaccine amongst these communities, local leaders were utilised through community coordinators to address local people's vaccine hesitancy. Community members were also arranged in rosters to lead local vaccine clinics.³ The Indigenous Services Canada department within the Government of Canada has also published a number of awareness resources for Indigenous Peoples, available through services such as YouTube, Facebook, and mobile apps covering facts about COVID-19 vaccines. Some of the resources are available in a number of indigenous languages.⁴

For disadvantaged communities in Australia, such as indigenous communities, vaccine hubs and GP clinics were supplemented by COVID-19 vaccine vans, vaccinations at places of worship, and door-door vaccinations to reach the most disadvantaged.⁵

The European Disability Forum (EDF) partnered with several national governments to help improve accessibility to the COVID-19 vaccine amongst disabled people. For example, in the Czech Republic members of EDF were included in the vaccination task force, so they could bring their knowledge to discussions on how to reach people with disabilities. Another example was in Croatia, where the Association of the Deafblind, who are part of the EDF network, worked with the government to produce information and organise a vaccination meeting point for deafblind people. The Inclusion Europe group and the European Association of Service Providers for Persons with Disabilities group, who are also members of EDF, created easy to read information on the vaccination for people with intellectual disabilities, to inform them about the COVID-19 vaccine.⁶

In Hong Kong, vaccine hesitancy amongst the elderly, which is fuelled by fears of side effects has resulted in only 17% of over 80 year olds having received one dose of a COVID-19 vaccine compared to 69% of the rest of the eligible population.^{7 8} In a bid to encourage vaccination amongst this group, the government is offering a home pickup service and mobile vaccine vehicles in order to overcome access issues.⁹ The government has also established a number of community outreach clinics to provide free medical advice and make getting the COVID-19 vaccine easier. Clinics have been placed in easily accessible areas such as shopping malls.¹⁰

Belgium initially relied on 150 large vaccination centres, which began to close in August in favour of more targeted community-led initiatives. In Brussels mobile vaccination clinics, known as 'Vacci-Buses' allowed people to get the one-dose Johnson & Johnson vaccine, in hotspots,¹¹ meaning people do not have to return for a second dose.^{12 13}

The German Federal Ministry of Health recommended moving resources from large federal vaccination centres towards more mobile vaccination centres organised at state level, strengthening what was termed the 'vaccine-to-go' offering. Some initiatives carried out at the municipal level included mobile vaccination teams at 'social hotspots' accompanied by translators or multilingual medical staff, pop-up vaccination clinics at football stadiums, universities, and shopping malls, and 'vaccination nights' with live music, DJs, and food stands.¹⁴

COVID-19 Vaccine Incentives

Several countries have implemented incentive schemes to encourage COVID-19 vaccination amongst hesitant populations. Examples from American Samoa, the Czech Republic, Greece, Germany, and Hong Kong are set out below.

In American Samoa, COVID-19 vaccination plateaued in May at approximately 60% of the population having had their first dose.¹⁵ Subsequently, in September, the local administration introduced the \$100 'vaccination incentive program'. The incentive award was granted to any resident who received a COVID-19 vaccine, with a total of 6,638 doses administered in September, equivalent to a dose for 12% of the population, compared to a monthly average of 4,226 in the preceding months.¹⁶ The scheme expired on 15 October, as planned.

The government of the Czech Republic announced at the end of July, that state employees who have received their COVID-19 vaccine will be entitled to two extra days of paid leave, which would be valid until the end of 2021, with the Prime Minister encouraging local governments and private companies to follow suit.^{17 18} In July, lotteries were also used at some vaccination centres to incentivise COVID-19 vaccination uptake with prizes including phones, clothes, or gaming vouchers.¹⁹

In Greece, the government offered €150 (NZ\$245) credits to people aged between 18 and 25 to get the COVID-19 vaccine, whilst monetary incentives were also offered to doctors for each vaccination given.²⁰

Due to labour laws in Germany, prohibiting the discrimination of workers who do not take the COVID-19, companies there have been offering positive incentives to encourage their workforce to get vaccinated including shopping vouchers, football tickets, lotteries, extra leave, and bonuses.²¹

In a bid to encourage COVID-19 vaccination uptake in Hong Kong, the private sector has offered incentives such as lotteries that have cars and apartments as prizes.²²

Disincentives to Remaining Unvaccinated Against COVID-19

Some countries have implemented disincentives to remaining unvaccinated against COVID-19, with vaccine mandates a prominent example of this. Examples from Singapore, Germany, Switzerland, Italy, Greece, and Chile are set out below.

The government of Singapore have reported that they will no longer cover the medical bills of COVID-19 patients who are unvaccinated, beyond 8 December 2021. The government has been covering the costs of all COVID-19 patients throughout the pandemic and will continue to do so for vaccinated residents.²³

Germany and Switzerland have both stopped offering free COVID-19 tests to those who are unvaccinated. The move is aimed at adding a financial disincentive by transferring the cost of testing from the government to those who are unvaccinated.^{24 25}

The government in Italy has implemented a number of rules around health certification in order to reduce the risk of further lockdowns. For example, the possession of a 'Green Pass' has been required for large events

since June, and a range of indoor activities since 6 August, a policy adopted in a number of other countries. Since 15 October however, employees in all workplaces can be suspended without pay and their employees fined if they try to go to work without a Green Pass. This latest Green Pass measure prompted a small surge in vaccinations, but not the desired increase in uptake since its enactment in October.^{26 27 28} Enforcement of vaccine passports falls to employers who are obliged to organise a system to ensure compliance with the law.²⁹

In Greece public and private sector workers who are unvaccinated, must pay for weekly COVID-19 tests to continue to work.³⁰ From 1 September, Healthcare workers in Greece without a COVID-19 pass have been suspended without pay.³¹ It was reported on 2 September that 5,895 unvaccinated health workers had been suspended or were in the process of being suspended.³² While it is unclear how many have left the profession permanently, medical workers unions have reported staff shortages.³³

In Chile, a vaccine pass system has been adopted, where all indoor activity and non-essential services require people to have a health pass to access them. In order to gain acceptance of this policy amongst the business community who are called upon to enforce the rules, the government agreed to allow hospitality venues to double their indoor capacity under COVID-19 regulations, as long as all customers hold a pass.³⁴

Messaging Around Vaccination and Collective Incentives

Messaging played a key role in the strategies used by many countries to encourage COVID-19 vaccination, including through providing collective incentives to reach COVID-19 vaccine targets. Examples from Germany, Switzerland, Belgium, Australia, and Canada are set out below.

Germany's government increased its efforts to raise awareness of the COVID-19 vaccine through its official 'Sleeves up!' campaign. The government invested €25 million, (NZ\$41 million), in TV adverts and billboards in multiple languages, which initially targeted older people and high-risk groups. More recent adverts are looking to reach a younger audience who are less likely to be vaccinated. The Federal Health Ministry has also been creating myth-busting social media posts to combat false information.³⁵

A recent media campaign in Switzerland entitled "Don't miss out: get vaccinated!" is aimed at reminding citizens that they are helping to counteract new waves of the COVID-19 virus and bring back the freedoms enjoyed before the pandemic.³⁶

Regional authorities in Belgium intensified communication campaigns in different languages and worked with religious leaders and social influencers to encourage COVID-19 vaccinations and improve outreach.³⁷

The Australian government recently launched its 'we're almost there Australia' strategy which is aimed at reminding residents that with increasing COVID-19 vaccination they will be able to return to a more normal life. The campaign was run at a time when 70% of Australia's eligible population were vaccinated with the aim of increasing vaccination levels to above 80%. The advertising campaign was aimed at creating a sense of encouragement, invoking the ideas of travelling overseas, birthday parties, weddings and family Christmas.³⁸ Further campaigns aimed at encouraging Aboriginal and Torres Strait Islander peoples to get the vaccine included radio adverts and online videos, in both English and in indigenous languages.^{39 40}

Targeted messaging in collaboration with community leaders has also been used to encourage Canada's First Nation Peoples to take up the COVID-19 vaccine. An example comes from the chief of Pimicikamak Cree Nation, who noted his communities use of local radio stations and Facebook Live to encourage COVID-19 vaccine uptake.⁴¹

Thank you to the Ministry of Health, the Ministry of Foreign Affairs and Trade and the Ministry of Business, Innovation and Employment, for contributions to this insights report

2.2 Insight of Note Written by the Ministry of Health

2.2.1 COVID-19 International Perspectives: 10 November 2021

After a sustained decline in global new COVID-19 cases since late August 2021, daily cases and deaths have both increased by approximately 7% in the fortnight to 6 November 2021.⁴² To date, 249 million cases (~3% of the global population) have been reported in the pandemic.⁴³ Approximately 3.1 million cases and 50,000 deaths have been reported worldwide in the last week. The number of new cases in Europe and Oceania are increasing, and those in North America, Africa and Asia are declining. Global lives lost have surpassed 5 million

people.⁴⁴ However, daily deaths have decreased by approximately 2.8% in the week up to 6 November 2021. Limited testing and the challenges in the attribution of causes of death means that the true number is likely to be far higher.⁴⁵ Approximately 40% of the global population is fully vaccinated, a further 11% have received one dose.⁴⁶ The Delta variant and its sub-lineages continue to increase in prevalence worldwide, dominating in all countries with reliable genomic data.⁴⁷

Increasing numbers of countries are beginning to move away from elimination and suppression, to ultimately find a “new normal”. Restrictions and lockdowns are reduced in favour of maximising vaccination, while aiming to ensure healthcare systems are not overwhelmed. Countries such as Russia have largely avoided mass restrictions, s6(a) a surge in cases since mid-September 2021. This has been reflected in several travellers from Russia’s arriving in New Zealand with COVID-19 recently. As highlighted in Table 1 below, the point of departure importing the second most cases per 1,000 arrivals in the past fortnight was Russia (33.3 cases per 1000 arrivals). Russia has been included in the following country case study.

New Zealand's imported COVID-19 cases in the last two weeks

Point of departure	Acute	Historical	Total	Arrivals	Acute cases per 1000 arrivals
United Kingdom	10	0	10	766	13.1
Unknown	5	2	7		
Russia	3	2	5	90	33.3
Germany	2	0	2	100	20.0
Singapore	2	0	2	93	21.5
United Arab Emirates	2	0	2	37	54.1
Iraq	1	0	1	1	
Philippines	0	1	1	78	0.0
Total	25	5	30		

Source: Ministry of Health.

Russia

- Daily new cases in Russia have been surging since mid-September 2021 and have reached a new high of a 7-day average of almost 40,000 cases.⁴⁸ Daily deaths are also at their peak, with an average of 1,150 deaths per day.⁴⁹
- Over 8.6 million cases and 240,000 COVID-19 deaths have been reported in Russia to-date.⁵⁰ Rising numbers of reported cases have been attributed to increased testing, as well as, low levels of vaccination, lack of restrictions and the approaching winter.⁵¹
- Testing in Russia has reached an all-time high, with a daily new COVID-19 test rate of 4.2 per 1,000 population.⁵² This is a substantial increase from the last testing peak in mid-November 2020 of 3.9 per 1,000.⁵³ Test positivity has also steadily risen to 6.4%, an increase from 4.7% one month prior.⁵⁴
- Most COVID-19 tests in Russia were conducted in Moscow, which also had the greatest disease burden since the outbreak of the disease.⁵⁵ The increase in testing is attributed to free of charge mass COVID-19 testing in more than 200 centres within Moscow.⁵⁶
- The current surge in cases has placed immense pressure on the Russian healthcare system, with health officials reporting a heavy strain on resources and staff, including junior doctors and medical students who have been brought in to help.⁵⁷ On 26 October 2021, the Russian Health Minister announced that infections “were up by more than 10% in the past week and 268,500 people were receiving treatment in hospitals across the country’s 85 regions.”⁵⁸
- Despite being the first country globally to authorise a COVID-19 vaccine, only 34% of the population has been fully vaccinated, with an additional 6% having received one dose and vaccine hesitancy is high.⁵⁹
- s6(a) Government authorities have raised pressure on medical workers, teachers, and public servants to get vaccinated, but the pace has remained sluggish.⁶⁰ According to a poll, half of Russians are unafraid of contracting COVID-19, while 61% believe the virus is a biological weapon.⁶¹ s6(a)

s6(a)

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- In addition, while the state-controlled media has endorsed Sputnik V and other Russian vaccines, reporting was often critical of Western-produced vaccines, which may have driven hesitancy to vaccination in general.⁶³
- At the recent G20 summit, President Putin has criticised the lack of international recognition of the Sputnik V vaccine and urged international leaders to discuss mutual recognition of vaccines and vaccine certificates.⁶⁴ The lack of international recognition causes issues for Russian travellers with Sputnik V who are effectively barred from travelling to most Western countries, prompting many Russians to visit nations such as Serbia to receive an AstraZeneca or Pfizer vaccination.⁶⁵
- Russian President Putin has mandated the country's workers to stay off work for a week from 30 October to 7 November amid rising coronavirus infection and death numbers, introducing restrictions on access to most public facilities.⁶⁶ Up until now, the Kremlin has avoided nationwide lockdowns, after a harsh lockdown early in 2020 lasting more than two months which severely impacted the country.⁶⁷ Since the announcement of restrictions, uptake of COVID-19 vaccinations has increased.⁶⁸

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3 Ministry of Health



3.1 Policy/Programme Updates

3.1.1 Health System Preparedness Programme: Update

This item updates you on the health system preparedness programme (the programme).

Models of care

The initial set of operating guidelines for managing COVID-19 positive people and whānau in the community was issued to the sector on 3 November 2021 for feedback. The guidelines will be reviewed and updated every two weeks considering feedback from the sector on areas to clarify, change, or address.

On 3 November 2021 the Ministry held a webinar for general practice teams to discuss the health pathway for clinical care of COVID-19 positive people and their whānau in community settings. The core themes for the questions that were raised in that forum focused on vaccine hesitancy and exemptions, workload /resourcing impacts, equity, logistics both at a programme and a primary care level, and supply chain.

Environment, facilities and supply

The Ministry has proposed an approach for expanding intensive care unit and critical care capacity. This was scheduled for discussion with the joint Ministers of Health and Finance at the monthly health check up on 10 November 2021.

We have made good progress securing critical supplies such as pulse oximeters, renal dialyzer and lab consumables. There is a remaining supply risk on respiratory consumables, syringes and needles, which we will keep you updated on.

Roles of regional structures: alignment of accountability and assurance lines between local, regional, and national

Regions vary in capability, capacity and relationships across health, welfare and communities that promote collaboration and co-ordination. Interagency and provider support and co-ordination at central, regional, and local levels will be critical for the integration and connection of services to ensure the success of managing COVID-19 in the community. This applies at all levels to ensure there is a locally led, regionally enabled, and centrally supported approach.

The accountability for the delivery of the regional co-ordination function is likely to be with a DHB (local) but it could also be a well-connected primary health organisation or non-government organisation, depending on the region. There is an expectation that the regional co-ordination function regularly reports the region's status, risks, and issues to the Ministry. The regional co-ordination function is responsible and accountable for co-ordinating health and welfare response for its community.

Next steps

Advice to the sector on mandatory training requirements for critical care surge staff was issued to DHBs on 8 November 2021. This is to enable a wide range of staff that could be used in the support of critical care patients to have the required skills to do so in the event of a major outbreak. The framework has been developed with the sector and the national Critical Care Sector Advisory Group and covers both theoretical and practical components.

3.1.2 COVID-19 Vaccine and Immunisation Programme

As at 11:59 pm on 9 November 2021, 7,103,128 vaccinations have been delivered, including 3,333,860 people who are fully vaccinated. Of those fully vaccinated, nine percent are Māori and six percent are Pasifika.

427,856 Māori have received their first dose of the COVID-19 vaccine, which represents 11 percent of the total population who have received their first dose as at 9 November 2021.

820 sites were active on 9 November 2021.

Driving uptake

More than 92 percent of the eligible population of Auckland has now received at least one dose of the vaccine, while 89 percent of the eligible population has received its first dose nationwide. Six DHBs (Waitematā, Auckland, Counties Manukau, Capital & Coast, Canterbury and Southern) have hit or passed 90 percent first doses, and a number of others are very close.

To achieve a 90 percent vaccination rate across all populations, the Ministry is working closely with the DHBs who have not yet achieved 85 percent first doses. This week Taranaki, Hawke's Bay and Wairarapa achieved a minimum of 85 percent.

Considerable work is going into supporting the six DHBs with lower vaccination rates. These DHBs are being supported by a weekly planning template, and meetings three times each week with DHB senior responsible officers and operations leads. These meetings look to monitor progress, resolve issues, and present new strategies to support uptake.

In addition to this, we are working with the nine DHBs where rates are between 85 to 90 percent first dose. For many the momentum of first dose uptake has slowed. Discussions are being held with DHBs individually to determine further support and strategies that will support increased momentum.

The Ministry will continue to provide DHBs with data and information to identify where resources are best placed to lift rates. All DHBs have confirmed they have sufficient capacity available to support delivery of vaccinations for their remaining populations in their district by the end of 2021.

Sharing personal information about unvaccinated individuals

On 1 November 2021, the High Court delivered its ruling on the Judicial Review brought by Whanau Ora Commissioning Agency (WOCA) of the Ministry's decision not to provide WOCA with individual data of all unvaccinated Māori in the North Island. The Ministry was directed to urgently remake its decision within three days. The Ministry has reconsidered its decision and decided against providing the data on the grounds that the request is too broad and encompasses a greater area than that covered by the services provided by WOCA.

The Ministry has invited WOCA and Whānau Tahī (the data arm of WOCA) urgently to work in partnership with the Ministry, relevant iwi, and local service delivery providers to identify those rohe where vaccination outreach to Māori is most needed, and to identify the necessary and appropriate scope of data sharing in each case.

Booster doses

Medsafe approved Pfizer's application for a booster dose on 8 November 2021. The approval allows for a booster dose of vaccine for people aged 18 and older, who have received their second dose of vaccine at least six months previously.

The next step is for the COVID-19 Technical Advisory Group (CVTAG) and the Ministry of Health to provide advice to Ministers to inform the use of booster doses, including the age limits and interval between second dose and a booster dose. This advice is expected to be provided to Ministers by mid-November 2021.

5 to 11-year-olds

Medsafe received Pfizer's data submission for 5 to 11-year-olds on 5 November 2021. A timeline for the assessment is expected to be available later this week once the extent of the data is assessed.

If Medsafe approves the Pfizer COVID-19 vaccine for children aged 5 to 11 years, further clinical and scientific advice will be sought from CVTAG, prior to Cabinet considering a "decision to use". If a decision is made to offer vaccines to this age group, these will be offered in 2022.

Equity

All DHBs are focused on vaccinating hesitant and under-vaccinated populations and engagement with Māori health providers, iwi, and primary care providers is ongoing. Hon Peeni Henare has been conducting regional visits and engaging with stakeholders to discuss ongoing issues, challenges, solutions, successes, as well as opportunities for the COVID-19 vaccine roll out for Māori.

Different regions across the motu are taking different approaches to achieving the 90 percent vaccination targets. For example, Northland DHB is running two weekend Māori whanau festivals that will look to target Māori and Pacific and families, primarily those who are under 45 years.

Bay of Plenty and Tairāwhiti DHBs, iwi and health care providers are working together to develop a regional plan to reach the 90 percent vaccination target for Māori.

All DHBs have identified priority locations within their regions that require innovative approaches to increase vaccination rates. Increasingly the focus is on outreach initiatives such as small events, and mobile and pop-up clinics to reach more hesitant and remote populations. The more detailed data the Ministry is providing is better enabling the DHBs to deploy their mobile and pop-up sites to better target areas of lower uptake.

Onboarding of primary care and community pharmacies continues to be a priority to expand uptake within their enrolled populations and established vaccination hubs continue to provide points of access for urban populations.

Third primary dose for immunocompromised people

The implementation of a third primary dose for immunocompromised people has commenced. All eligible consumers can access a free consultation with their primary care provider or specialist and receive a script which is accepted at all vaccination sites. 2,421 immunocompromised people have received their third dose.

Mandatory vaccination of healthcare, education, and corrections workers

The amended Order mandating vaccination for workers came into effect on 7 November 2021. The amended Order provides additional clarity around roles requiring vaccination as well as creating a new exemption process.

Health, disability, and education workers included in the Order must have received their first dose of vaccine by 15 November 2021, and their second dose by 1 January 2022. As of 6 November 2021, Department of Corrections workers included in the Order must have received their first dose of vaccine and must receive their second dose by 8 December 2021.

Centralised exemption and exception application processes are now available. The Ministry's website has been updated with guidance documentation including criteria, supporting evidence requirements, and application information. Applications will be considered by a new Vaccination Order Appeal Panel, which came into effect on 8 November 2021.

Workforce

As at 9 November 2021, 14,825 vaccinators have completed COVID-19 vaccinator training and 10,305 vaccinators have actively vaccinated in the programme so far.

More than 1,000 primary care sites are now onboarded as vaccination sites.

Book My Vaccine

As of 9 November 2021, Book My Vaccine holds 128,852 future bookings at 735 sites. With increasing numbers of fully vaccinated people and the popularity of drive-through and walk-in vaccination clinics, continuing reduction in booking numbers is to be expected.

Technology

Work continues at pace for the digital COVID-19 vaccination certificates to be available in November 2021. On 28 October 2021 the first functionality to enable vaccination certificates to be issued out of the COVID-19 Immunisation Register or the call centre was released. Two pilots for consumers to be able to request a digital pass or certificate are running during the week of 8 November 2021. One pilot includes consumers who have recently signed up to My Covid Record and the other includes those who have not yet signed up for My Covid Record.

We are looking to proactively release the vaccine pass technical specification for transparency and to increase public trust in our stewardship of their information.

Work is also ongoing in relation to the international vaccination certificates, with a pilot currently planned to start from the week of 15 November 2021.

Supply

The anticipated Pfizer delivery of 119,340 doses arrived as expected.

Overall wastage is tracking well at around 0.29 percent, well below our own target of less than 2 percent. An effective immunisation programme recognises that some wastage is inevitable.

New Zealand support for vaccine rollout in the Pacific

The Cook Islands have now completed both first and second doses in Rarotonga and the team is now in the southern region administering second doses for those aged 12 to 15-year-olds. The Cook Islands now have over 50 percent of their 12 to 15-year-old cohort fully vaccinated.

Niue has completed its first dose rollout for those aged 12 to 15 years old. We expect to deliver enough second doses for those aged 12 to 15 years old in the week of 15 November 2021.

We are planning to deliver the vaccine to Tokelau in late November 2021 using a commercial option.

Both Samoa and Tonga are making strong progress administering the Pfizer vaccine to the 12–17-year-old population group in their school-based vaccine rollout. Tonga expects to complete its vaccine rollout by late November 2021. Samoa expects to complete its vaccine rollout by early December 2021.

Following the confirmation of Tonga's first suspected COVID-19 case, Tonga's main island entered a seven-day lockdown from 2 November to 9 November 2021. The potential case has seen a significant surge in people seeking vaccination, particularly young people and secondary school students. New Zealand is providing support to the Tongan Ministry of Health on serology testing, technical advice, and sourcing of nasopharyngeal swabs.

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3.1.3 Technical Advisory Group: Update

CTTAG

The COVID-19 Testing Technical Advisory Group (CTTAG) did not meet in the week commencing 1 November 2021. The next CTTAG meeting is scheduled for 11 November 2021 and an update will be provided in a future Weekly Report.

COVID-19 TAG

The COVID-19 Technical Advisory Group (TAG) did not meet in the week commencing 1 November 2021. The next COVID-19 TAG meeting is scheduled for 12 November 2021 and an update will be provided in a future Weekly Report.

CVTAG

The COVID-19 Vaccine Technical Advisory Group (CVTAG) met on 2 November 2021 and discussed the following items:

- decision to Use AstraZeneca vaccine
- medical exemptions
- booster doses
- ‘fully vaccinated’ definition
- immunocompromised populations and Australian Technical Advisory Group on Immunisation’s update guidance
- research studies
 - Vaccine Alliance Aotearoa New Zealand further funding request
 - myocarditis research
- Research extension: Establishing a foundation for monitoring the safety of COVID-19 vaccines using primary care data.

The next CVTAG meeting was scheduled for 9 November 2021 and an update will be provided in a future Weekly Report.

Therapeutics TAG

The COVID-19 Therapeutics TAG did not meet in the week commencing 1 November 2021. The next COVID-19 Therapeutics TAG meeting is scheduled for 12 November 2021 and an update will be provided in a future Weekly Report.

3.1.4 Communications Issues and Activities

As at 9/11/21

Date	Activity	Lead agency	Communications material	Ministerial involvement
1 Nov 21	Updated testing guidance published for the health sector (to 15 December 2021).	Ministry of Health	Stakeholder communications and website	No
9 Nov 21	Invites out to vaccinated to sign up to My COVID Record in preparation for the launch of My Vaccine Pass.	Ministry of Health	Communications, website	No
9 Nov 21 ongoing	Auckland outbreak: daily communications and support for the health sector and public, including cases in the Waikato, Northland. Alert level changes this week for all three areas to align at 3.2. Locations of interest and updated health advice.	Ministry of Health	Communications, key messages, website, stakeholder engagement	Optional
14 Nov 21	New short MIQ (seven days) followed by three days self-isolation begins	Ministry of Health / Ministry of Business, Innovation and Employment	Communications collateral, website	Already announced. May be mentioned at stand-up.
Ongoing	Pilots for rapid antigen testing at Middlemore Hospital emergency department, Auckland DHB NICU and Waitematā delivery suite are underway.	Ministry of Health	Talking points, operational communications, policy guidelines, web content	Optional

3.2 Upcoming Publications

Title	Date	Context	ELT contact
Publication: Getting through Together	December 2021	The National Ethics Advisory Committee's publication Getting Through Together considers the ethical issues that may arise during any pandemic. The emphasis is on using shared ethical principles so people can care for themselves, their whānau and their neighbours, and make decisions. This is updated from the 2007 version.	Clare Perry, Deputy Director-General, Health System Improvement and Innovation, s9(2)(a)

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4 Managed Isolation and Quarantine Weekly Report

4.1 Top Items to Note

4.1.1 MIQ's response to the Delta outbreak

The number of community cases coming into Auckland's quarantine facilities has remained steady this week, due to the increase in community cases assessed as able to self-isolate at home. In Hamilton, a small number of community cases entered the Amohia this week and a number of households continue to self-isolate at home in the region. The Amohia is also being used for a very small number of community close-contacts to isolate who are unable to do so elsewhere.

We continue to work on practical solutions for additional quarantine capacity to support community cases, particularly in Auckland. Due to the ongoing need to support border returnees, and the number of Afghanistan refugees entering New Zealand being higher than originally anticipated, options within the current system are very limited. We are also planning for those who may need to stay in isolation longer than 7 days from Sunday (who are unable to self-isolate for the 3 days) when the new policy comes into practice. We will need to realise the benefits of these approved policy changes regarding the reduced isolation stay for border returnees to enable us to continue to support large numbers of ongoing community cases; it is expected that we should start to see these benefits by the end of November.

Contingency planning continues nationwide in regions where MIQ has facilities to ensure we can support quarantine for community cases if required. All of the options considered will have an impact on isolation availability for border returnees and cannot be implemented without the return of MIQ contingency rooms, reduced border arrivals and the benefits of the reduced isolation stay for border returnees.

4.1.2 Incidents to Note

There were three absconder incidents from 1 - 7 November, two involving community cases and one involving a community close contact.

The first incident occurred on 4 November at Holiday Inn where a community case absconder exited the shuttle and ran down the road; they were caught quickly by NZ Police and escorted back to the facility. The second incident occurred on 5 November at the Amohia where a community case absconder escaped under a fence into a car that was waiting; NZ Police were informed of the car's details and NZ Police managed to track down the car and return the absconder to Te Awamutu Police Station. The third incident was on 6 November at the Holiday Inn and involved a community close contact who absconded through the fence line, they had not tested positive although members of their bubble had. NZ Police returned them to the Holiday Inn within 16 minutes.

On Monday 8 November, a border returnee who returned a positive day three test was declared deceased at 6:30AM. Support for staff is available and the hotel has confirmed support mechanisms in place for hotel staff. The cause of death is not known and has been referred to the coroner for further investigation. The person was not being treated for any underlying health conditions or health concerns.

4.1.3 Shortened MIQ Stay Implementation

We are working to operationalise the approved Cabinet paper regarding the shortened stay at MIQ for border returnees and the release of those who are currently in managed isolation and eligible to leave on 14 November.

4.1.4 Self-Isolation Pilot (for approved applicants arriving in NZ between 30 October – 8 December 2021)

Applicant verifications are almost complete, following the cut-off date for paperwork being returned last Friday, 5 November. 79 participants have been approved to date. We are awaiting a few final confirmations from applicants.

In total, 241 travellers were provisionally selected for the pilot (including replacements for withdrawals and ineligible applicants). The total number of withdrawals to date is 79. The total number found to be ineligible upon verification is 16. We have not received any information or response from 62 applicants.

Following the announced changes to a 7+3 day model for MIQ from 14 November, and a 10-day stay for participants in the pilot, the testing regime for participants has been revised. Participants will complete the day 0 nasopharyngeal test at the airport, day 3 and day 6 saliva tests, and the final nasopharyngeal test will now be completed on day 8. This will ideally provide enough time for the test results to be known ahead of their final health screening and planned release date on day 10.

4.2 Operational Update

4.2.1 Capacity and Room Release Update – As at 10 November

As at 10 November, a total of 54,718 rooms since early March have been released for the period of June through to the end of Feb 2022.

From early March to present, 150,994 returnees have secured a date to return home during the period of March through to the end of Feb 2022.

The next Lobby room release is planned for Wednesday 17 November.

4.2.2 MIAS Lobby Release 9 November

The lobby room release this week progressed well. 16,277 users joined the queue, on behalf of 24,695 passengers. There were 4,039 rooms across November, December, January and February made available, and 3,791 people made a booking. The bookings were for 5,888 passengers (26% of all passengers in the lobby). An additional 1,364 people got to the front of the queue, but either did not enter MIAS or did not book. There are various potential reasons for this, one being that by the time they gained entry in to MIAS, there may have been no dates left that were suitable for them.

The room release took slightly longer this week, but there were more rooms available for booking. 28 February was the most popular day, with 53 rooms selling out in one hour. Monday 15, Saturday 20 and Monday 22 November were the last to be booked.

4.2.3 MIQ's Role in Afghanistan Evacuation

A total of 580 evacuees from Afghanistan have arrived in New Zealand. The table below shows the MIQ status of the Afghanistan evacuation programme as at 10am Wednesday 10 November:

TOTAL Returnees in MI currently	107
TOTAL Departed Returnees	475 (excludes births after arrival)
TOTAL Further Expected Arrivals (prior to Christmas)	400 (estimated)

A further 140 Afghanistan evacuees (requiring 74 MIQ rooms) are forecast to arrive in New Zealand in the next 14 days. MFAT is working closely with MIQ to manage the arrival flow, with the intent of returning as many evacuees as possible before mid-December (within the bounds of flight and MIF availability). At least 320 more eligible travellers are expected to arrive before Christmas. At this stage the 120 rooms allocated in the Naumi MIF for Afghanistan evacuees and other refugees appears to be sufficient to meet this demand.

342 Afghanistan evacuees remain in the Nesuto post-MIF transition accommodation under the care of Refugee and Migrant Services.

With the impending onset of winter in Afghanistan and the consequent cessation of most commercial flights and border crossings, it is expected that reduced numbers will flow from Afghanistan to New Zealand from mid-December.

4.2.4 Ventilation

Total number of facilities: 33		
Remediation work completed	Facilities yet to complete remediation	% of rooms complete within the portfolio of facilities fully signed off
26 (13 of which are fully signed off)	7	47% (2,540 rooms)

We are currently tracking to complete remediation work for all but two facilities this year – the final two facilities are expected to be completed by the end of January 2022.

The Crowne Plaza Auckland was signed off in the last week taking the total number of facilities fully complete to 13 (47% of rooms across the portfolio).

Remediation work at the Novotel Christchurch Airport will recommence from 16 October – 17 December (in conjunction with fire damper work and 35 rooms unavailable).

Efficiencies from the change to length of stay in MIQ from 14 to 7 days has enabled us to recommence remediation work.

Ventilation remediation work continues for Elms Christchurch with completion scheduled prior to returnee arrivals.

4.2.5 Air Filtration Units

Of the 1,500 units that have been ordered and are arriving via air freight, the first batch of 860 units have arrived in the country - these units will be shared between MoH and MIQ.

4.2.6 Vaccination of Frontline Staff

For workers on site for the week 1-7 November 2021, BWTR shows that 98.3% had two doses of the vaccine, 0.6% had one dose and the remaining 1.1% (55 workers) had vaccine status 'unknown'.

Of the 55 workers with an 'unknown' vaccination status, 9 still require an NHI match. The Workforce Testing Team is investigating the remaining 46 workers, to confirm vaccination status.

Vaccination assurance follow-ups for those with an 'unknown' status in BWTR did not identify any breaches of the Vaccination Order. In last week's report we advised of a vaccination breach of a bus driver who had been assessed as having one dose of the vaccination. Since then, the worker has been added to the BWTR. When no vaccination information pulled through into BWTR after the worker's NHI was matched we followed up with the worker again and he confirmed he in fact had not been vaccinated. We advised him he should get vaccinated and knows he cannot come on site again if he has not been vaccinated.

Of the 54 workers who were NHI-matched but showing vaccination status 'unknown' in the 25 - 31 October 2021 weekly report:

- 45 have been confirmed as being compliant with the Vaccination Order;
- 5 appear to be vaccinated and have been passed to the Ministry of Health as potential NHI issues;
- 1 is a breach (notified in last week's report and updated details above);
- 1 is a paramedic, exempt under the Order;
- 2 have a Ministerial exemption (vaccinated overseas).

4.2.7 Staff Testing

Reporting from BWTR shows that 4,859 people undertook work in our facilities last week, and the table below shows how many of those workers were compliant with the Testing Order, were overdue for a test or still needed to be NHI-matched.

Compliance decreased by 5% to 92%.

Workers on site 1-7 Nov 2021	Workers on nasal testing regime	Workers on saliva testing regime	Total	Percentage of total NHI-matched workers on site
Compliant NHI-matched workers	2,896	1,574	4,470	92%
Overdue NHI-matched workers	78	302	380	8%
Need NHI-match	9	0	9	
Workers on site	2983	1876	4,859	

Of the 380 overdue, 207 of those are less than 4 days overdue, 157 are 4-10 days overdue and 16 are 11+ days overdue. The Workforce Testing and Vaccination team will be following up with these workers to make sure they get tested as required.

Most of the overdue workers (302) are on the saliva testing regime. With this week's changes to the Required Testing Order (increasing tests required) more workers are switching from nasal to saliva testing. The Border Worker Testing Register (BWTR) algorithm that determines a worker's testing cycle means that when switching to saliva a worker's testing cycle starts from the day after their last nasal swab. This means that if it's been 7 days since a worker's last nasal swab at the time they are opted in to saliva testing, they will show as non-compliant/overdue. This is quite common for workers at Isolation facilities who had previously been on a 14-day nasal testing cycle. Numbers of saliva overdue are high at the moment because of the large transition to saliva testing. However, as workers complete their first testing cycle and the number of workers making the switch reduces over time, this will see the compliance percentage begin to rise again.

Of the 9 that still need an NHI-match, 8 were created in BWTR in the last 7 days.

Six workers were previously reported as '11+ days overdue' in the report for the week 25-31 October 2021. Two of those workers are now compliant, three have been instructed to be swabbed and one was an incorrect sign-in.

4.2.8 Saliva Testing

As at 7 November 2704 MIQ workers are opted-in to saliva testing across all active MIQF sites.

The update to the Required Testing Order came into force at 11.59pm Monday 8 November resulting in daily testing for workers at quarantine facilities and twice weekly testing for workers at isolation facilities.

4.3 Current Judicial Reviews, Ombudsman and OPCAT cases

A new judicial review application has been filed challenging the MIQ system (*Osborne*). We anticipate there will be further applications challenging various aspects of the system as we are seeing an increase in applicants engaging lawyers to advocate about their decisions.

Case	Update
Grounded Kiwis	This is a complex case challenging the legitimacy of the MIQ system and has been set down for hearing on 25/26 January 2022. MIQ's statement of defence was filed 26 October.
Osborne	A new judicial review has been filed challenging the MIQ system from New Zealanders within New Zealand who wish to travel overseas for work. The applicants are seeking to attach it to the Grounded Kiwis timeframes.

Ombudsman

We received three new notifications from the Ombudsman Office this week. We are currently preparing responses to six cases, all of which are relating to emergency allocations.

OPCAT

This week we received three follow up requests for information. Our response to the provisional report for the Sudima Christchurch is due Friday 12 November. The Ombudsman has advised that an OPCAT inspection of Chateau on the Park will occur on Monday, 15 November 2021.

4.4 Large Group Arrivals Update

Summary of approved group arrivals as at 10 November 2021 (to December 2021):

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
RSE Workers	4 Nov 2021 (Flight 7)	150	116 (148pax)	RSE flight seven is from the Solomon Islands. This is the final RSE flight to enter MIQ.
Construction Sector Accord	Nov 2021	60	25 (34 pax)	Arrivals spread across the month.
	Dec 2021	60	tbc	
Refugee Quota Programme	10 Nov	9 pax	4 (9pax)	Planning underway with Mangere Refugee Resettlement Centre for future arrivals. Working through the implications of short stay MIQ on this complex group.
	11 Nov	5 pax	3 (5 pax)	
	19 Nov	20 pax	10 (20 pax)	
	25 Nov	4 pax	2 (4 pax)	
	Nov (date tbc)	20 pax	14 (20 pax) tbc	
	Late Dec / early Jan 2022	60	44 (60 pax) tbc	
	Feb-Jun 2022	145 per intake	105 (145 pax) per intake tbc	
Afghanistan Evacuees	9 Nov	31 pax	17 (31 pax)	Planning continues with MFAT to confirm batching of arrivals to align with MIQ room availability. Working through the implications of short stay MIQ on this complex group.
	11 Nov	2 pax	1 (2 pax)	
	13 Nov	4 pax	2(4 pax)	
	15-21 Nov		17 (37 pax) tbc	
	22-28 Nov		37 (63 pax) tbc	
	29 Nov – 5 Dec		25+ (50+) tbc	In addition to the 65 rooms currently estimated, another 100 people may arrive in Dec.
	6 Dec		35 (70Pax)	
	7 Dec		20 rooms	
	12 Dec		45 rooms	
Mariners	9 Nov 2021	67	65 (65 pax)	Behaviour in the MIFs continues to be good. 9 Nov flight has requested to stay in 10 days as organising appropriate self-isolation for a group of 65 complex pax at short notice is extremely challenging. Arrivals on 21 and 23 Nov will stay in managed isolation 7 days.
	21 Nov 2021	1	1	
	23 Nov 2021	Up to 15 (pers deferred from earlier flights)	Up to 15	
Exporters	Nov	25	24 (24 pax)	A number of December vouchers have been issued – it is expected that NZTE will use the full allocation. Arrivals spread across the month.
	Dec	25	17 (19 pax)+	
EXPO	22 Nov	80	80 tbc	
	27 Jan	16	16 tbc	
	29 Jan	44	44 tbc	
	3 Feb	45	45 tbc	
	5 Feb	75	75 tbc	
	26 Feb	44	44 tbc	
Rugby: All Blacks	Late Nov	65	60 (62 pax)	Standard returnees – not requiring training exemption. In addition to team members, two spaces of this allocation are being used by a partner and a son of team members (as room shares).
Rugby: Black Ferns	Late Nov	65	56 (59)	Standard returnees – not requiring training exemption. In addition to team members, one space of this allocation is being used by a team member's spouse (room share).
Cricket: BlackCaps	24 Nov	20	20	Standard returnees – not requiring training exemption.
Cricket: BlackCaps	9 Dec 2021	33	31 (33 pax) tbc	This cohort of BlackCaps are seeking a training exemption. Engagement with NZC and MoH has begun to plan for their arrival and training. Some of this allocation will be used for inbound media critical to the delivery of the Summer Series of Cricket, and a player's wife and child (who will share the player's room). These individuals will not have any exemptions or special arrangements. Working through implications of a shortened MIQ stay on inbound teams and the opportunity to train.

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
NZDF	3 Dec	76	76 tbc	
	20 Jan	60	60 tbc	
	23 Feb	80	80 tbc	
Cricket: Bangladesh	10 Dec	35	35 tbc	<p>Bangladesh is seeking a training exemption. Engagement with NZC and MoH has begun to plan for their arrival and training. Given changes in the current MIQ environment, the MIF is still being finalised.</p> <p>Working through implications of a shortened MIQ stay on inbound teams and the opportunity to train. Until advice regarding the self-isolation requirements and implications for training is clear it is difficult to progress planning and provide clarity and advice to NZC.</p>
Antarctic Programme	3 Nov	22	22	These arrivals are for the combined US Antarctic Programme (USAP) as well as the Italian, French, German and Korean programme.
	12 Nov	7	6 (6 pax)	
	15 Nov	138	137 (138 pax)	
	19 Nov	42	35 (35 pax)	
	20 Nov	19	19 (19 pax)	
	20 Dec	65	65 tbc	
	10 Jan	170	170 tbc	
	19 Jan	36	36 tbc	
	Feb (date tbc)	25	25 tbc	
Cricket: South Africa	Feb	35	35 tbc	<p>Engagement with NZC has begun. Working through implications of a shortened MIQ stay on inbound teams and the opportunity to train.</p> <p>Scheduling of all teams seeking an exemption to train in Jan – Mar 2022 is underway to see if this team can be accommodated in Christchurch. Given the high volume of inbound CWC teams this is to be confirmed. Advice regarding the team's ability to train will be confirmed in the next few weeks.</p>
Ministerial Travel	Oct	20	2 (2 pax)	<p>In November, Ministerial travel will be split between this group allocation, Time Sensitive Travel (approx. 10 pax) and self-isolation (approx. 4 pax). As the Prime Minister's travel is postponed until 2022, only Minister Mahuta and delegation will arrive in November (28th). Minister O'Connor and delegation arrive on the 6 December.</p>
	Nov	20	3 (3 pax)	
	Dec	20	5 (5 pax)	
	Jan	20	tbc	
	Feb	20	tbc	
Critical health workers	22-30 Nov	80	33 (56 pax)	Process established by the Ministry of Health for this allocation.
	Dec	300	tbc	
	Jan	300	tbc	
	Feb	300	tbc	
Women's Cricket World Cup				
Officials	Jan/Feb	26	tbc	<p>All teams will be seeking a training exemption. Planning has commenced and arrival dates tbc. The qualifying tournament on 5 Dec 2021 will determine the origin of 3 of the teams.</p> <p>Working through implications of a shortened MIQ stay on inbound teams and the opportunity to train.</p> <p>Note that Minister Robertson will be seeking an increase to the group allocation to accommodate Australia and England teams going into managed isolation due to the QFT with Australia still being suspended – note it will be proposed that they move match officials out of the group allocation and explore other options for them (eg, bespoke self-isolation facilities) alongside other critical CWC attendees (approx. 405 pax)</p>
India	Jan	31	tbc	
South Africa	Feb	31	tbc	
Qualifier team 1	Jan	31	tbc	
Qualifier team 2	Feb	31	tbc	
Qualifier team 3	Feb	31	tbc	

Time Sensitive Travel (TST)

The Time Sensitive Travel window for arrivals in January/February 2022 closes on 14 November 2021. As at 9 November, 87 applications have been received for the same number of rooms. Note that 30 applicants to date are critical health workers and have been referred to the Ministry of Health to apply under the group allocation.

4.5 Upcoming Communications Issues and Activities

4.5.1 As at 10 November 2021:

Date	Activity	Lead agency	Comms material	Ministerial Involvement Y/N
14 November	Move from 14 to 7 day stay	MIQ	Proactive comms to 2600 returnees who can leave	N
15 November	Replacement of the online "Daily Snapshot" with weekly update	MIQ		N
17 November 11AM	Health Select Committee	MoH/MIQ	Background notes	Y
22 November	7 day stay press release	MoH/MIQ		Y
Late November tbc	Release of the Rapid Review of Border Testing by the Border Executive Board	Customs	Reactive	N
26 November	New MIF in Christchurch opens - Elms	MIQ	Proactive communications	TBC

4.6 Invoicing

The table below shows the number of invoices issued up to **7 November**.

Invoices have various repayment terms depending on whether they are a sports group (10 days), critical worker (30 days) or standard returnee/maritime crew/aircrew (90 days).

Please note that for all arrivals from 20 of August, all invoicing had payment terms of 30 days except for sports groups under Crown Service Agreements who have 10 days.

Grouping	Invoices issued (net of credit notes)	Paid	Issued not due	Issued over due	Invoices issued (\$)	Paid (\$)	Issued not due (\$)	Issued overdue (\$)	90+ days over due	90+ days overdue (\$)
Groups /Temp Visa	5,692	2,853	1,470	1,369	\$56,557,204	\$38,706,014	\$10,376,092	\$7,475,098	0	\$0
Maritime	520	371	87	62	\$2,692,324	\$1,833,042	\$544,057	\$315,225	19	\$60,550
Aircrew	230	210	11	9	\$2,184,285	\$1,672,528	\$403,234	\$108,522	9	\$108,522
Other	26,814	15,844	3,725	7,245	\$91,472,673	\$56,940,059	\$11,107,396	\$23,425,218	2,566	\$8,181,493
Total	33,256	19,278	5,293	8,685	\$152,906,486	\$99,151,644	\$22,430,779	\$31,324,064	2,594	\$8,350,566

*Groups has only previously included sports groups, critical workers and critical Health Workers. However, going forward this now includes temporary visa holders as this aligns more to the categorisation of Critical workers i.e. same fee charging structure.

Note: the '90+ days Overdue' column represents the number of invoices from the 'Issued overdue' column that have been outstanding for 90+ days.

4.6.1 Weekly Average Invoicing and Debt Recovery at 76%

The table below reflects the weekly average of invoicing, from 11 August 2020.

The debt recovery percentage, factoring in all repayments to date against just overdue invoices is tracking under the FY22 target (90%) at 76%. There has been a movement in overdue invoices due to the new invoicing process going live over 90 days ago and the increase in invoicing from then onwards increases the outstanding amount as invoicing is brought up to date.

To increase the debt recovery ratio MBIE have engaged a partner firm to actively manage debt over 30+ days overdue, commenced and continue to send debt to Debt Collectors at 90+ days overdue, commenced recruitment for additional MIQ debt officers and requested that the debt partner send weekly remittance to enable weekly receipting thus reflected in the results each week instead of monthly. A backlog of outstanding waiver applications when either approved or declined will also improve the debt recovery ratio.

Recent Weeks	Average invoicing per week (\$)
Past week	2,262,769
2-4 weeks	3,906,313
5-8 weeks	4,221,156
9+ weeks	1,959,360

4.6.2 Waivers

The table below breaks down the waiver application information between 11 August 2020 and 7 November 2021. The numbers below relate to all waiver applications; waivers can be applied for before, during and after an individual has stayed in managed isolation.

Waiver Applications	In Progress	Total Completed	Completed Financial Hardship Applications	Completed Special Circumstances Applications	Approved Waiver Applications		Declined Waiver Applications	
					Financial Hardship	Special Circumstances	Financial Hardship	Special Circumstances
11132	4469	6663	849	5814	87	4972	762	842

4.7 Emergency Allocation Applications

7,224 applications have been processed since 30 October 2020. 330 applications were received in the week ending 7 November 2021 and 208 applications were processed. Of the 208 applications processed in the week ending 7 November 2021, 76% were approved.

Emergency Allocation Applications	Weekly Totals		Year to Date Totals	
	1 November to 7 November		1 November to 7 November	
Approved	158		4100	
Declined	50		3124	
Applications processed	208		7224	

*These figures only include completed applications, with all supporting evidence, which were received within the required timeframes, which have been decided by a decision marker.

Total Rooms Approved Under Emergency Allocation from 1 November to 7 November	168
Rooms allocated in MIAS	146
Awaiting flight details or MIAS registrations from the applicants to complete the room allocation process	22

5 Border Executive Board Report



5.1 Key Issues Being Considered

5.1.1 Border Executive Board

The Border Executive Board met on 10 November 2021.

The Board continued its discussion on COVID-19 vaccination of workers across the BEB agencies. It supported agencies being aligned in regard to overall direction and outcome, but there being flexibility around the timing of actions within each agency. Agencies will proceed with seeking information about vaccination status of workers and completing health and safety assessments. These actions will inform the direction with vaccination of workers.

The Board accepted the findings and recommendations of the Review of Maritime COVID-19 Border Incidents July-September 2021. There were no surprises with the findings that recognised the maritime environment is complex. The ability to implement a consistent response approach across the country for any vessel is made difficult by how each local area operates differently in regard to ports and health. The recommendations each have an assigned owner and are being progressed. The report will be provided to you and the Minister of Customs.

The Public Service Commission has requested the Board's reflection on achievements, challenges, and priorities as a governance board by 15 December 2021, with a discussion in the New Year on a more structured approach to board performance. Board members will complete a self-assessment and consider the findings, along with context from the Secretariat in December 2021.

The Board's next meeting is 17 November 2021.

5.1.2 One-Way Pacific QFT

One-way quarantine-free travel (QFT) with Tonga successfully launched on 8 November 2021 with the arrival of a charter flight Christchurch carrying 169 Recognised Seasonal Employer (RSE) workers. No passengers were denied boarding at departure.

While all participating Pacific countries have retained the ability to run charter flights to meet the needs of the RSE scheme, partner countries are now working to ensure the one-way QFT pathway using scheduled services is robust.


Scheduled commercial flights travelling under one-way QFT requirements started on 9 November 2021 with the weekly Nuku'alofa (Tonga) to Auckland service.

Vanuatu plans to run one commercial fortnightly service (Air Vanuatu) from Vila to Auckland. The governments of Samoa and Tonga are in discussion with Air New Zealand to expand to commercial flights while complying with assurance measures as a part of the quarantine-free arrangement.

5.1.3 Two-way Quarantine-free Travel with the Cook Islands

The Cook Islands continues to have one flight per week arriving with freight and departing with low numbers of passengers. On 4 November 2021, the Prime Minister of the Cook Islands, Mark Brown, announced the re-opening of Cook Islands' borders to New Zealand from 13 January 2022. The re-opening of the border will depend on key conditions, including mandatory double vaccination of all passengers.

- All passengers must be double vaccinated including children down to 12 years of age
- No children under 12 will be allowed to travel –but likely to change as vaccines get approved for 5-11 year olds.
- Pre departure tests ex Auckland must be undertaken (and there may be a further test on arrival)
- s6(a) travel to Aitutaki will be allowed following an onsite negative antigen test.

- s6(b)(i) 

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6 New Zealand Customs Service Weekly Report



6.1 Items to Note/Updates

6.1.1 Small Craft Arrivals

As at 9 November 2021, there are three small craft in port at Ōpua with the crews isolating on board.

6.1.2 Vaccination Requirements for Non-New Zealand Citizens Arriving by Air

The amendment to the Air Border Order requiring non-New Zealand citizen arrivals to New Zealand to be vaccinated came into effect on 1 November 2021. Immigration NZ has advised that in the first week, seven non-New Zealand citizens have been refused boarding by airlines overseas for insufficient or no evidence of vaccination status.

For the period 1 November 2021 to 7 November 2021, there was one infringement issued on 4 November 2021 as the passenger's evidence of vaccination did not have sufficient details.

	Date	1 Nov	2 Nov	3 Nov	4 Nov	5 Nov	6 Nov	7 Nov	Week Total
	Non-NZ citizens	170*	128	100	288	124	102	87	999
Primary Actions (Passport Control)	Vaccination status verified	60	104	79	240	101	81	68	733
	Exceptions**	10	24	15	33	17	17	16	132
	Exemptions***	1	0	4	11	2	4	1	23
	Referred to Secondary Area	1	0	2	4	4	0	2	13
Secondary Area Actions	Compliant	1	0	2	3	4	0	2	12
	Non-compliant (insufficient or no evidence)	0	0	0	1	0	0	0	1

*Includes two international flights which had left the country of departure prior to the commencement of the vaccination requirements but arrived in New Zealand on 1 November 2021.

**Exceptions to the vaccination requirements include:

- Children under 17 years of age
- Foreign Diplomats
- RSE Workers from Vanuatu, Tonga, Samoa, and the Solomon Islands
- Refugees arriving as part of NZ's commitment to resettlement
- Those unable to be vaccinated for medical reasons

***Exemptions are granted by the Director-General of Health.

6.1.3 Pre-Departure Testing

For the period 1 November 2021 to 7 November 2021, there were no infringements or warnings issued.

	Date	1 Nov	2 Nov	3 Nov	4 Nov	5 Nov	6 Nov	7 Nov	Week Total	%
	Passengers subject to PDT	328	288	234	426	290	168	258	1992	
Primary Actions (Passport Control)	Test Certificate Verified	320	265	214	405	280	165	232	1881	94.5%
	Exemption	7	22	19	17	10	2	24	101	5.0%
	Referred to Secondary Area	1	1	1	4	0	1	2	10	0.5%
Secondary Area Actions	Compliant	1	1	1	4	0	1	2	10	100%
	Warned	0	0	0	0	0	0	0	0	0
	Infringement	0	0	0	0	0	0	0	0	0
	Prosecution	0	0	0	0	0	0	0	0	0

7 COVID-19 Chief Executives Board

7.1 Items to Note/Updates

The COVID-19 Chief Executives' Board (CCB) held its most recent meeting on November 9, 2021. Discussions encompassed the COVID-19 Protection Framework (CPF) and broader programme of work, the Care in the Community workstream, and key priorities and concerns raised by Chief Executives. The next meeting for the CCB will be on 23 November 2021.

8 COVID-19 Independent Continuous Review, Improvement and Advice Group

8.1 Items to Note/Updates

The COVID-19 Independent Continuous Review, Improvement and Advice Group did not meet this week and are next scheduled to meet on Tuesday 16 November. This week, following a request from the Ministry of Health, the Group provided feedback on the Testing Strategy that is currently being refreshed to align with the CPF.

9 Strategic COVID-19 Public Health Advisory Group

9.1 Items to Note/Updates

The Strategic COVID-19 Public Health Advisory Group did not meet this week. However, it shared key insights arising from its recent consideration of contact tracing with government and began organising its agenda around outbreak modelling for its next discussion on November 17, 2021.

10 Business Leaders Forum

10.1 Items to Note/Updates

The Business Leaders' Forum did not meet this week. The next meeting for the Forum is yet to be confirmed.

11 Community Panel

11.1 Items to Note/Updates

The Community Panel did not meet this week. The next Panel meeting will take place on 1 December, 2021.

12 Government Modelling Group

12.1 Items to Note/Updates

Estimation of jurisdictional risk and analysis of entry pathway risk mitigations has informed forthcoming papers on Reconnecting New Zealand.

Officials continue to work with TPM on scenarios for 2022 and projections for cases and hospitalisations through to the end of the year.

13 Upcoming Cabinet Papers

s9(2)(f)(iv)



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14 Appendix – Audit

	Audit summary	IPC Standard Operating Procedures (SOPs), operations frameworks and guidance documents
Managed Isolation and Quarantine Facilities (MIQFs)	<p>The final two MIQFs are scheduled for their quarterly IPC audit on 8 and 10 November 2021. This will conclude Audit Round 5.</p> <p>Full audit (5) reports have been completed and are ready for release to relevant stakeholders.</p> <p>Please see the following item for a summary of emerging themes.</p> <p>On completion of final two MIQF audits a draft proactive release document will be submitted for approval.</p> <p>Scheduling of quarterly IPC audit round 6 is underway. Preliminary start date December 2021.</p>	
Airports	<p>Scheduling of IPC reviews for airports receiving QFT Green zone flights is underway.</p> <p>Auckland Airport red zone IPC review report completed and ready for release to relevant stakeholders.</p>	<p>As part of the scheduled review cycle of the IPC guidance for the air border, request for feedback on current version 1.3. was sent to aviation stakeholders. Feedback was due on 27 October 2021.</p> <p>Feedback received is currently being reviewed and any proposed changes to the documents will be submitted to the Ministry of Health’s IPC team for consideration.</p> <p>Current version 1.3 is published on the Ministry of Health’s website on 16 September 2021 (COVID-19: Aviation sector Ministry of Health NZ).</p>
Maritime/Ports	<p>No new updates</p>	<p>The PPE guidance for pilots and workers undertaking a necessary task on an affected ship is published on Maritime NZ’s website.</p> <p>Maritime NZ has advised the Ministry of Health’s Border Operations team that they have amended the guidance document for pilots, as the regulators in the industry, to address safety concerns while using the PPE. This was forwarded to the Ministry of Health’s IPC team for review, to ensure document continues to be fit for IPC purposes.</p> <p>The Ministry of Health’s Border Operations team has engaged with Maritime NZ this week to refresh the action points for the recommendation findings in the latest IPC review visit at the ports. Maritime NZ has informed us that it needs to involve Worksafe to discuss findings and action recommendations.</p>

¹ World Population Review. Hawaii Population. <https://worldpopulationreview.com/states/hawaii-population>. – Accessed 12 November

² FORMAL MESSAGE: NATIVE HAWAIIANS, PACIFIC ISLANDERS AND VACCINE HESITANCY IN HAWAII STATE – 1 April 2021 RESTRICTED

³ The Guardian.com – Vaccine chart toppers: What Australia can learn from World’s best rollouts. <https://www.theguardian.com/society/2021/apr/15/vaccine-chart-toppers-what-australia-can-learn-from-worlds-best-rollouts> - Accessed 21 June 2021

⁴ Government of Canada. Awareness resources and videos. <https://www.sac-isc.gc.ca/eng/1603132339009/1603132369373#resources> – Accessed 11 November 2021

⁵ FORMAL MESSAGE: AUSTRALIA-NZ DIALOGUE ON COVID-19 AND RECONNECTING WITH THE WORLD – 8 September 2021 - SENSITIVE

⁶ EDF. How to ensure all people can be reached with vaccination. <https://www.edf-feph.org/how-to-ensure-all-people-can-be-reached-with-vaccination/> - Accessed 10 November 2021

⁷ The Government of the Hong Kong Special Administrative Region. Hong Kong Vaccination Dashboard. <https://www.covidvaccine.gov.hk/en/dashboard> - Accessed 10 November 2021

⁸ Al Jazeera. Hong Kong won’t reopen before mid-2022, government adviser says. <https://www.aljazeera.com/economy/2021/11/9/bbhong-kong-wont-reopen-before-mid-2022-government-advisor-says> - Accessed 10 November 2021

- ⁹ South China Morning Post. Coronavirus: Hong Kong to offer home pickup service, mobile vaccine vehicles for the elderly as daily job numbers dwindle <https://www.scmp.com/news/hong-kong/health-environment/article/3152597/coronavirus-hong-kong-offer-home-pickup-service> – Accessed 10 November 2021
- ¹⁰ FORMAL MESSAGE: COVID-19 UPDATE: HONG KONG MAINTAINS ZERO LOCAL INFECTIONS – 8 October 2021 – IN CONFIDENCE
- ¹¹ FORMAL MESSAGE: BELGIUM: "VACCINES HAVE CHANGED THE RULES OF THE GAME" – 21 August 2021 – IN CONFIDENCE
- ¹² FORMAL MESSAGE: BELGIUM: "VACCINES HAVE CHANGED THE RULES OF THE GAME" – 21 August 2021 – IN CONFIDENCE
- ¹³ Keolis. BRUSSEL ROLLS OUT VACCINATION BUSES WITH KEOLIS. <https://www.keolis.be/en/newsroom/brussel-rolls-out-vaccination-buses-keolis> - Accessed 12 November 2021
- ¹⁴ FORMAL MESSAGE: The wrong curve is flattening – How Germany, Switzerland and the Czech Republic seek to incentivise more vaccinations – 19 August 2021 - UNCLASSIFIED
- ¹⁵ Reference unclear whether this vaccination rate refers to total or eligible population.
- ¹⁶ Between the months of May and September. FORMAL MESSAGE: AMERICAN SAMOA: COVID-19: STATE OF EMERGENCY EXTENDED – 12 October 2021 – IN CONFIDENCE
- ¹⁷ Euronews. Czech workers given extra holiday for having COVID jab. <https://www.euronews.com/2021/07/30/czech-workers-given-extra-holiday-for-having-covid-jab> - Accessed 10 November 2021
- ¹⁸ FORMAL MESSAGE: The wrong curve is flattening – How Germany, Switzerland and the Czech Republic seek to incentivise more vaccinations – 19 August 2021 - UNCLASSIFIED
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- ²¹ FORMAL MESSAGE: The wrong curve is flattening – How Germany, Switzerland and the Czech Republic seek to incentivise more vaccinations – 19 August 2021 - UNCLASSIFIED
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- ²⁶ Wanted in Rome. Green Pass: All you need to know about Italy's digital covid cert <https://www.wantedinrome.com/news/green-pass-all-you-need-to-know-about-italys-digital-covid-cert.html> - Accessed 10 November 2021
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- ³⁴ FORMAL MESSAGE: CHILE: COVID-19 STATE OF EMERGENCY ENDS – BUT ^{s6(a)} VACCINE PASSES REMAINS – 1 October 2021 - RESTRICTED
- ³⁵ FORMAL MESSAGE: The wrong curve is flattening – How Germany, Switzerland and the Czech Republic seek to incentivise more vaccinations – 19 August 2021 - UNCLASSIFIED
- ³⁶ FORMAL MESSAGE: The wrong curve is flattening – How Germany, Switzerland and the Czech Republic seek to incentivise more vaccinations – 19 August 2021 - UNCLASSIFIED
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