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



**MINISTRY OF  
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**NEW ZEALAND  
CUSTOMS SERVICE**  
TE MANA ĀRAI O AOTEAROA



**BORDER EXECUTIVE BOARD**



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



# COVID-19 Response Weekly Report

14 April 2022

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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	●	●	<ul style="list-style-type: none"> <li>On 12 April 2022, Step 3 of Reconnecting New Zealand reopening for Australians commenced. As agreed by Cabinet, reopening for visa-waiver travellers and existing holders of valid visitor visas will commence from 11 59pm 1 May 2022.</li> <li>On 8 April 2022, the Cook Islands, Samoa, American Samoa and Vanuatu arrivals shifted to the Testing on Arrival pathway.</li> <li>On 25 March, the New Zealand Traveller Declaration (NZTD) System Tranche 1 went live. Since 31 March 2022, the NZTD is the only approved and available system for travellers to make a declaration and receive a traveller pass to enter New Zealand.</li> <li>The Ministry of Health and the Border Executive Board (BEB) are progressing work on ensuring the maritime border settings are in alignment with evolving public health settings.</li> <li>Amendments to the Maritime Border Order and the Testing Order have been drafted by the Parliamentary Counsel Office (PCO) for Tranche 1 of this work to reflect suitable alignments as a result of recent changes to the Air Border Order.</li> </ul>
Testing and vaccination of border workforce	MBIE	●	●	<p><i>Staff Testing</i></p> <ul style="list-style-type: none"> <li>Ministry of Health have updated their systems so that border workers' self-declared RAT results are now pulled from My Covid Record into the Border Worker Testing Register (BWTR).</li> <li>Compliance reporting is at 63% (-1% comparing last week) for staff who worked in the week of 4 April – 10 April 2022. Uploading RAT results in My Covid Record and getting exemptions letters from Health practitioners (for those workers not required to test for 28 days post-COVID) appear to be causing challenges for some workers, resulting in the low testing compliance rate showing in the BWTR. MOH are working with PCBUs and ICT to identify solution options.</li> <li>MBIE have reminded employers to ensure their employees log all RAT results (positive and negative) and have provided further guidance on the exemption letter process, for the most accurate view of workers' compliance.</li> </ul> <p><i>Vaccinations and boosters</i></p> <ul style="list-style-type: none"> <li>The BWTR shows, of the workforce on site for the week of 4 April – 10 April 2022, 99.4% have had two doses of the vaccine, 0% had one dose and 0.6% have vaccination status 'unknown'.</li> <li>Of the workers on site the week of 4 April – 10 April 2022, 8 workers (0.6%) were showing in BWTR as overdue for a booster. The workforce testing and vaccination team will investigate those to identify whether they are breaches of the Vaccination Order or a result of something else (e.g. data error etc.)</li> <li>Vaccination assurance follow-ups for those with an 'unknown' status in BWTR on site between 28 March – 3 April 2022 did not identify any breaches of the Vaccination Order. However, follow ups regarding boosters identified four workers who were on site who should have had a booster and we are awaiting confirmation of vaccine status for two workers.</li> </ul>
Reopening new travel pathways - Pacific Islands	MFAT	●	●	<ul style="list-style-type: none"> <li>The Government of Niue has released a timeframe for opening its borders without isolation. This will begin in July, for Niueans and essential travellers, with numbers limited. All border restrictions will be lifted in October. The Premier pointed to Niue's economic need to reconnect with the world, and to high vaccination rates as supporting a safe re-opening. Niue has not yet experienced COVID-19 in the community, and the Premier retained some wriggle room on the dates.</li> <li>s6(b)(i)</li> </ul>

### Managed Isolation and Quarantine and Return to the Community

Place and conditions of stay

Agency	Last Week	This Week	Agency Comment
MBIE	●	●	<p><i>Decommissioning Planning</i></p> <ul style="list-style-type: none"><li>Tranche 1: The first facilities that are planned for decommissioning on 14 April (four facilities) have been moved to an amber RAG status as the 'make good' work is still being negotiated. The other aspects of the decommission are either completed or on track to be completed in time. The final 17 facilities from tranche 1 are planned for decommissioning on 29 April.</li><li>Tranche 2: One facility is on track for decommission on 1 May, with three planned for decommissioning on 13 May.</li><li>Tranche 3: The three final facilities are being planned to decommission on 30 June. These facilities are currently being used for community cases.</li><li>Make good claims for all facilities currently in the decommissioning process are in negotiation. "Make good" claims cover the wear and tear that the hotel has sustained while being an MIQ that is outside the 'normal' wear and tear they would expect to occur in a facility. The MIQ Commercial Team are negotiating with each facility based on an inventory submitted by the hotel (and has been reviewed by relevant MBIE parties).</li></ul>

### Community Protection

Case investigation, surveillance and testing

Agency	Last Week	This Week	Agency Comment
MoH	●	●	<ul style="list-style-type: none"><li>The Ministry of Health is revising its Testing Plan in preparation for the post-peak Omicron response. The Ministry of Health is due to report back to Cabinet on the revised Testing Plan on 9 May 2022. The revised Testing Plan will inform the delivery of PCR capacity needs to support the surveillance, variant and winter strategies. The plan will be reviewed periodically for evolving needs and innovations.</li><li>As you are all aware, rapid antigen testing (RAT) is currently the primary form of testing for both surveillance and diagnostic purposes.</li><li>The Ministry of Health's national target of 90 percent of New Zealanders being able to access a RAT access point within a 20-minute drive has been met. 96.5 percent of the overall population is within this catchment area, and 95.4 percent of Māori are within this area, highlighting the good access across the majority of Aotearoa New Zealand under the current model.</li><li>Overall demand for RATs is at a steady state, with most RAT distribution channels resupplying.</li><li>On 11 April 2022, the Ministry of Health received 23,330 RAT results compared with 18,818 on 4 April.</li></ul>

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**Vaccination**

Agency	Last Week	This Week	
MoH	●	●	<ul style="list-style-type: none"> <li>• As at 11.59 pm on 12 April 2022:                             <ul style="list-style-type: none"> <li>- 11,004,817 vaccinations have been delivered.</li> <li>- 3,976,331 people are fully vaccinated.</li> <li>- 2,608,343 booster doses have been administered.</li> <li>- 72 percent of people eligible have received a booster.</li> <li>- 96 percent of the eligible 12+ population have now received at least one dose, and 95 percent are now fully vaccinated.</li> <li>- 260,268 Pfizer Paediatric first doses have been administered, with 54 percent of children aged 5-to-11-years having received their first dose of vaccine.</li> <li>- 102,204 Paediatric second doses have been administered, which is 21 percent of this population.</li> <li>- Nineteen DHBs have reached 90 percent fully vaccinated. Eight DHBs (Waitemata, Auckland, MidCentral, Wairarapa, Capital &amp; Coast, Hutt Valley, Canterbury, and Southern) have also achieved 90 percent fully vaccinated for Māori.</li> </ul> </li> <li>• Booster doses for 16 and 17-year-olds became available on 7 April 2022 via walk-in clinics. Bookings via Book My Vaccine will be available from 14 April 2022.</li> <li>• Planned vaccination activities continue in kura across the motu.</li> <li>• The 2022 Influenza Immunisation Programme commenced on 1 April 2022 with expanded eligibility criteria to include Māori and Pasifika aged 55 to 64 years.</li> <li>• As at 1159pm on 10 April 2022:                             <ul style="list-style-type: none"> <li>- 224,356 doses of the influenza vaccine have been administered.</li> <li>- 159,599 doses have been administered to people aged 65 and older (18.3 percent of the total eligible group).</li> </ul> </li> </ul> <p><i>Booster uptake and achieving equity</i></p> <ul style="list-style-type: none"> <li>• Eight DHBs (Auckland, Waitemata, Midcentral, Wairarapa, Capital &amp; Coast, Hutt Valley, Canterbury, and Southern) have achieved the 90 percent fully vaccinated milestone for Māori.</li> <li>• Work is ongoing to determine whether second booster doses will be offered.</li> <li>• The recommended wait time for someone to get a booster after being infected with COVID-19 is three months. Positive cases and isolating household contacts continue to impact vaccination rates across the motu. It is expected booster and paediatric vaccination rates will remain low throughout Quarter Two.</li> <li>• DHBs have begun winding down their large community vaccination centres, with demand for vaccinations at fixed sites now primarily through pharmacy and general practice clinics. This gives DHB teams a greater ability to support equitable vaccination rates by repositioning staff to mobile and outreach clinics.</li> </ul> <p><i>Boosters for 12-17-year-olds</i></p> <ul style="list-style-type: none"> <li>• Booster doses for people aged 16 and 17 years became available from 7 April 2022.</li> <li>• Communications channels have been updated with revised messaging, and activity is underway to identify additional opportunities to advise this age group about receiving a booster dose.</li> <li>• Medsafe has received some data from Pfizer for booster doses for the 12–15-year-old age group, however, they are waiting for Pfizer to submit further information. Once Medsafe receives this additional information, it will be reviewed as a priority.</li> </ul> <p><i>5-11-year-olds</i></p> <ul style="list-style-type: none"> <li>• DHBs continue to work alongside local councils, Iwi, Pasifika, and a range of community groups. Coordination with Ministry of Social Development and Ministry of Education remains a constant.</li> <li>• Engagement continues with Māori Health Providers (MHPs) to ensure information needs, barriers and successes can be shared and incorporated into future initiatives to increase tamariki vaccinations.</li> <li>• There continues to be an opportunity for clinics held near kura and supported events, with aim to vaccinate the kura community, especially tamariki within the school.</li> </ul>

Implementation and operation

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**Resurgence Planning and Response**

Agency	Last Week	This Week	Agency Comment on Status of Focus Area
COVID-19 Management Planning and Response	DPMC	●	<ul style="list-style-type: none"> <li>Cross-agency urgent issue mitigation has been occurring tri-weekly through the AoG Ops Forum to keep New Zealand moving. Key updates from these meetings are distributed to sector agencies and Minister's offices.</li> <li>There were workshop this week to achieve a common understanding across government of what happens when a traveller gets COVID-19 in New Zealand and agree on next steps. Key differences between domestic and international travellers were identified. Work continues with system readiness, sector engagement and preparing communications.</li> <li>MOH delivered the process for Critical Worker Exemption Guidance for Supporting Agencies and presented it to the AOG Operations Group.</li> </ul>
	MoH	●	<ul style="list-style-type: none"> <li>Global daily reported new cases are decreasing, this decline is observed across all continents. BA 2 is now thought to be the most prevalent variant globally, making up over 80 percent of recently submitted sequences. It has been detected in at least 110 countries and has a confirmed dominance in 51. It is likely BA.2 and its sublineages will continue to further outcompete BA.1 in the Americas in the coming weeks.</li> <li>The hybrid variant 'Deltacron' has been detected in New South Wales, Australia. This continues to be monitored.</li> <li>Following Omicron sublineage BA.2 becoming most prevalent in the UK and other European countries, both cases and hospitalisations began to rise, likely due to BA 2 being more infectious than BA.1, waning immunity, easing of restrictions, and Omicron's ability to reinfect. Despite BA.2 dominance in the USA, making up around 72 percent of cases, the country is not seeing a large new wave of infections or hospitalisations so far. As BA.2 continues to increase in the USA, it is possible we will see cases begin to climb nationally in coming days or weeks.</li> </ul>
Readiness Planning	MoH	●	<ul style="list-style-type: none"> <li>On 11 April 2022, the Ministry of Health's COVID-19 Assessment Committee conducted a review of the COVID-19 Protection Framework (CPF) colour settings across New Zealand, to ensure proportionality of public health measures and the restrictions on freedoms, relative to COVID-19 risk.</li> <li>The Ministry of Health recommended that all parts of New Zealand move from the Red to the Orange setting of the CPF at 11.59pm on 14 April 2022. Alongside any decision to shift to Orange, the Committee noted the importance of continued strong communication and guidance to re-emphasise general public health measures such as mask use and good hygiene practices.</li> <li>The Committee also reviewed isolation periods for cases and household contacts on 11 April 2022 and recommended that the isolation period remains at seven days.</li> <li>Following this advice, the Government will announce any changes to the traffic light settings and isolation periods for cases and household contacts on 13 April 2022.</li> <li>To ensure public health measures remain proportionate, a further COVID-19 Assessment Committee is proposed to be scheduled for early-May 2022. This will also include a review of the isolation periods for cases and household contacts, including modelling of different lengths of isolation periods.</li> </ul>
	MBIE	●	<p><i>MIQ Readiness Programme</i></p> <ul style="list-style-type: none"> <li>The scope for the programme has now been endorsed by the MIQ Leadership Team and will be presented to the Border Executive Board.</li> <li>A programme plan and resourcing will now be developed to support this work. The MIQ readiness programme will ensure that MIQ has a plan for building future Isolation and Quarantine capacity and capabilities until another service is in place longer term.</li> </ul>
Planning for Next Phase	DPMC	●	<ul style="list-style-type: none"> <li>Next steps for the Planning team will be to update the Toolbox and start an Omicron response lessons learned to capture updates to support the Plan. The aim is to ensure all accountable and responsible agencies have clarity of their roles for all active and latent tools under the COVID-19 Order and have plans ready to reactivate should the system require them in the future.</li> <li>New variant planning is underway with MoH.</li> <li>A draft of an interim new variant plan was shared with NRG this week. A more robust planning process will be followed for a new variant plan based on scenarios developed with MoH.</li> </ul>

## 2. COVID-19 Insights

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

#### 2.1.1 How the Cruise Line Industry Has Adapted to COVID-19

##### **Introduction**

The Insights and Reporting Team in DPMC's COVID-19 Group have analysed the cruise line industry's impact on the New Zealand economy, the profile of visitors to New Zealand, and future trajectory of the cruise industry. Details of how the industry internationally has adapted in the wake of the COVID-19 pandemic such as the protocols introduced, and rules in place overseas are explored. Recent examples of COVID-19 outbreaks aboard cruise ships, and how they have been managed, are also included.

##### **Economic Impact of South Pacific Cruises**

Prior to the outbreak of the COVID-19 pandemic, the cruise industry was a growing contributor to the New Zealand economy. The pre-pandemic cruise industry contributed around NZ\$5 billion per year to the South Pacific economy and supported 25,000 jobs in the South Pacific region during a normal year.<sup>1</sup> Over the 12 months ending June 2019, cruise ship expenditure<sup>1</sup> in New Zealand reached NZ\$569.8 million, up 11% or NZ\$125.2 million compared to the 12 months prior. The breakdown of this spend included NZ\$370.3 million from cruise visitors, such as tours and onshore spending, and NZ\$145.4 million associated with the ship itself, such as shipping agents, refuelling and resupplying. The remaining NZ\$54 million of spending was made up by GST. A longer-term comparison of annual spend from cruise ships in New Zealand shows an increase every year since 2015, when the annual spend was NZ\$295 million.<sup>2</sup>

The regions most visited by cruise ships in the year ending June 2019 were Auckland, Otago, Bay of Plenty, Southland, and Wellington, in that order.

Cruise ships were temporarily banned from entering New Zealand waters on 14 March 2020 until June 2020, and since then the ban has continued. There was a total of NZ\$547 million spent by cruise ships in the year ending June 2020.<sup>3 4</sup>

##### **Profile of Visitors on Cruises in NZ**

The most common country of origin for visitors by cruise to New Zealand in the year ending June 2019 was Australia (49%), the United States (20%), New Zealand (11%), the United Kingdom (6%), and Canada (4%).<sup>5</sup>

The most common age range for travellers on cruise ships to New Zealand, was between 65 to 69 years of age (17%), followed by 70 to 74 (16%), and then 60 to 64 (13%), with 48% of all cruise visitors to New Zealand over the age of 65.<sup>6</sup> This is significant given the heightened risk of developing severe symptoms of COVID-19 infection, for those in older age groups.

Survey data from 2020, published in Cruise Lines International Association's State of the Cruise Industry Report 2022 found that 85% of people aged 26-41, plan to cruise again, compared to 77% of those aged 58-76, and 73% of those aged 77-94. This may signal some movement in the age make-up of cruise travellers, with a move to a younger cohort, something that the cruise industry is reportedly targeting.<sup>7 8</sup>

##### **Future Trajectory of the Cruise Industry**

The global cruise industry showed signs of recovery over the course of 2021, albeit to a level below that observed before the pandemic. In 2021, passenger numbers increased by 96% compared to 2020 to 13.9 million. This is however 53% lower than the 29.7 million passengers who took cruises in 2019. The Cruise Lines International Association, CLIA, is forecasting a strong recovery over the course of 2022, in part thanks to protocols designed through collaboration between governments, the cruise industry and public health experts.

<sup>1</sup> Cruise ship expenditure statistics are a combination of onshore spending by cruise visitors (passengers and crew) at ports, spend associated with the actual cruise ship and vessel (shipping agents, fuel, food) as well as GST.

CLIA forecast that close to 100% of ships will be in operation by the end of July 2022 and their low, baseline, and high estimates for passenger numbers in 2022 are 78%, 95% and 101% of passenger numbers in 2019. CLIA forecasts a full recovery in passenger numbers by 2023. The CLIA also noted that at the time of the above forecasts, 86 countries had reopened to cruise ships<sup>9</sup>

### **Protocols Introduced by Cruise Line Companies**

The three largest cruise line operators in the world are Carnival Corporation, Royal Caribbean, and Norwegian Cruise Line.<sup>10</sup> A scan of materials available from each of these operators show that they have initiated protocols to minimise the risk from COVID-19. These include pre-departure testing (either PCR or antigen), vaccination requirements for all passengers (some exemptions exist) and crew, and mask wearing. Requirements to wear masks depended on the departure country, with some countries such as Singapore requiring masks onboard except when eating, whilst departees from the United States are only required to wear masks in certain circumstance such as during embarkation. Cruise lines also have specialist medical facilities onboard ships, including ventilators and oxygen supplies, and onboard COVID-19 testing laboratories. Should a positive case arise on board, there are quarantine protocols for patients and close contacts, including use of onshore quarantine facilities should the quarantine period continue longer than the cruise trip. Strict cleaning protocols and HVAC air filtration systems are being utilised to minimise transmission. Online check-in processes and staggered embarkation procedures were also referenced as a COVID-19 protocol.<sup>11 12 13</sup>

In the months following the WHO declaring COVID-19 a pandemic in March 2020, the Healthy Sail Panel was convened to develop a report containing recommendations for the cruise industry on how it could safely return to operation. The report was submitted in response to the United States Centers for Disease Control and Prevention (CDC) request for public comment on COVID-19 health guidance for cruise ships.<sup>14</sup> The panel was convened at the request of Royal Caribbean Group and Norwegian Cruise Line and consisted of internationally recognised experts in public health, infectious disease, biosecurity, hospital and maritime operations and welcomed observers from the CDC, CLIA and Carnival Cruise Line. The panel's report, published in September 2020 included 74 recommendations for best practices, which have been adopted across the industry. The report also acknowledged that the recommendations may be adapted as the COVID-19 situation evolves, with a specific mention of the introduction of vaccines.<sup>15</sup>

### **COVID-19 Related Cruise Rules In Place Overseas**

The Australian government has decided to allow the return of cruise ships to Australian ports after the current ban expires on 17 April 2022. The federal government has stipulated that additional measures must be taken to reduce risk though the introduction of health protocols at a state level. These protocols will cover, enhanced pre-arrival and reporting identification of COVID-19, stress testing of emergency response measures to outbreaks, engagement with the cruise industry and a requirement that all passengers are double vaccinated. The federal government confirmed that positive progress had been made by the eastern states and the cruise industry to develop appropriate health protocols and common guidelines, work to finalise the protocols appears to be ongoing.<sup>16 17 18</sup> A recent press release from the government of Queensland, released on 18 March, confirmed that the protocols would include stipulations on: vaccination, COVID-safe practices, COVID-19 testing and mask wearing during embarkation and disembarkation.<sup>19</sup>

In the United States the CDC has set up the COVID-19 Program for Cruise Ships, which provides a set of guidelines cruise lines must follow should they opt-in, (since 15 January 2022, the program has been voluntary). The guidelines include, reporting the level of vaccination aboard to the CDC, (95% up to date with all vaccines is considered the standard of excellence), a requirement to have a response plan, surveillance and reporting of COVID-19, documentation of docking approval at US port, onshore screening of all crew, onboard testing of symptomatic passengers and crew and an ability to isolate and treat symptomatic and confirmed positive cases and close contacts. Other more specific rules around screening travellers and crew as they enter and leave the ship as well as general preventative measures are also in place. Participating ships are given a colour status which is reported live on the CDC website, and is aimed at allowing passengers to make informed decisions before choosing to travel. The colour is determined by the number of cases reported on board with different colours representing different thresholds. Ships designated as red are investigated by the CDC, to



determine whether further health measures are required such as testing all passengers or enforcing mask wearing rules. The vaccination status mentioned above is also reported on the CDC website. As of writing there were 106 ships opted into the program and 1 opted out. The program was made voluntary after the CDC determined the cruise industry had taken sufficient steps itself to mitigate COVID-19 risks.<sup>20 21 22</sup>

The United Kingdom government has issued guidance for travellers intending to travel on cruise ships but refers travellers to the protocols of the cruise liners rather than issuing specific rules. On entering the United Kingdom passengers there is no requirement to take any pre-departure or post-arrival tests, fill in a passenger locator form, or quarantine.<sup>23</sup> The United Kingdom Chamber of Shipping published guidelines for passengers, operators, and for the management of seafarers, in October 2020. The aim of the guidelines was to ensure the safe reopening of the cruise industry and to ensure that in most cases onboard measures replicated measures taken onshore. The United Kingdom's online government advice for cruises contains links to government websites where updated onshore COVID-19 health measures are detailed.<sup>24</sup>

### **COVID-19 Relate Cruise Rule Changes in New Zealand**

As is the case in the example countries mentioned above, cruise line operators have been working to develop protocols that match or exceed current New Zealand Health COVID-19 guidelines. According to a discussion document drawn up by the industry and shared with officials in February 2022,<sup>25</sup> the intention of cruise line operators is to create onboard health measures that replicate health measures for similar situations ashore and allow for a phased reopening of cruise travel in line with New Zealand's reopening strategy. In order to demonstrate the effectiveness of protocols the cruise operators will use, a phased approach for full resumption of operations is being implemented. The health protocols will form a "layered approach" to safe cruising which includes the following aspects:

- Prevent: through testing and vaccination.
- Mitigate: through ventilation, physical distancing, regular cleaning, and health screening.
- Response: through pre-agreed response plans including testing, tracing, isolation, quarantine and patient care on board.

The discussion document mentioned above, outlines the plan to initially recommence cruising between New Zealand ports, however this plan is still under discussion. The plan also includes bubble arrangements with countries in the South Pacific, referred to as 'bubble cruising' taking into account country-specific travel conditions. As further international travel opens up, cruise lines plan to resume itineraries in line with reopening of aviation routes, although timelines for this remain unclear.<sup>26</sup>

### **Recent COVID-19 Outbreaks on Cruise Ships Overseas**

Although small compared to the number of cruises currently sailing, there have been some recent outbreaks on cruise ships that have led to varying levels of disruption. The Ruby Princess, owned by Princess Cruises (part of Carnival Corporation) docked in San Francisco on 27 March 2022, after 19 passengers tested positive for COVID-19 after a 15-day cruise to the Panama Canal. The affected passengers showed only mild symptoms or were asymptomatic and were isolated on board. Princess Cruises reported that 100% of passengers and staff aboard were vaccinated, (the port of San Francisco requires at least 95% of both passengers and staff to be vaccinated to dock there). Those who had not completed their isolation period on board were returned home or taken to hotel rooms on shore. The outbreak appears to have had little impact on the ship's scheduling as the Ruby Princess has since left for a 15-day cruise to Hawaii. This was the second time this year the Ruby Princess has docked in California with COVID-19 cases.<sup>27 28</sup>

The Saga Group's Spirit of Adventure cruise ship which set sail from the United Kingdom on 22 February 2022 for a planned 35- day cruise saw significantly greater amount of disruption after a number of cases of COVID-19 were found on board. The ship was destined to visit the Azores Islands, before touring a number of Caribbean Islands, and was marketed as over 50's only. The cruise was however prematurely turned around after visiting the Azores, due to the outbreak, as strict COVID-19 entry requirements in a number of Caribbean countries meant that the ship had to return to the United Kingdom. The holiday company required all

passengers to be fully vaccinated and transported to the ship via private chauffeur before taking a pre-departure test. It is unknown how many positive cases were on board.<sup>29</sup>

The Royal Caribbean company cancelled two of its cruises from Singapore due to set sail on 31 January and 3 February 2022, after routine testing before setting off on 27 January, found a number of cases on board. The passengers testing positive were fully vaccinated and immediately isolated along with close contacts. All the cases were asymptomatic or had mild symptoms and the ship was disinfected as per the line's safety protocols.<sup>30</sup>

*Thank you to the following teams that assisted with this report: Maritime New Zealand, the Border Executive Board, the Ministry of Foreign Affairs and Trade, the Ministry of Transport, and the Ministry of Business, Innovation and Employment.*

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### 3. Ministry of Health

#### 3.1 Policy/Programme Updates

##### 3.1.1 Health system preparedness programme: update

This item provides an update about the Health System Preparedness Programme (HSPP).

##### **COVID-19 Care in the Community**

###### *Therapeutics rollout*

The therapeutics rollout of the first oral antiviral medicines began the week of 4 April 2022. Clinical guidance for prescribers, dispensers, and patients was published ahead of the rollout through the Health Pathways sites, and prescribers also received live links to all support resources.

A total of 9,600 courses of Paxlovid™ arrived in the first shipment and 20,900 in the second shipment. This makes up the balance of our orders until 1 July 2022. Stock has been distributed to ProPharma's regional distribution centres, and pharmacies began ordering Paxlovid™ on 4 April 2022. There are 1,600 courses being retained at each of ProPharma's regional and central distribution centres as reserves.

Hospital clinicians and pharmacy managers have raised concerns about adequate stock. This was discussed at the New Therapeutic Implementation Group meeting on 7 April 2022. Hospitals, except for rural hospitals, are not holding stock of Paxlovid™ because hospitals have access to alternative IV therapies, such as remdesivir, that are not widely available in the community.

On 7 April 2022 the Ministry of Health launched a daily digital monitoring report for Paxlovid™. This report will be used by the Ministry of Health, Pharmac, and DHBs to enable effective stock management and to track utilisation trends and grow understanding of who is accessing the medicine. This will help ensure access is equitable and reaches our vulnerable populations.

###### *Winter Planning*

The Ministry of Health has been working on two key aspects of winter planning preparedness:

- Gain assurance that DHBs and hospitals have robust plans for winter preparedness, in particular workforce resilience;
- Develop a system to collect additional data and intelligence from across all DHBs to provide an 'early warning system', and to manage and monitor winter trends and ensure DHBs can share information, and where appropriate, resources.

In the past week, the Ministry of Health has worked with sector Chairs of the Chief Operating Officers, Chief Medical Officers, Directors of Nursing, Directors of Allied Health, General Managers Planning and Funding, and Māori Health, to develop a DHB winter planning checklist that builds on the planning tool the Ministry of Health developed to support the pre-festive season planning over December 2021, and the Omicron scenario planning in February 2022.

The checklist's purpose is to:

- Provide DHBs and regions with a range of questions that may prompt new responses;
- Provide the Ministry of Health with assurance that DHBs have robust plans in place for the next six months and have built on the opportunities created through regional collaboration and community care coordination hubs.

The checklist will be sent to DHBs by the end of April 2022. Analysis of the findings will provide the Ministry of Health with an assessment of DHB preparedness, areas of risk, and opportunities that can be shared across the sector. An overall report will be completed by the Ministry of Health and ongoing engagement with DHBs continues.

#### *Data and Digital*

The following data and digital tools and updates were released the week beginning 4 April 2022:

- A system change has been implemented to record if a person who is an active record in the National Contact Tracing System and COVID-19 Clinical Care Module dies. This will make sure anyone due to act on a case is aware that the person is now deceased;
- Usability and functionality improvements to the General Practitioner (GP) Rapid Antigen Testing reporting form;
- COVID-19 Health Hub language translations for Te Reo Māori, Korean, Simplified Chinese, Hindi, Traditional Chinese, Somali, Samoan, Swahili, Ukrainian, Tongan, Fijian, Tokelauan, Niuean, Cook Island Māori, Gujarati, Punjabi, Tuvaluan, Vietnamese are being released incrementally;
- Version one of the Therapeutics Dashboard for monitoring stock and utilisation trends of Paxlovid™;
- Additional case health check questions on symptoms and co-morbidities from the National Contact Tracing System to the COVID-19 Clinical Care Module;
- GP COVID-19 Dashboard – visibility of GPs' COVID-19 patients from the COVID-19 Clinical Care Module via the Practice Management System;
- Ability to create cases in the COVID-19 Clinical Care Module via the GP Dashboard.

#### *Regional Desktop Reviews*

The Ministry of Health is carrying out desktop reviews of resurgence preparedness at the regional level, focusing on care in the community preparedness and implementation of the care coordination hubs. The reviews are being chaired by the Ministry of Health's Chief Medical Officer Dr Robyn Carey, and a panel of representatives from the Ministry of Health and MSD. Reviews of Northern, Te Manawa Taki, and Southern regions have been completed, with the final review of Central region scheduled to be completed in the next two weeks.

#### *Long COVID update*

The Ministry of Health is continuing work on the approach for managing long COVID in the primary care setting and the wider New Zealand Health and Disability System. The four parts to the approach are:

- Monitor DHBs that have/are establishing specific services for long COVID to help develop a change package for others wanting to do the same;
- Maintain emerging evidence to inform clinical pathways for the identification and management of long COVID;
- Establish an expert advisory Group including people with lived experience to guide and give input into the long COVID approach;
- Identifying research gaps that are particular to New Zealand and how these might be addressed.

The investigation and treatment of long COVID in primary care will be funded in the same way as other medical conditions and emergencies. Once the acute phase of the COVID-19 infection is past, any longer-term symptoms which present beyond six-weeks will be managed in the same way as other long-term conditions. Normal co-payments for general practice appointments will apply, as well as part charges for emergency ambulance callouts, and community pharmacy dispensing fees. Specialist level treatment will be funded by DHBs, or self-funded if accessed privately.

### 3.1.2 National Immunisation Programme

#### COVID-19 Vaccinations

As at 11.59 pm on 12 April 2022, 11,004,817 vaccinations have been delivered, including 4,026,036 first doses, 3,976,331 second doses, 31,616 third primary doses, and 2,608,343 booster doses. In addition:

- 260,286 paediatric first doses have been administered to 5-to-11-year-old children; 54 percent of this population have received their first dose. 102,204 paediatric second doses have been administered, which is 21 percent of this population;
- 72 percent of people eligible for a booster dose have received it. This is one percent fewer than last week;
- 86 percent of the eligible population five years and older have received at least one dose. 82 percent of this population are fully vaccinated;
- 548 vaccination sites were active on 12 April 2022.

On 11 April 2022, the 11 millionth dose of COVID-19 vaccine was administered in New Zealand.

#### Driving uptake

Eight DHBs have now reached 90 percent fully vaccinated for Māori, two DHBs are fewer than 100 doses from achieving this milestone. All DHBs have achieved at least 90 percent first doses and nineteen DHBs have achieved at least 90 percent fully vaccinated for their 12-plus populations. Northland DHB is 3,263 doses from reaching the 90 percent fully vaccinated milestone as at 11.59pm 12 April 2022.

Positive cases and isolating household contacts continue to impact vaccination rates across the motu. Given the recommended wait time of 90 days for those who have been infected with COVID-19, it is expected that booster and paediatric vaccination rates will be lower through to June 2022.

DHBs continue to review the use of large community vaccination centres due to low demand. DHB teams are now deploying staff and resources to mobile and outreach clinics in the drive to achieve equitable vaccination rates. DHBs and vaccination providers are also looking to leverage the outreach and mobile vaccine services developed through the COVID-19 vaccination programme, to provide services and influenza vaccinations to harder-to-reach communities.

DHB and providers led sprint events continue across the motu. The Programme has provided the DHBs and providers with a playbook as well as reporting templates and continues to support sprint events through facilitation and the removal of roadblocks identified by providers and DHBs.

#### Boosters

As at 12 April 2022, 2,608,343 people have received a booster dose. This represents 72 percent of the 3,631,984 people who are currently eligible for a booster. A total of 69,442 people became eligible to receive a booster dose in the week to 12 April 2022.

Work with DHBs continues with a strong focus on promoting booster uptake across the eligible population. Since 17 January 2022, an estimated 3.15 million eligible individuals have been sent a booster reminder message, up from 3.06 million the previous week. National phone campaigns continue to support population uptake on boosters.

#### Boosters for 12-to-17-year-olds

On 6 April 2022, Medsafe approved the use of the Pfizer COVID-19 vaccine as a booster for 16-to-17-year-olds. The National rollout commenced on 7 April 2022 for consumers able to access a booster at clinics offering walk-in appointments. Bookings via Book My Vaccine will be available from 14 April 2022. Communication channels have been updated with revised messaging and activity is underway to identify additional opportunities to advise this age group they are eligible to receive a booster dose.

Medsafe has received some data from Pfizer for booster doses for the 12-to-15-year-old age group, however, they are currently waiting for Pfizer to submit further information on this. Once Medsafe receives this additional information, it will be reviewed as a priority.

The programme is awaiting Medsafe's assessment prior to implementing a national rollout of a booster programme for 12-to-15-year-olds. Booster doses for this age group are currently only available via the "off-label" prescription process through primary care, in accordance with clinical guidelines.

### **5-to-11-year-olds**

54 percent of children aged 5-to-11 years-old have either booked or received their first dose as at 11.59pm on 12 April 2022.

To date, 35 percent of eligible tamariki Māori aged 5-to-11-years have been partially vaccinated, equal to last week. Forty-seven percent of Pacific children aged 5-to-11-years have been partially vaccinated, equal to last week.

All DHBs are working closely with Māori Health Providers, Iwi collectives and Pacific Island community connectors to develop further strategies for improving participation of schools and whānau to increase the uptake of vaccines among 5-to-11-year-olds.

Planned vaccination activities continue in kura across the motu. There continues to be an opportunity for clinics held near kura and supported events, with the aim of vaccinating the kura community, especially tamariki within the school.

Work with the School Trustees Association is progressing. A joint letter is being distributed to the sector the week beginning 11 April 2022 to encourage vaccination at school sites, including the opportunity to vaccinate 16 and 17-year-olds now that they are eligible for a booster. Schools are being supported with information packs, including letters they can send to parents and their community.

### **Equity**

Vaccination rates have slowed down for all ethnic groups. Booster uptake for Māori is 56 percent, and booster uptake for Pacific people is 58 percent, compared to 72 percent for the total eligible population.

#### *Pacific People*

The Ministry continues to engage with the smaller regions to provide support to DHBs and Pacific health providers to improve vaccination rates for Pacific people. This includes facilitating discussions with the Pacific providers and DHBs to better understand needs and challenges.

The Ministry of Pacific Peoples has translated videos and resources for nine Pacific groups to provide information around the traffic light system, RAT testing and reporting, and the Pacific vaccination events across the country. They are also developing a paediatric vaccination campaign.

#### *Disability and mental health*

Vaccination rates for disabled people supported by Disability Support Services (DSS) and ACC continue to track well, with vaccination rates similar to that of the general population.

The \$2 million peer support fund has generated a good level of interest, with 41 applications for funding received. An assessment panel made up of experts, people from the lived experience community, and the Ministry are currently assessing applications. Applicants are expected to be notified of the outcome of their applications in the week beginning 19 April 2022, with the anticipated contract start date in the week of 26 April 2022.

### **2022 Influenza vaccine rollout**

The Influenza Immunisation Programme commenced on 1 April 2022.

Of the 224,356 influenza vaccinations administered as at 11.59pm on 10 April 2022:

- 159,599 were administered to persons aged 65 and over (18.3 percent of the eligible group);
- 8,410 doses were administered to Māori (14.6 percent of the eligible group);
- 3,605 administered to Pacific People (12.2 percent of the eligible group);
- 4,388 doses were administered to Māori and Pacific people aged 55-to-64 years (4 percent).

Over two million doses of influenza vaccine will be available for New Zealanders in 2022 to meet an expected increase in demand, as well as the expanded eligibility criteria to include Māori and Pacific people aged over 55 years. The programme is running in two phases, firstly focusing on priority groups and secondly an all of New Zealand campaign.

DHBs and non-traditional vaccination providers are working through options to offer influenza vaccinations to their eligible populations. Most providers are looking to leverage the outreach and mobile vaccination services developed through the COVID-19 vaccination programme to provide services to harder to reach communities.

### 3.1.3 Technical Advisory Group: update

#### **COVID-19 TAG**

The COVID-19 Technical Advisory Group (COVID-19 TAG) did not meet this week, with the next meeting scheduled for 22 April 2022.

#### **CV TAG**

The COVID-19 Vaccine Technical Advisory Group (CV TAG) did not meet this week, with the next meeting scheduled for 26 April 2022.

#### **Therapeutics TAG**

The COVID-19 Therapeutics Technical Advisory Group (Therapeutics TAG) met on 8 April 2022 and discussed the following items:

- Therapeutics;
- Pharmac update;
- Medsafe update;
- STA update;
- Equity considerations;
- Paxlovid roll-out: Proposed changes to Paxlovid access criteria;
- Horizon scanning: Monupiravir, Evushield and Paxlovid & RATs;
- Guideline updates: Proposed COVID treatment risk matrix.

The next Therapeutics TAG meeting is scheduled for 22 April 2022.

#### **CT TAG**

The COVID-19 Testing Technical Advisory Group (CT TAG) did not meet this week, with no future meeting scheduled as of yet.

### 3.1.4 Upcoming communications issues and activities

As at 12 April 2022

Date	Activity	Lead agency	Comms material	Ministerial Involvement
TBC	Changes to maritime border order.	MoH	Website updates, key messages	Optional
20/4/22	Mask exemption announcement.	MoH	Key messages, FAQs	Yes
Ongoing	Omicron community outbreak: daily communications and support for the health sector and public, including cases in a number of regions across the country. Updated health advice, rollout of RATs as main diagnostic tool.	MoH DPMC	Talking points, key messages, communications, website, stakeholder communications	Optional
Ongoing	Access to RATs issues – who to test / where to test/ record results on My Covid Record messaging.	MoH DPMC MBIE	Key messages, website, stakeholder communications	No

### 3.2 Upcoming Publications

Title	Date	Context	ELT contact
Publication: The National Telehealth Service Annual Plan 2021/2022	30 April 2022	<p>This 2021/22 annual plan is the sixth for the National Telehealth Service and is the first time the National Telehealth Service annual plan has been translated into Te Reo Māori.</p> <p>The 2021/22 plan centres around four key focus areas that collectively see the National Telehealth Service deliver integrated solutions across the physical, mental and social health sectors, while continuing to provide more equitable and sustainable health outcomes for every person in New Zealand.</p> <p>These focus areas will enable the National Telehealth Service to deliver care, support and advice to people in New Zealand to improve their wellbeing and health outcomes through phone and digital channels. Extending the reach to New Zealand's most inequitable areas of health - priority populations, children, mental health, primary care – while also continuing to adapt and enhance their services and experiences.</p>	Clare Perry, Deputy Director-General, Health System Improvement and Innovation, s9(2)(a)



## 4. Managed Isolation and Quarantine Weekly Report

### 4.1 Items to Note/Updates

#### 4.1.1 Proactive Release of MIQ Governance Review

On 20 April MBIE will be proactively releasing the MIQ Governance Review, conducted by Murray Jack and Katherine Corich in October-November 2021.

The review was initiated by MBIE CE Carolyn Tremain and considered governance arrangements within MIQ, and the role of MIQ governance in the broader COVID governance system, to identify any further areas for improvement.

The reviewers found that overall MIQ's governance arrangements have worked well, and MIQ has performed very well in its core role of protecting the community from COVID-19.

The review makes a total of seven recommendations on areas that could be further improved.

While the wind down of MIQ means many of the recommendations no longer apply, the review's findings and insights will be very useful if we need to reactivate a larger MIQ response in the future.

Reactive messaging has been prepared to respond to any media queries the proactive release of the review may generate.

### 4.2 Transition and Decommissioning

The first facilities that are planned for decommissioning on 14 April (four facilities) have been moved to an amber RAG status as the 'make good' work is still being negotiated. The other aspects of the decommission are either completed or on track to be completed in time.

Facility (by region)	Tranche	Current occupancy	Current phase	Staff on site within last 7 days	Decommissioned (Hand-back date)	Facility RAG status
<b>Auckland</b>						
Crowne Plaza	One	Empty	Decommissioning		29/4/22	
Four Points	One	Empty	Decommissioning		14/4/22	
Grand Mercure	One	Empty	Decommissioning		29/4/22	
Grand Millenium	One	Empty	Decommissioning		14/4/22	
Novotel/Ibis Ellerslie	One	Empty	Decommissioning		29/4/22	
Sebel	One	Empty	Decommissioning		29/4/22	
SO/	One	Empty	Decommissioning		29/4/22	
Stamford	One	Empty	Decommissioning		29/4/22	
Pullman	One	Empty	Decommissioning		29/4/22	
Sudima Airport	One	Empty	Decommissioning		29/4/22	
Rydges	One	Empty	Decommissioning		14/4/22	
Naumi (Afghan/refugees)	Two	Unoccupied	Active	109	13/5/22	
M Social s9(2)(b)(ii)	Two	Occupied (73 pax)	Active	101	29/4/22	
Novotel Airport (mariners)	Two	Empty	Decommissioning	0	13/5/22	
Ramada (deportees)	Two	Empty	Decommissioning		1/5/22	
Jet Park	Core facility	Occupied (3 pax)	N/A core facility	223	N/A	N/A
Holiday Inn	Core facility	Occupied (26 pax)	N/A core facility	191	N/A	N/A
Waipuna Auckland	Core facility	Occupied (42 pax)	N/A core facility	173	N/A	N/A
<b>Hamilton</b>						
Distinction	One	Empty	Decommissioning		29/4/22	
Ibis Tainui	One	Empty	Decommissioning		29/4/22	
Amohia (Jet Park)	Three	Occupied (1 pax)	Active	98	30/6/22	

Facility (by region)	Tranche	Current occupancy	Current phase	Staff on site within last 7 days	Decommissioned (Hand-back date)	Facility RAG status
<b>Rotorua</b>						
Sudima	Three	Empty (available for community cases)	Active	150	30/6/22	
Rydges	One	Empty	Decommissioning		29/4/22	
Ibis	One	Empty	Decommissioning		29/4/22	
<b>Wellington</b>						
Grand Mercure	Three	Unoccupied	Active	68	30/6/22	
<b>Christchurch</b>						
Chateau on the Park	One	Empty	Decommissioning		14/4/22	
Crowne Plaza	One	Empty	Decommissioning		29/4/22	
Distinction	One	Empty	Decommissioning		29/4/22	
Sudima Airport	One	Empty	Decommissioning		29/4/22	
Novotel Airport	One	Empty	Decommissioning		29/4/22	
The Elms	Two	Empty	Decommissioning		13/5/22	
Commodore	Core facility	Occupied (11 pax)	N/A core facility	140	N/A	N/A
<b>Totals:</b>		<b>156 pax</b>		<b>1,253 staff (down 63 from last week)</b>		

#### 4.2.1 Workforce

An aide memoire [2122-4051] was sent to your Office on 13 April which gave a further update on the MIQ head office workforce transition. From next week, a separate dashboard will be provided to you alongside the weekly report which details current workforce data.

#### 4.2.2 Whakawatea

MBIE are honoured that Iwi have offered to undertake whakawātea (traditional Māori rituals or spiritual cleansing) at our MIQ facilities in their respective tribal areas so they can go back to their original purpose of being hotels.

There are more than 20 facilities throughout the country that will require whakawātea, which usually happens at dawn, so these ceremonies will be spread over several weeks.

Tainui started this morning (April 13) at the Ibis Tainui in Hamilton and Ngāti Whātua ki Ōrākei will begin the process for several hotels in Tāmaki next week (April 19-24).

Te Arawa in Rotorua, Te Atiawa in Wellington and Ngāi Tahu in Christchurch will undertake the whakawātea for facilities in their respective areas next month.

### 4.3 Operational Update

#### 4.3.1 Omicron Outbreak – Ongoing Support

MIQ continues to run six quarantine facilities and two isolation facilities across New Zealand to respond to the Omicron outbreak. These facilities are there to support community cases (including close contacts) who are unable to safely isolate at home and refugees, evacuees, and mariners. Some air crews are also using MIQ facilities.

#### 4.3.2 Current Occupancy

As at 13 April 2022 there were 156 people in Managed Isolation and Quarantine.

Of the 32 facilities, 26 are currently empty.

Total PAX in MIQ:	Community cases:	Mariners/Air Crew:	Evacuees/ Refugees:
156	18	96	42

#### 4.3.3 Community Cases in MIQF

The below graph displays the number of quarantine rooms used for community cases across the MIQ network, broken down by city. Data is currently collected for this reporting on weekdays only.

Overall quarantine usage remains low and with a slight downward trend. This is likely reflecting the overall movement in national case numbers.



#### 4.3.4 Vaccination of Frontline Staff (including booster information)

For workers on site for the week 4 April – 10 April 2022, the BWTR shows that 99.4 percent had two doses of the vaccine, 0 percent had one dose and the remaining 0.6 percent (eight workers) had the vaccine status 'unknown'.

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

Vaccination assurance follow-ups for those with 'unknown' status in the BWTR on site between 28 March – 3 April 2022 did not identify any breaches of the Vaccination Order. Those six workers were confirmed as being compliant with the Vaccination Order.

For workers on site for the week 4 April – 10 April 2022 with regards to booster shots:

Workers on site 4 Apr – 10 Apr 2022	Has received a booster	Overdue for booster	Eligible in coming months	Under 18	Unknown*	Total
	1,175 (93.8%)	8 (0.6%)	60 (4.8%)	6 (0.5%)	4 (0.3%)	1,253

The Workforce Testing and Vaccination team are investigating eight workers who are showing as overdue for a booster, to check if they were breaches of the Vaccination Order or if there was another reason for that (e.g. data error).

Of the 9 workers who were on site between 28 March – 3 April who appeared to be overdue for a booster (in breach of the Vaccination Order), follow ups identified 4 workers who were on site who should have had a booster. In these cases we notify management at the facility so they can make sure security staff understand

the booster entry requirements. We are awaiting confirmation of vaccine status for the 2 workers. The remaining appear to be data errors or a lag in the vaccine data coming through to the BWTR.

\*The 'unknowns' will likely have their vaccine status updated in due course as they are NHI matched, or any vaccine data issues are sorted.

#### 4.3.5 Staff Testing

Ministry of Health have updated their systems so that border workers' RAT results are now pulled from My Covid Record into the BWTR. The Ministry recently resumed monitoring and have reminded employers to ensure their workers log all RAT results (positive and negative) and advised on the process for obtaining a testing exemption for any workers recently recovered from Covid, providing a more accurate view of workers' compliance.

Reporting from the BWTR shows that 1,253 people worked in our facilities last week. The table below shows how many of those workers were either compliant with the Testing Order, overdue for a test or still needed to be NHI-matched.

	Workers on site 4 Apr – 10 Apr 2022	Percentage of total NHI-matched workers on site
Compliant NHI-matched workers	782	63%
Overdue NHI-matched workers	466	37%
Need NHI-match	5	
Workers on site	1,253	

#### 4.4 Ombudsman Complaints

MBIE are currently managing 86 cases, with 62 of these being preliminary enquiries.

Of the 17 active cases:

- one is on MIAS;
- five are on emergency allocations;
- three are on exemptions from managed isolation;
- three are on undue financial hardship;
- one is on access to fresh air in a facility;
- three are on MIQ facilities and;
- s9(2)(ba)(i)

MBIE closed 3 cases in the week ending 8 April 2022.

s9(2)(ba)(i)

#### 4.5 Upcoming Communications Issues and Activities

##### 4.5.1 As at 12 April 2022:

Date	Activity	Lead agency	Comms material	Ministerial Involvement Y/N
14 April	Clause 29 changes	MIQ	Proactive comms	N
Mid-April TBC	LAMP Trial with Air NZ	MIQ		Y – Minister Verrall
20 April TBC	Governance review of MIQ proactive release	MIQ	Reactive comms	N
April/May TBC	Judicial Review of Grounded Kiwis case	MIQ	May get just a few hours' notice. Have 28 days to consider and appeal.	N
April/May TBC	s9(2)(ba)(i)	MIQ	Reactive lines	Y

#### 4.6 Invoicing

The table below shows the number of invoices issued up to 10 April 2022.

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	9,472	6,456	1072	1,944	\$73,981,105	\$61,482,796	\$3,411,975	\$9,086,333	1,286	\$7,027,029
Maritime	759	614	62	83	\$3,507,446	\$3,100,392	\$140,648	\$266,406	26	\$107,272
Aircrew	302	253	22	27	\$4,441,629	\$2,496,815	\$736,150	\$1,208,664	10	\$116,494
Other	39,570	25,248	4,839	9,483	\$121,645,521	\$85,063,220	\$9,591,217	\$26,991,084	5,898	\$19,188,134
Total	50,103	32,571	5,995	11,537	\$203,575,701	\$152,143,223	\$13,879,990	\$37,552,487	7,220	\$26,438,929
Percentage	100%	65%	12%	23%	100%	74.8%	6.8%	18.5%	14.4% of invoices issued	13% of \$ value of invoices

##### 4.6.1 Fees Collection

Invoicing is up to the point where returnees left MIQ on 10 January 2022. MBIE are currently ten weeks behind our normal processing timeframes after moving from 14 day stays to 7 and 10 day stays in MIQ, which resulted in more people going through MIQ. The increased workload is expected to continue until MBIE finish processing February invoices.

##### 4.6.2 Invoicing Backlog

In November 2021 MBIE-MIQ estimated that a backlog of invoices from prior to March 24, 2021, would be worth up to \$36.2 million. MBIE expected this estimate would change over time as work continued through the backlog, but will not exceed the original estimate.

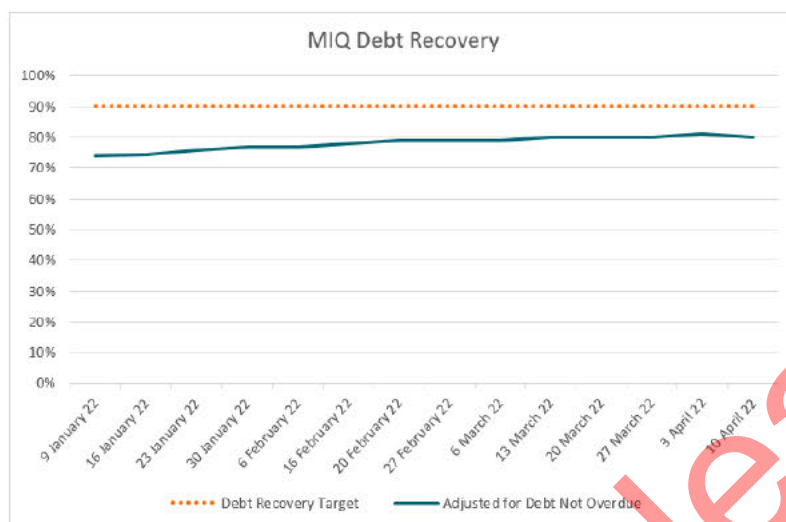
MBIE have now completed the first full run through of data and invoices up to March 24, 2021, for this backlog, which resulted in \$15.433 million or 4,603 invoices being sent. MBIE had 1,400 emails bounced/diverted to the MIQ backlog inbox. Of this, roughly 800 have since had contact details found and sent. However, this invoiced amount is at greater variance than MBIE expected.

s9(2)(g)(i)



### 4.6.3 Debt Recovery

The debt recovery percentage, factoring in all repayments to date is tracking at 80%.



Of the now 2,287 invoices worth \$7.821m sent to a debt collection agency:

- \$2.3m has been paid (or is being paid through instalment);
- \$1.326m is currently awaiting information from customers or has been credited due to an error;
- A further \$3.005m (this includes the no address/gone overseas category and passive collection) requires more detailed tracing;
- \$579k currently have waiver applications under assessment;
- The remaining \$611k of debt continues to be a work in progress.

### 4.6.4 Fee Waivers

All Waiver Applications Received	Received and not progressed	Total Completed	Approved Waiver Applications			Declined Waiver Applications		
			Financial Hardship	Special Circumstances	BOTH	Financial Hardship	Special Circumstances	BOTH
16,885	2,715	11,660	91	7,879	61	1,443	1,873	312

### 4.6.5 Reducing the Fee Waiver backlog

At the end of 2021 MBIE reported on the backlog of fee waiver applications:

- The number of new applications received from 27 March to 10 April 2022 is 174;
- The net reduction in applications from 13 December 2021 to 10 April 2022 is 2,577;
- The net decrease (weekly) in applications from 27 March to 10 April 2022 is 495.

Status	Backlog at 13 Dec 2021	New Applications Received since 13 Dec 2021	Backlog at 20 March 2022
Processing or to be processed	3,979	3,641	2,286
Waiting for Customer	1,108		224
<b>Total</b>	<b>5,087</b>	<b>3,641</b>	<b>2,510</b>

#### 4.7 Group Arrivals Update

Summary of approved group arrivals as of 12 April 2022 (to end June 2022).

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Refugee Quota	11 – 17 Apr	15	6 (15 pax)	One refugee volunteered to leave MIQ early. The Refugee Centre is forecasting arrivals of 45 pax (30 rooms) per fortnight until end of June 2022. They are confident they will meet their target of 800 refugees for the fiscal year 21/22.
	18 – 24 Apr	18	7 (18 pax)	
	25 Apr – 1 May	31	13 (31 pax)	
	Apr tbc	18	8 (18 pax)	
	May tbc	90	45 (90 pax)	
	June tbc	90	45 (90 pax)	
Afghanistan Arrivals	11 – 17 Apr	23	11 (23 pax)	MFAT estimates 91 left to move out of Afghanistan by 30 April. From 1 May an estimated 58 pax will remain in Afghanistan who MFAT will struggle to move out due to the complexity of their cases.
	18-24 Apr tbc	41	19 (41 pax) tbc	
	25-30 Apr tbc	27	12 (27 pax) tbc	

#### 4.8 Group Arrivals Update

Summary of approved group arrivals as of 5 April 2022 (to end June 2022)

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Refugee Quota	4 – 10 Apr	13	6 (13 pax)	The Refugee Centre is forecasting arrivals of 45 pax (30 rooms) per fortnight until end of June 2022. They are confident they will meet their target of 800 refugees for the fiscal year 21/22.
	11 – 17 Apr	10	4 (10 pax)	
	18 – 24 Apr	30	14 (8 pax)	
	Apr tbc	54	24 (54 pax)	
	May tbc	90	45 (90 pax)	
	June tbc	90	45 (90 pax)	
Afghanistan Arrivals	4 -10 Apr tbc	35	16 (35 pax)	MFAT estimates 118 left to move out of Afghanistan by 30 April. From 1 May an estimated 58 pax will remain in Afghanistan who MFAT will struggle to move out due to the complexity of their cases.
	11-17 Apr tbc	15	7 (15 pax) tbc	
	18-24 Apr tbc	41	19 (41 pax) tbc	
	25-30 Apr tbc	27	12 (27 pax) tbc	

## 5. The Border Executive Board Report



### 5.1 Key Issues Being Considered

#### 5.1.1 Border Executive Board Meeting

The BEB did not meet this week. The next meeting is 20 April 2022 and will consider:

- Air border implementation of Reconnecting New Zealanders steps;
- New Zealand Traveller Declaration project update.

#### 5.1.2 Maritime Border Programme

Last week, officials provided you with a paper on reopening to foreign vessels as part of Tranche 2 activity. You have requested adding an option for an earlier date for reopening to recreational and specialist vessels. Officials from multiple agencies have considered what is feasible and the risks of an earlier date. Officials anticipate providing you with further advice by 14 April 2022 that will include a 1 June 2022 option.

Tranche 1 amendments, to remove isolation requirements at the maritime border, have been delayed due to further work being required on operational implications. Amendments are now expected to come into effect on the 21 April 2022.

#### 5.1.3 Reconnecting New Zealanders – Air

The immediate next steps of the air border Reconnecting New Zealanders reopening are:

- Australian citizens and permanent residents arriving from anywhere in the world to from 11.59 pm Tuesday 12 April 2022 (“Step 3.1”);
- Visa-waiver travellers and existing holders of valid visitor visas (both onshore and offshore) from 11.59 pm Sunday 1 May 2022 (“Step 3.2”).

Border agencies have been well-prepared for the 12 April 2022 reopening, with operational teams moving into managing more of a “new BAU” operation. The main impact is volume increases with heavy passenger loadings from Australia, and resources have been moved to the New Zealand Traveller Declaration (NZTD) verification team in anticipation of increased volumes. E-gate/NZTD integration will assist with managing volumes at the frontline. Airline Liaison Officers offshore continue to add great value to the process at offshore ports, as well as identifying issues and recommendations for action to help smooth the system.

There remain some issues to manage, especially with NZTD paper forms, but numbers are decreasing steadily. As at yesterday, the proportion of passengers using paper declaration forms was just over 4%. Recent performance highlights include the arrival of a flight ex Taipei with 102 passengers and all passengers had completed the NZTD digitally.

Agencies continue to work collaboratively across government and with the aviation sector towards the 1 May 2022 (“Step 3.2”) reopening and through to Step 5.

#### 5.1.3 Supply Chain Exemptions

Your Office has received supply chain exemptions from the COVID-19 Public Health Response (Vaccinations) Order 2021 for your consideration. Ten air pilots and one maritime pilot are seeking vaccination exemptions. These follow the existing process where the exemptions are considered by a cross-agency panel and endorsed by the Chair of the Border Executive Board.



## 6. New Zealand Customs Service Weekly Report



### 6.1 Items to Note/Updates

#### 6.1.1 Reconnecting New Zealanders – Air

On 13 April 2022, Australian citizens and permanent residents, and other eligible travellers, were permitted to enter New Zealand and self-test on arrival. This has seen traveller volumes into the country increase significantly.

The Ministry of Health are reviewing testing settings at the border. This includes pre-departure testing requirements for travellers arriving in New Zealand. Most of the New Zealand Traveller Declarations which have been rejected up until now relate to pre-departure testing, ranging from outdated or ineligible tests to submission of the declaration without evidence of a PDT attached.

Officials expect to provide initial advice to your Office on 14 April 2022 around the ongoing impact of the provision and checking of pre-departure tests on border operations. It is understood updated advice will be provided by the Ministry of Health on testing by the end of this month.

#### 6.1.2 New Zealand Traveller Declaration System

The New Zealand Traveller Declaration systems and processes are operating as designed.

On 12 April 2022, the New Zealand Traveller Declaration system experienced an intermittent outage between midday and 3.45pm that affected people in New Zealand trying to start and/or submit a New Zealand Traveller Declaration. This was caused by a Microsoft regional outage which impacted multiple New Zealand public service agencies and businesses. The intermittent outage did not affect any individuals starting a Traveller Declaration from overseas locations. As such, there was minimal impact due to it being isolated to New Zealand. The outage was monitored throughout the period and travellers and partners were kept updated via the New Zealand Traveller Declaration website, New Zealand Traveller Declaration Contact Centre and partner communications. Microsoft corrected the fault and the New Zealand Traveller Declaration system was back operating as normal from 3.45pm. The system will continue to be monitored over the next few days.

Statistics as at 10.00am on 13 April 2022, since go-live:

- 97,804 New Zealand Traveller Declarations started
- 54,852 New Zealand Traveller Declarations submitted
- 50,183 Traveller Passes issued
- 4,555 New Zealand Traveller Declarations rejected. Note, most of these rejections relate to travellers submitting their New Zealand Traveller Declaration before uploading their pre-departure test, or their pre-departure test not meeting the 24 to 48-hour validity rule or being a recognised test in terms of the health rules
- 322,394 visitors to the New Zealand Traveller Declaration website.
- 6,925 calls received through the Contact Centre with an average wait time of 14 seconds.

### 6.1.3 Compliance Checking at the Border

As part of Reconnecting New Zealanders, the COVID-19 Public Health Response Air Border 2021 came into force on 28 February 2022. Customs staff undertake compliance checks for all travellers at the border. There are now different requirements placed on travellers based on their citizenship and the countries they have travelled to within 14 days of beginning their journey to New Zealand.

Customs continues to check all passengers on arrival for evidence of pre-departure testing or exemption, and vaccination verification or exemption. Travellers who do not provide the required evidence may incur an infringement offence fee between \$500 and \$4,000 depending on the nature of the offence. New Zealand citizens who do not provide the required evidence of vaccination status will be referred to Ministry of Health officials for further intervention.

For the period 5 to 11 April 2022 (both dates inclusive), a total of 24,093 passengers travelled to New Zealand. Of this number, 24 were considered to not meet the requirements for air travel to New Zealand:

- six travellers were issued warning letters, and 17 travellers have been issued with an infringement offence fee for not meeting pre-departure testing requirements;
- one traveller has been issued with an infringement offence fee for not meeting vaccination verification requirements, and no travellers have been referred to Ministry of Health for further intervention.

### 6.1.4 Updated New Zealand Passenger Arrival Card

The New Zealand Passenger Arrival Card has been updated as the COVID-19 response has changed, and the related Health and Managed Isolation and Quarantine questions are no longer required. The updated Arrival Card will be brought into use from 19 April 2022.

This follows on from a request from the Ministry of Health earlier this year as the Ministry of Health amended the Air Border Order and removed the requirement for passengers to be non-symptomatic on arrival. This required Customs to remove the health questions from eGates and the Arrival Card in order to comply with the Air Border Order.

Consultation on the changes included the Ministry for Primary Industries, Statistics NZ, the Ministry of Business, Innovation and Employment, and the Ministry of Health. The Department of the Prime Minister and Cabinet was also informed. The updated Arrival card is being distributed to airports, airlines, port managers and travel agents to ensure wide coverage.

## 7. COVID-19 Chief Executives Board

### 7.1 Items to Note/Updates

The COVID-19 Chief Executives Board (CCB) did not meet this week. As the meeting scheduled for 19 April 2022 has been cancelled, the next discussion will be held on 3 May.

Work is underway to revise the CCB's Terms of Reference and the System Assurance Framework, in order to adapt the overall approach to the needs of the next phase of pandemic management.

## 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 (CICRIAG) did not meet this week. Their next meeting is likely to be on Tuesday, 26 April 2022, and will include discussions on their rapid review of lessons from the response to the Omicron variant, and the future of the group.

## 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. The next discussion will be held on Wednesday 20 April 2022 and focus on scenarios for the future evolution of COVID-19.

## 10. Business Leaders Forum

### 10.1 Items to Note/Updates

The Business Leaders Forum does not currently have a date for its next meeting.

## 11. Community Panel

### 11.1 Items to Note/Updates

The Community Panel met on Wednesday 13 April 2022. Discussions included planning for post-Winter and the longer term, the NZ Traveller Declaration, the rapid review being conducted by CICRIAG to identify lessons from the response to the Omicron wave, and the future of the Panel.

## 12. Government Modelling Group

### 12.1 Items to Note/Updates

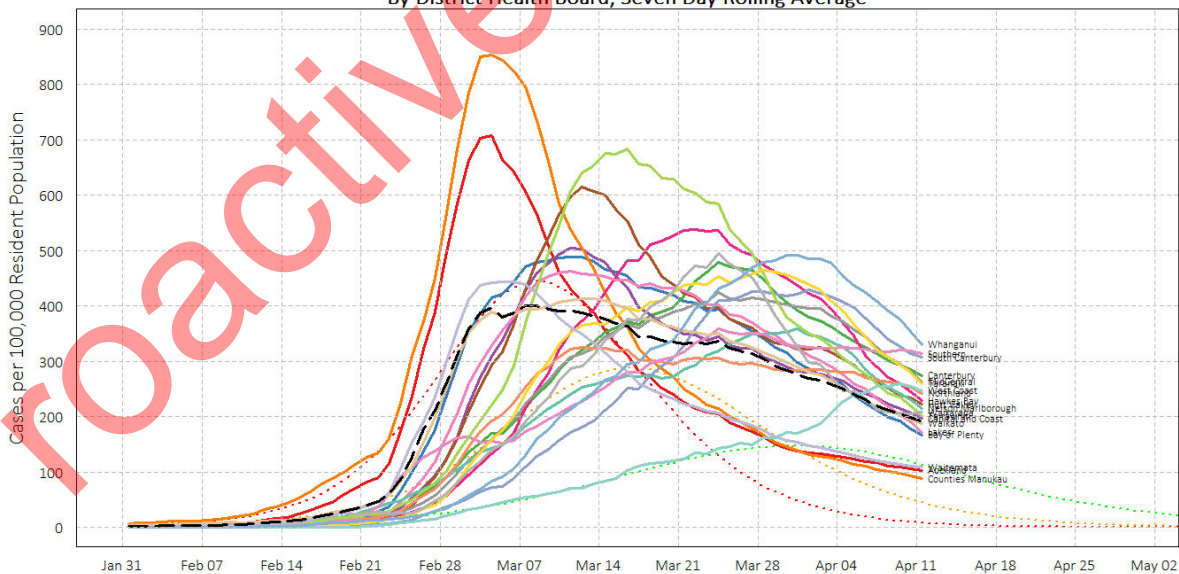
The table below shows where each DHB sits compared to the Branching Process Model scenarios, in terms of daily case tracking, and hospitalisation tracking.

	Above High	At High	At Medium	Below Medium
Above High			Auckland Waitemata Counties-Manukau	
At High				
At Medium	New Zealand Waikato	Taranaki	Northland	
Below Medium	Capital and Coast Bay of Plenty Hutt Valley Lakes Tairāwhiti Hawkes Bay Canterbury Wairarapa Whanganui	MidCentral South Canterbury	Southern Nelson-Mari. West Coast	

Source: COVID19 Modelling Aotearoa Branching Process Model (BPM), Ministry of Health

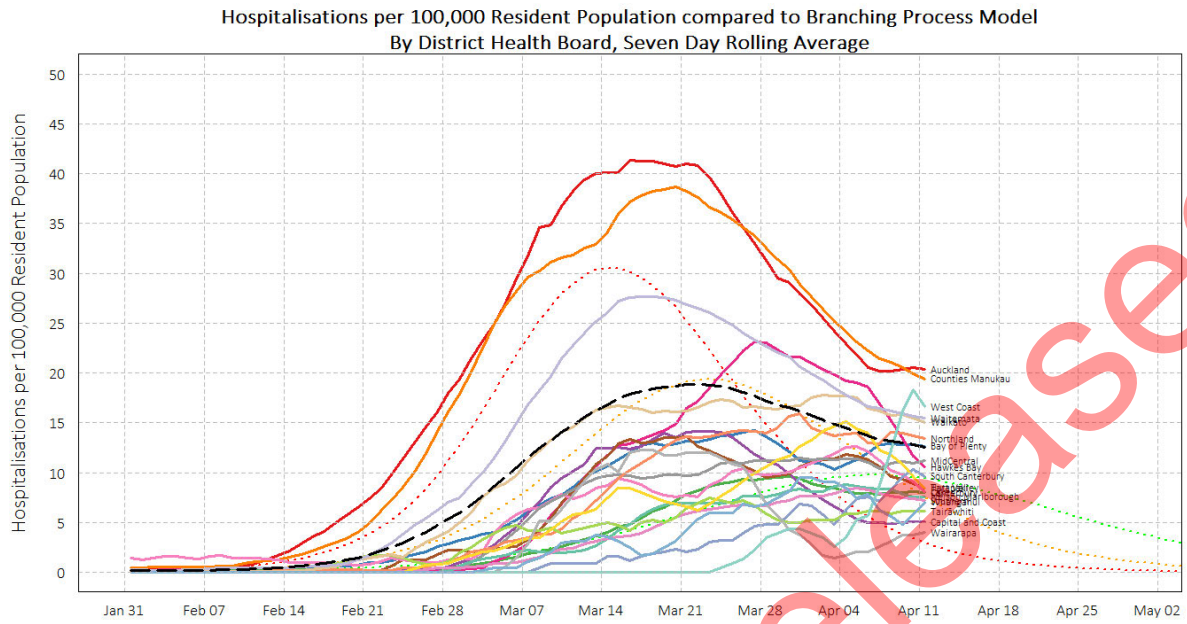
Daily cases have peaked in all DHBs. DHBs in the Auckland region have a seven-day rolling average below 100 daily cases per 100,000 resident population. This is the baseline level Australian states reached before they headed into a second wave. West Coast was the last DHB to peak, and did so at the end of last week, while Northland and Southern are experiencing a very slow decline in daily cases.

Daily Cases per 100,000 Resident Population compared to Branching Process Model  
By District Health Board, Seven Day Rolling Average



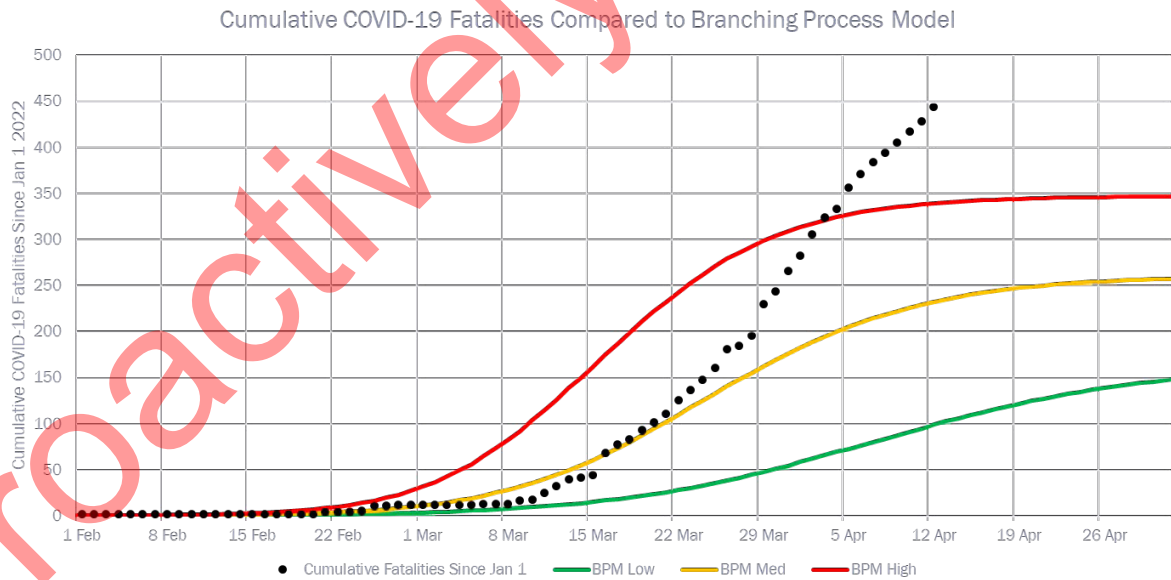
Source: COVID19 Modelling Aotearoa Branching Process Model (BPM), Ministry of Health

Hospitalisations have peaked at the national level, as well as in the Auckland and Capital and Coast DHBs. In smaller DHBs the relatively low numbers of hospitalisations are not a reliable indicator of peaks or plateaus.



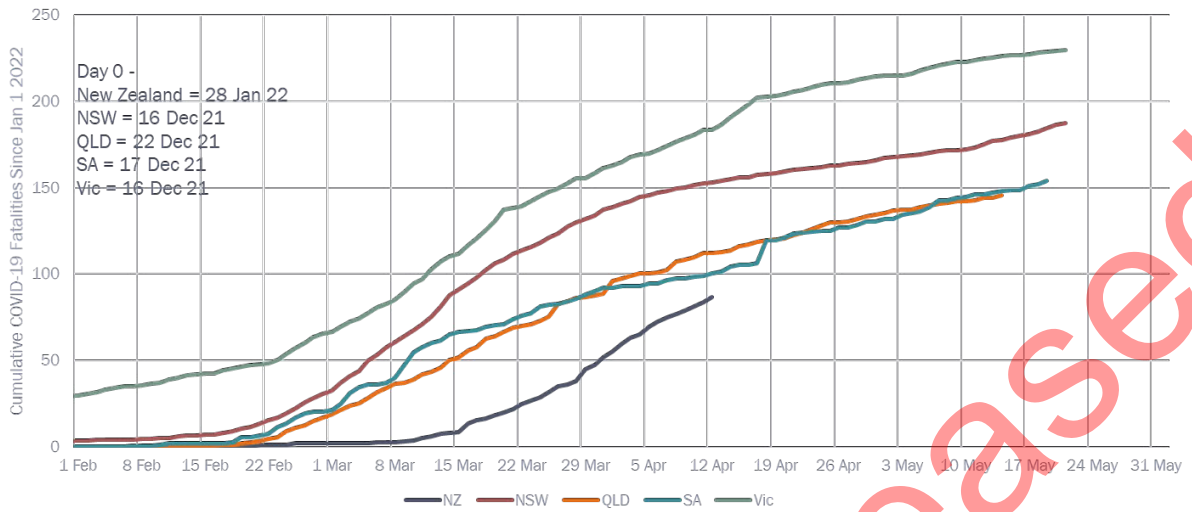
Source: COVID19 Modelling Aotearoa Branching Process Model (BPM), Ministry of Health

Some commentators have suggested that daily deaths might have peaked, but given numbers are comparatively low, it is still uncertain. COVID-19 Modelling Aotearoa (CMA) are working on refreshing the fatality scenarios based on actual data, particularly given that cumulative deaths are tracking above the high scenario.



Source: COVID19 Modelling Aotearoa Branching Process Model (BPM), Ministry of Health

Fatalities per 1 million Population  
New Zealand compared to Australian States, Seven Day Rolling Average



Source: COVID19 Modelling Aotearoa Branching Process Model (BPM), Ministry of Health

Modellers are working to model counts of people who are isolating as household contacts. They are also refreshing the fatality modelling (as mentioned above), looking at re-infection rates, and are producing an updated scenario around hypothetical future variants.

Work is also ongoing with Statistics New Zealand and the Department of Internal Affairs on tracking excess mortality. Early indications are that weekly death counts among the elderly are significantly higher than previous years (including pre-COVID).

Proactively Released

### 13. Upcoming Cabinet Papers

s9(2)(f)(iv)



Proactively Released

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Proactively Released



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