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



**MINISTRY OF
HEALTH**

MANATŪ HAUORA



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



BORDER EXECUTIVE BOARD



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



COVID-19 Response Weekly Report

18 February 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"> Step 2, enabling New Zealanders to enter on the self-isolation pathway from the rest of the world, commences 11.59pm 13 March 2022. Steps 3 to 5 will be sequenced between April to October 2022. Self-isolation settings were announced on 15 February 2022 which included requirements for travellers to complete an online declaration, sharing proof of vaccination and a negative pre-departure test which will be checked manually upon arrival. Other requirements include seven days self-isolation, RAT tests on day 0/1 and day 5/6 and accommodation in a place without shared group facilities (eg, hostels and backpackers). Additional advice has been prepared regarding the student hostels and international travel under the self-isolation pathway which outlines that groups of arrivals (and/or their employers or responsible agencies/organisations, such as Universities) apply the principles and requirements in the self-isolation guidance to develop and implement appropriate self-isolation plans. Ministry of Health officials, alongside border agencies are currently making final preparations to ensure systems are ready for reopening.
	MBIE	●	●	<p>Staff Testing</p> <ul style="list-style-type: none"> Compliance reporting is at 91% (up 3% from last week) for staff who worked in the week of 7-13 February 2022. 9% of workers on site that week are showing in the BWTR as overdue, which equates to 463 overdue workers, compared to 526 overdue workers last week. MBIE are following up with workers who are overdue for tests to remind them of the testing requirements. As at 14 February 2022, 5,423 MIQ workers have opted-in to saliva testing (up from 5,235 on 8 February 2022). <p>Vaccinations</p> <ul style="list-style-type: none"> The BWTR shows, of the workforce on site for the week of 7-13 February 2022, 98.8% have had two doses of the vaccine, 0% had one dose and 1.1 have vaccination status 'unknown'. Vaccination assurance follow-ups for those with an 'unknown' status in BWTR on site between 31 January – 6 February 2022 did not identify any breaches of the Vaccination Order. Vaccination boosters were available from 29 November for anyone who had their primary course of the vaccination at least 6 months ago. More information on the status of MIQ workers with boosters is detailed in the body of this report. There were no vaccine exemptions granted last week. This indicator is at amber as testing compliance is down due to the November 2021 Required Testing Order changes (as previously reported). MBIE will continue to educate workers on the new requirements.
Two-way QFT with Australia	MoH	●	●	<ul style="list-style-type: none"> Step 1, enabling New Zealanders to enter on the self-isolation pathway from Australia, will commence at 11 59pm 27 February 2022.
Two-way QFT Niue	MFAT	●	●	<ul style="list-style-type: none"> s6(a) as close contacts of COVID-19 cases in New Zealand, the Niue Government has conducted a second round of testing of all passengers and front-line workers, who have all returned negative tests.

Border (Continued)

Reopening new travel pathways - Pacific Islands	Agency	Last Week	This Week	Agency Comment
	MoH	●	●	<ul style="list-style-type: none"> Cabinet has agreed that the expansion of the quarantine free travel (QFT) from Nauru, Tuvalu and American Samoa be deferred to 11.59pm, 27 February 2022. The Ministry of Health is actively monitoring the outbreak in Tonga. Due to the growth of the outbreak travellers from Tonga are no longer eligible for quarantine free entry to New Zealand but will be permitted entry via the self-isolation pathway
MFAT	●	●	<ul style="list-style-type: none"> On Friday 18 February, Minister Sio plans to announce the expansion of the low-risk Pacific pathway to Nauru, Tuvalu and American Samoa from 27 February. Partner governments have been notified. Officials continue to seek repatriation commitments from new partner governments. With rising case numbers in Tonga, you confirmed that travellers from Tonga are no longer eligible for QFT. From 27 February, passengers will arrive in New Zealand on the medium-risk pathway. Special testing and isolation requirements have been put in place for travellers arriving before then. It is likely that approximately 80 RSE workers will be able to travel to New Zealand on a 22 February flight. In Samoa, no further cases have been detected since 4 February. QFT flights into New Zealand and repatriation flights to Samoa resumed on 12 February. Approximately 700 RSE workers are expected to travel from Samoa in February. In the Cook Islands, the first community case, a New Zealand tourist, was identified on 13 February. After substantial testing, only two additional cases have been confirmed for the two household contacts of the positive case. The household contacts have been in isolation with the positive case since Sunday. After it was confirmed that the first case was Omicron, the two subsequent cases were also assumed to be Omicron. Officials are working on a proposal for a bespoke approach to maintaining QFT and not moving to the medium-risk pathway with the Cook Islands, Niue, Tokelau in the event of outbreaks there. This advice will be provided to Ministers on Friday 18 February. 	

Managed Isolation and Quarantine and Return to the Community

Transmission prevention	Agency	Last Week	This Week	Agency Comment
	MoH	●	●	<ul style="list-style-type: none"> There is a reoccurring discussion regarding putting returnees in N95 masks while they are in MIQ. There is a view that this would reduce the risk of transmission and the chance of Omicron breaching the border, however there is little evidence to suggest there would be any notable effect, alongside other measures including infection prevention controls and ventilation improvements.
Place and conditions of stay	MBIE	●	●	<p>Ventilation Systems</p> <ul style="list-style-type: none"> Ventilation remediation work has been completed at 30 of 32 facilities, with 26 of those facilities fully signed off (an increase of one). Note: there is a reduced total number of facilities from 33 to 32 due to the Bay Plaza being removed from the total number of facilities. The Ventilation Team is currently working through the dispatch of air filtration units to all Isolation Facilities so that they have units to place in rooms of "Cases Under Investigation".
	MBIE	●	●	<p>Health workforce supporting MIQ</p> <ul style="list-style-type: none"> There has been increased pressure placed on the health workforce due to the large numbers of positive Omicron cases in quarantine. The February border changes and reduction of stay due to the move to Phase Two will see a decline in the utilisation of MIQ which may ease the pressure on the MIQ health workforce, however there may be additional community cases in quarantine. The Ministry of Health has notified the DHBs that health staff are still required in MIQ even if there is a national outbreak and plans are in place to manage a shortage of the health workforce if health staff are required to stand down due to sickness / close contact status due to Omicron. There is still pressure on the laboratory system, with increased testing for returnees and the MIQ workforce, alongside large numbers of public tests. This has led to delays in results, however, the move to Phase 2 of the Omicron Response and subsequent changes to testing requirements should reduce the burden on the system.
	MBIE	●	●	<p>P2/N95 Mask Implementation</p> <ul style="list-style-type: none"> As at 11 February, 2,802 fit tests have been completed (99% of all workers). Approximately 20% of all tested workers failed their fit test. Out of 560 workers who have failed results, 504 are due to facial hair. Of the 485 NZDF staff who started rotating into facilities from 8 February 2022, 69% have been fit tested. An additional 65 NZDF staff start next week. To date (15 Feb) MBIE have received four submissions to the consultation paper that went out on 8 February (on mandating that non-healthcare workers whose primary location of work is an MIQ facility or those working in returnee facing areas of the MIQ system, to pass a P2 /N95 particulate respirator fit test). Consultation closes at 5.00pm, 22 February 2022. Fit tester training of PCBU nominated fit testers (25) commenced on 14 February 2022 as planned.

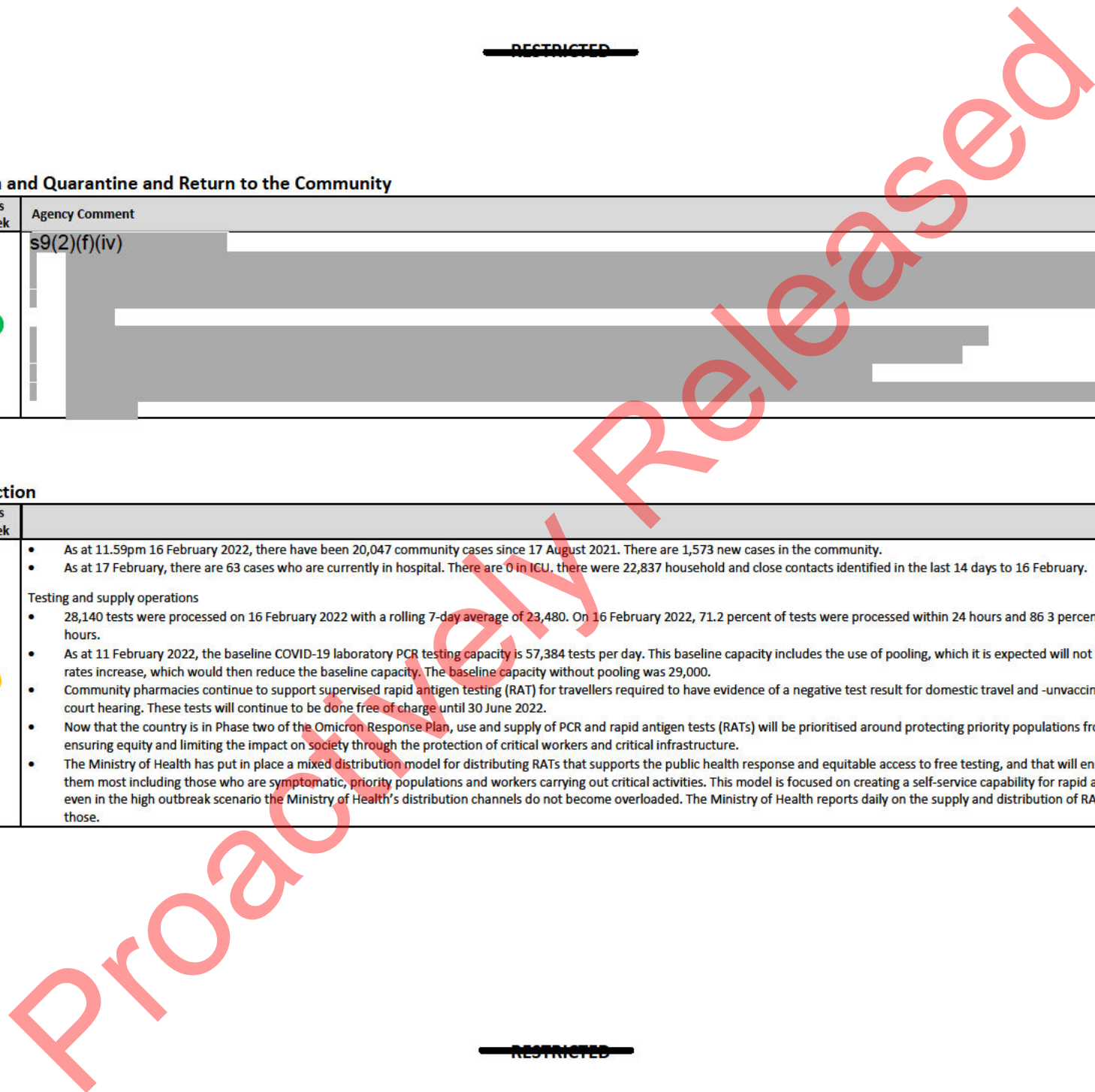
Managed Isolation and Quarantine and Return to the Community

Agency	Last Week	This Week	Agency Comment
MBIE	●	●	s9(2)(f)(iv)

Community Protection

Agency	Last Week	This Week	Agency Comment
MoH	●	●	<ul style="list-style-type: none"> As at 11.59pm 16 February 2022, there have been 20,047 community cases since 17 August 2021. There are 1,573 new cases in the community. As at 17 February, there are 63 cases who are currently in hospital. There are 0 in ICU. there were 22,837 household and close contacts identified in the last 14 days to 16 February. <p>Testing and supply operations</p> <ul style="list-style-type: none"> 28,140 tests were processed on 16 February 2022 with a rolling 7-day average of 23,480. On 16 February 2022, 71.2 percent of tests were processed within 24 hours and 86.3 percent of tests were processed within 30 hours. As at 11 February 2022, the baseline COVID-19 laboratory PCR testing capacity is 57,384 tests per day. This baseline capacity includes the use of pooling, which it is expected will not be used as frequently when positivity rates increase, which would then reduce the baseline capacity. The baseline capacity without pooling was 29,000. Community pharmacies continue to support supervised rapid antigen testing (RAT) for travellers required to have evidence of a negative test result for domestic travel and -unvaccinated people requested to attend a court hearing. These tests will continue to be done free of charge until 30 June 2022. Now that the country is in Phase two of the Omicron Response Plan, use and supply of PCR and rapid antigen tests (RATs) will be prioritised around protecting priority populations from severe disease and/or death, ensuring equity and limiting the impact on society through the protection of critical workers and critical infrastructure. The Ministry of Health has put in place a mixed distribution model for distributing RATs that supports the public health response and equitable access to free testing, and that will ensure the tests reach those who need them most including those who are symptomatic, priority populations and workers carrying out critical activities. This model is focused on creating a self-service capability for rapid antigen tests for most people so that even in the high outbreak scenario the Ministry of Health's distribution channels do not become overloaded. The Ministry of Health reports daily on the supply and distribution of RATs and any significant issues with those.

Case investigation, surveillance and testing



Vaccination

Implementation and operation	Agency	Last Week	This Week	Agency Comment on Status of Focus Area
	MoH	●	●	<ul style="list-style-type: none"> • As at 11.59 pm on 15 February 2022: <ul style="list-style-type: none"> – 10,216,472 vaccinations have been delivered, including 3,946,709 people who are fully vaccinated. – 2,004,808 booster doses have been administered. 62 percent of people eligible for a booster have received a booster. • 96 percent of the eligible 12+ population has now received at least one dose, and 95 percent is now fully vaccinated. • As at 11.59pm on 15 February 2022, 218,074 Pfizer Paediatric doses have been administered, with 47 percent of children aged 5-to-11-years having either booked or received their first dose of vaccine. • All DHBs have now achieved 90 percent uptake of first doses. Nineteen DHBs have also achieved 90 percent second doses, with Northland close to reaching this milestone. • Nineteen DHBs have reached 90 percent fully vaccinated. Auckland, Capital and Coast, and Canterbury DHBs have also achieved 90 percent fully vaccinated for Māori. • On 11 February 2022, the Programme delivered the ten millionth dose of COVID-19 vaccine. • Health and Disability workers required to receive a booster dose under the Vaccination Order have been granted an extension and are now required to receive their booster by 11.59pm 24 February 2022. • All Aged Residential Care facilities have received their initial booster dose visits, with processes in place to maintain vaccination rates. • Medsafe approved Novavax’s vaccine application on 4 February 2022. • Operational readiness planning is underway in anticipation of Cabinet’s decision on the use of Novavax. <p>Booster Doses</p> <ul style="list-style-type: none"> • All people aged 18 and older are urged to receive their booster dose as soon as possible after they become eligible. • Over 1.24 million email and text message eligibility notifications are being sent to people eligible for their booster dose, with automated reminders sent after 14 days if the individual has not booked or received their booster dose. • ‘The Big Boost’ campaign launched on 9 February 2022, to encourage uptake of booster doses. Additional vaccination clinics were open over the weekend of 12-13 February, alongside Super Saturday-style events, small-scale initiatives, and dedicated communications campaigns to increase booster uptake. • All aged residential care (ARC) facilities across the country have completed their initial booster dose visits, with processes in place to maintain vaccination rates. <p>Paediatric Vaccines</p> <ul style="list-style-type: none"> • DHBs and Māori health providers are engaging with schools to coincide clinics with school events such as sports days as well as prioritising low decile and rural areas. • Community engagement sessions continue to be run by multiple DHBs to answer questions and reduce the uncertainty of parents regarding the paediatric Pfizer vaccine. • The framework and decision to share data with providers for 5-to-11-year-olds has been finalised following work with key stakeholders to understand how data for this age group could be shared in a safe way to support outreach. • The data to be shared will give providers sufficient information to support targeted outreach activities while ensuring appropriate protection of children’s personal health and contact information.

Proactively Released

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"> Non-health components of Phase 3 of the Omicron response are being readied to implement. Non-health triggers and metrics are being compiled to support phase 3 decision making. A multi-agency workshop was held on 9 February to understand the preparations by agencies for the impacts of Omicron when in Phase 3. A noting paper for the CCB outlines key observations from the workshop, accompanied by an A3 detailing the key points discussed in the workshop. All of Government winter planning is now underway. A series of planning sessions will occur in March to inform policy advice and communications planning. Planning for the next iteration of the National Management Approach is under consideration.
Resurgence planning including review of	MoH	●	●	<ul style="list-style-type: none"> On 23 January 2022, all New Zealand regions shifted to the Red setting under the COVID-19 Protection Framework, in response to Omicron cases seeded in the community. Following this, cases remained steady, and have only grown exponentially in the last fortnight. To monitor and maintain oversight of the health systems capacity, the Ministry of Health's COVID-19 Assessment Committee met on 15 February 2022. The Ministry of Health advised that the current settings under the COVID-19 Protection Framework should remain unchanged. On 15 February 2022, New Zealand shifted from Phase One to Phase Two of the Omicron Response Plan. DHBs confirmed that they were ready for this shift, and the Ministry of Health continues to provide support as required.
	MBIE	●	●	<p>MIQ's Response to the Delta Outbreak (community cases) and the increased number of Omicron cases (border):</p> <ul style="list-style-type: none"> In Auckland, quarantine capacity continues to be under pressure. MIQ continues to run three quarantine facilities in Auckland, one in Hamilton and Wellington and two in Christchurch to support the high number of border returnees testing positive for Omicron and the small number of community cases that require MIQ care. The Sudima in Auckland has been designated as a 'high-risk' facility and this came into effect on the 16 February. The number of referrals from ARPHS has remained constant over the past week with small numbers coming into MIQ, and the majority of cases being cared for by Care in the Community. Across the regions MBIE are seeing an increasing number of Omicron in the community however, most of these cases are not coming into MIQ as MBIE are preserving the rooms for border returnees that test positive. As the number of positive Omicron cases in the community rises, conversations continue with various stakeholders across the regions to see how more quarantine capacity can be acquired if needed. Options include converting facilities to dual facilities.

Proactively Released

2. COVID-19 Insights

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

2.1.1 COVID-19 Across the Pacific Islands

The Insights and Reporting Team in DPMC's COVID-19 Group have analysed the recent impact of COVID-19 on nine select nations across the Pacific Islands, which include Fiji, Tonga, Samoa, the Cook Islands, Vanuatu, Solomon Islands, Papua New Guinea, Kiribati, and Niue. This report provides a high-level summary of salient points around the situation of COVID-19 across each country. This includes variation in COVID-19 prevalence, testing availability, hospital capacity, vaccination rates, as well as economic and environmental vulnerabilities.

Summary

The extent of COVID-19 cases varies widely across the countries in the Pacific Islands. Papua New Guinea (PNG) and Fiji have both experienced multiple waves of sustained community transmission of COVID-19 since mid-2021. Fiji is currently seeing a decline in the case growth rate with a rolling 7-day average of 135 new cases by 3 February, compared to the peak of 492 cases on 9 January.^{1 2} Although PNG's cases, have been growing exponentially, with a rolling 7-day average of 5 cases on 24 January, compared to 155 cases on 12 February, it is almost certain that actual case numbers are s9(2)(g)(i) higher than official numbers.³ Kiribati, Tonga and Solomon Islands are experiencing their first waves of sustained community transmission, with each nation observing exponential growth in case numbers across January and February 2022. In Kiribati total cases jumped from 37 on 19 January to 2,451 on 13 February, while cases in Solomon Islands rose from 33 to 4,302 in the same timeframe.⁴ Tonga has also experienced a sharp rise in COVID-19 infections from one to 155 confirmed cases between 1 and 15 February.⁵ The Cook Islands are experiencing the early stages of its first community outbreak, with one confirmed community case detected on 13 February.^{6 7} Despite a recent outbreak leading to 30 COVID-19 cases at the Samoan border in January 2021, the government has indicated no evidence of community transmission.⁸ Niue and Vanuatu have also kept strict border closures, and do not have any confirmed cases circulating in the community.⁹

s6(a)

. Testing limitations have been reported in the Solomon Islands, Fiji, PNG, and Kiribati, s6(a)

Healthcare capacity across the countries analysed s6(a)

All of the countries analysed have limited capacity to handle high rates of hospitalisation as a result of COVID-19. s6(a)

Many countries lack sufficient medical supplies, ventilators, PPE, training, and hospital space to properly treat COVID-19 patients. Geographic remoteness also means that many of these Island nations have only a few hospitals (typically in urban centres) to service large populations across numerous remote islands. The Cook Islands has three small hospitals serving 12 inhabited islands,¹⁷ Kiribati only has a few ICU beds to service 188,000 people who live across 33 atolls,^{18 19 20} while Solomon Islands only has 56 beds to treat COVID-19 for a population of 686,000 across over 300 inhabited islands.^{21 22 23 24} s6(a)

These are common COVID-19 co-morbidities that make severe hospitalisation and death more likely.³⁰ The recent volcanic eruption and tsunami in Tonga will also likely place

¹ Available data from the World Bank shows the following hospital bed rates per 1,000 people: Samoa 1:1,000, the Solomon Islands 1.4:1,000, Vanuatu 1.7:1,000, Kiribati 1.86:1,000, Fiji 2:1,000, and Tonga 2.6:1,000. Recent data is not available for PNG, Niue, and the Cook Islands.

additional burdens on the healthcare system, by increasing the populations exposure to air pollution, respiratory infections, and issues arising from water contamination.³¹

Countries with the highest vaccination rates are almost certainly best equipped to handle COVID-19 outbreaks, which will likely allow for faster economic recovery, whereas countries with low vaccination rates are likely to have a slower path to recovery. Populations with high rates of vaccination will almost certainly have less transmission rates, symptom severity, hospitalisation, and death. In Fiji, where 74 percent of the population is fully vaccinated, the country experienced a much smaller number of cases, hospitalisations, and deaths compared to the much deadlier Delta wave in July 2021, when only 8-10 percent of the population were fully vaccinated.³² PNG by contrast has also faced a significant community outbreak with only 3 percent of its population fully vaccinated. Despite limitations on data, cases in PNG are likely to continue to grow, though official figures on cases, severity and deaths are likely underreported.^{33 34} While Fiji is relying on its high vaccination rate to cautiously lower border and domestic restrictions, PNG will likely continue to need to rely on lockdowns and other public health restrictions to keep case levels low and hospitals under capacity. Solomon Islands and Kiribati are also facing sustained community outbreaks with very low vaccination rates. The Solomon Islands has fully vaccinated 11 percent of its total population, while Kiribati has vaccinated 33 percent of its total population.^{35 36} However, both nations have administered Sinopharm vaccines as part of their respective rollouts, with evidence suggesting it is less effective against both the Delta and Omicron variants.^{37 38 39 40} Both nations have relied on local lockdowns and public health restrictions to reduce the spread of cases, which will almost certainly impact both nations' ability to open up to tourism, and allow for normal domestic operations. Samoa and Tonga both have relatively high vaccination rates, at 62 percent and 61 percent, respectively.^{41 42} Despite cases beginning to grow in Tonga, both countries have not experienced widespread community transmission. Relatively high vaccination uptake in Tonga and Samoa, continued efforts to roll out boosters, as well as appropriate public health measures have likely placed both nations in good shape to deal with prospective outbreaks of COVID-19. The Cook Islands has a double vaccination rate of 97 of the eligible population over 12 years of age, with 62 percent having received a booster dose.⁴³ Although COVID-19 is believed to be circulating around the community in the Cook Islands, the high vaccination rate is expected to keep severe case numbers low and mitigate pressure on the healthcare system. The high vaccination rate has also allowed the Cook Islands to continue its two-way quarantine free travel corridor with New Zealand. Although Vanuatu and Niue have managed to avoid community cases of COVID-19, both nations have significantly different vaccination rates. While Niue has one of the highest vaccination rates in the world, with 97 percent of the over 12 population double vaccinated, only 23 percent of Vanuatu's total population has received two doses of the COVID-19 vaccine. ^{44 45} Vanuatu's low vaccination rate, and limited hospital capacity have led to the country implementing prolonged border restrictions for international travel, despite the nation depending heavily on tourism.⁴⁶

Booster and paediatric vaccine rollouts have not begun in some nations and remain a key vulnerability across some Pacific Island countries despite relatively high vaccination rates. s6(a)

^{48 49} Similarly, while Fiji has a very high vaccination rate, only 9 percent of the total population has received a booster dose, leaving the country potentially vulnerable to Omicron infection as it reopens its borders for tourism.^{50 51} Those who have received a booster shot have greater protection against infection, transmitting the disease to others, and severe hospitalisation.⁵² With children susceptible as carriers of COVID-19 in the absence of a paediatric vaccine rollout, it is possible that Omicron may circulate to older household members, particularly if booster vaccinations have not been administered.

Sustained border closures are a key cause of economic vulnerabilities facing all countries in the Pacific, resulting in tourism and supply chain disruptions. The economic impact of COVID-19 in the Pacific has been doubly difficult, as COVID-19 restrictions cut off significant revenue streams brought in by tourism, while also increasing reliance on wage subsidies. Large proportions of the GDP of nearly all countries analysed comes from international tourism, which was completely cut off following border closures in March 2020. All countries experienced record-breaking declines in their GDP growth rate in 2020 and 2021, high levels of unemployment, increased dependence on wage subsidies, and business loss. In Fiji, where 38 percent of GDP comes from tourism, the GDP growth rate dropped by 15.7 percent, with over 150,000 Fijian workers impacted by business closures, layoffs, and business scale-backs.^{53 54 55} s6(a)

Roughly 48 percent of Vanuatu's

GDP depends on tourism, which saw a decline of 9.2% after the borders closed in 2020.⁵⁸ Border closures have led to business closures and layoffs, as tourism directly and indirectly employed 51,000 people.⁵⁹ The financial system has faced increasing isolation, with several banks leaving the territory following prolonged border restrictions.⁶⁰ Similar trends have also been observed across Samoa, and Solomon Islands.^{61 62 63 64} The introduction of COVID-19 restrictions, including the closed border, have also resulted in many communities relying on subsistence farming for food. In Solomon Islands, limited imports and exports as well as limited transportation between regions have made food for purchase more expensive and less reliable, at a time when income is strained for many households.⁶⁵ Kiribati, which largely relies on food imports from overseas, has also experienced fluctuating prices and limited supply of food due to supply chain issues. This has pushed large amounts of the population to rely on fishing and subsistence farming for food security, despite the country having poor growing conditions for agriculture.^{66 67}

The Pacific Islands are vulnerable to natural disasters and environmental hazards which will almost certainly make responding to the pandemic more difficult. Natural disasters including cyclones, earthquakes, volcanic eruptions, flooding, droughts, and tsunamis frequently occur across the Pacific Islands. These present additional resourcing and tactical challenges in how Pacific Island countries can respond to COVID-19, with natural disasters having the potential to impact multiple countries simultaneously. The concurrence of Tonga's encounter with Omicron and recent natural disasters is posing a variety of challenges to the country. The volcanic eruption on 15 January has increased the population's exposure to air pollution and respiratory infection, while the contamination of water sources carries risks of access and disease.⁶⁸ In 2020, Tropical Cyclone Harold caused loss and damage accounting for more than 12 percent of GDP in Tonga, and also destroyed large-scale crops in Vanuatu.^{69 70} In Kiribati, COVID-19 related supply chain disruptions have resulted in more people depending on subsistence agriculture for food, however successful yields are highly vulnerable to erosion, heavy rains and flooding. Kiribati is particularly vulnerable to flooding and erosion as a result of seasonal tropical cyclones and rising sea levels.^{71 72} Vanuatu, Tonga, Solomon Islands, Papua New Guinea, and Fiji have also been listed within the top 15 nations at risk of a natural disaster, according to the 2021 World Risk Index.⁷³

Thank you to the following teams which contributed to this insight: the Ministry of Foreign Affairs and Trade, and the National Assessments Bureau.

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.

COVID-19 Care in the Community

The Ministry of Health held Webinars over the week from 15 February 2022 to inform the sector on COVID-19 Care in the Community in light of Omicron and covered new digital tools (see below) and welfare pathways.

National Alternative Accommodation Service to support COVID-19 Care in the Community

The Ministries of Health, Social Development, Housing and Urban Development, Kāinga Ora and the Ministry of Business Innovation and Employment (MBIE) are collaborating on the provision of alternative accommodation for COVID-19 cases. MBIE is leading the establishment of the National Alternative Accommodation Service which will source, procure, and fund alternative accommodation for those with COVID-19 who cannot safely isolate at home.

MBIE and the COVID-19 Care in the Community programme have expedited the establishment of the service in response to Omicron by using a phased approach. The first phase was established on 8 February 2022 and included the rapid set up of an accommodation sourcing service using a third-party provider to directly assist regions to source and secure accommodation. Care coordination hubs across the country are using the service to source accommodation for people in their local areas.

The next phase of the alternative accommodation service will be to centralise the overall process and agree on the provision of funding, however, this is subject to Cabinet decisions in March 2022.

The Ministry of Health will continue to work in partnership with MBIE and housing agencies on the operational requirements to support the service. More detail on the service will be included in the COVID-19 Care in the Community Cabinet paper you will be presenting to the Social Wellbeing Committee in mid-March 2022.

Digital tools to support self-isolation

Self-service tools and data automation will be significant features of managing high volumes of Omicron cases in the community. The model shifts the burden of responsibility from the health system to the patient for low-risk cases. This reduces the burden on scarce health resources, as well as enabling a scalable contact tracing response.

The online COVID-19 health portal for broader COVID-19-related health management, the patient online self-service contact tracing, a self-declaration of clinical risk factors, and the home isolation health check and needs forms went-live on 31 January 2022. The self-service ordering of Rapid Antigen Tests and submission of results has been developed.

Key deliverables in coming weeks include enabling text messages for positive test results and a system and risk assessment form for isolating households (15 February 2022), and the enabling of text message isolation release (planned for late February/ early March 2022).

Metrics

The Health system preparedness programme team has completed an analysis of the changing metrics to better understand data availability and its applicability to the Omicron response model. Following this analysis, some of the metrics will need to be modified, while others will be made redundant, because of changes to the Care in the Community operating model. For example, the letter notification of results will

no longer be valid, as the notification of results will move to the online self-management platform or by text message.

Regional Hubs

Regional hubs are providing coordination to the COVID-19 response of the DHBs in their region. Daily meetings between regions and the programme provide a collaborative forum to share best practise between the regions, as well as escalation of issues to the Ministry of Health. The Ministry of Health provides support to the regions to resolve issues that require a central approach, including technical, policy and funding issues.

Examples of subjects the regions focussed on in the past week are:

- distribution of new COVID-19 treatments with Pharmac;
- streamlining communication between Public Health Unit (PHU), DHB and regional hubs;
- sourcing workforce from local education providers;
- investigating business continuity planning for Pharmacy workforce in all regions;
- embedding localised care escalation pathways into the COVID-19 online self-service portal.

DHB Resurgence and Readiness Planning Update

The Ministry of Health has received all DHB responses to the updated Preparedness checklist. Analysis has been completed, and a draft summary dashboard and draft summary report have been completed.

Work is underway with the Regional Leads to ensure remediation activities (where needed) are in progress.

Next steps

The Ministry of Health will be developing regular reporting on DHB Readiness planning as well as having ongoing engagement with MSD to ensure alignment with MSD in Community Care hubs.

Hui and fono are being planned with the Ministry of Social Development to engage with Māori and Pasifika providers on Care in the Community and on how to access welfare support.

3.1.2 Whole Genome Sequencing (WGS) in an Omicron Outbreak

On 10 February 2022, the Director-General of Health made the decision to shift the focus of whole genome sequencing (WGS) from use in case investigations and contact tracing, to a targeted prioritised surveillance approach. This is required due to the shift to phase 2 of the Omicron strategy, whereby widespread SARS-CoV-2 transmission could exceed laboratory capacity for WGS.

It will remain important to monitor variants in Aotearoa New Zealand, as well as those at the border, to identify new variants, monitor variants responsible for intensive care unit (ICU) admissions, monitor spike protein changes and their impact on vaccine efficacy, and monitor variants within high-risk communities and the Māori population. The following table outlines revised categories for WGS prioritisation.

Table 1: Revised categories for prioritisation of samples for Whole Genome Sequencing in an Omicron Outbreak

Category	Situation	What will this mean in practice	Additional comment
Urgent	In rare instances when genomic information is vital to decision making.	For example, in treatment of a patient using variant specific therapeutics or in the event of a new variant of concern.	If deemed urgent, a sample could be processed in 24-48 hours from receipt by the Institute of Environmental Science and Research (ESR)
Category 1	COVID-19 cases admitted to hospital ICU/HDU nationwide.	This would allow genomic information to be gathered on the most serious cases, as well as obtaining a reasonable representation of circulating lineages across the country. In some cases, knowledge of the variant (e.g., Delta, Omicron BA.1 or Omicron BA.2) may provide intelligence for patient treatment.	Protocols (sample type and metadata) will be established in hospitals to streamline the delivery of samples to ESR.
Category 2	Recent arrivals to Aotearoa New Zealand.	WGS on recent arrivals will allow surveillance of variants entering the country across the border. One option is to mandate that arrivals in self-isolation or managed isolation and quarantine (MIQ) that test positive (via polymerase chain reaction - PCR or rapid antigen testing - RAT) that have arrived from lower surveillance regions (e.g., South East Asia) are required to provide a swab for WGS.	Not all cases in this category would progress to WGS, the selection of sample should be linked to country of origin, with a focus on regions with low sequence coverage (i.e., not required for travellers from United States of America and the European Union).
Category 3	Temporal and spatial survey across the country. A random 'snapshot' of cases from across the country should also be conducted that will complement hospital-based testing.	The preference from the laboratory network is to utilise a system using the established processes for other disease surveillance. This is where a certain proportion of samples are collected (either daily or weekly) and sent to ESR.	A country-wide surveillance will require a high compliance rate by testing laboratories so that requested samples are received by ESR in a timely manner. Surveillance samples should go directly to ESR for testing. The Ministry considers that this should be part of the surveillance for other pathogens, and then if positive, WGS for COVID-19.

Next steps

These revised categories for WGS prioritisation will be operationalised and implemented across the health sector by the Ministry. These changes will consider the constraints for front line workers.

3.1.3 COVID-19 Vaccine and Immunisation Programme

As at 11.59 pm on 15 February 2022, 10,216,472 vaccinations have been delivered, including 4,014,360 first doses, 3,946,709 second doses, 31,354 third primary doses, and 2,004,808 booster doses.

- 218,074 paediatric first doses have been administered to 5-to-11-year-old children, with 46 percent of this population now having received their first dose.
- 62 percent of people eligible for a booster dose have received their booster.
- 85 percent of the eligible population 5 years and older has now received at least one dose, and 80 percent of this population are fully vaccinated. Of those fully vaccinated, 12.5 percent are Māori and 6.9 percent are Pasifika.
- 85 percent of the eligible population aged 5-to-11-years has now received their first dose.
- 925 vaccination sites were active on 8 February 2022.
- On 11 February 2022, the Programme delivered the ten millionth dose of COVID-19 vaccine.

Driving uptake

All DHBs have hit or passed 90 percent first doses for their eligible population over the age of 12. Nineteen DHBs have reached 90 percent second doses, with Northland 4,168 doses from reaching this milestone as at 11.59pm 15 February 2022. Auckland, Capital & Coast, and Canterbury DHBs have reached 90 percent fully vaccinated for Māori, with several DHBs very close to achieving this milestone. The Ministry of Health

continues to support Northland DHB to identify approaches and strategies for uptake, and areas with lower uptake for outreach clinics.

The focus for all DHBs is on having capacity in the right place at the right time and reducing access barriers.

Many existing centres have extended hours to make it easier for people to get boosters, and DHBs are taking a whānau based approach to encouraging boosters and paediatric vaccinations.

5-to-11-year-olds

Strong uptake of the paediatric vaccine continues, with 47 percent of children aged 5-to-11-years old having either booked or received their first dose as at 11.59pm on 15 February 2022.

To date, 27 percent of the eligible tamariki Māori aged 5-11 years have been partially vaccinated.

All DHBs have provided their implementation plans to the Ministry, with DHBs rolling out the paediatric vaccine through Māori and Pacific health providers and working with disability support services to reach priority populations. DHBs are taking a whānau-orientated approach to the roll-out to encourage uptake of the vaccine among other age cohorts, including booster doses.

Early findings from research with parents and caregivers of tamariki indicate that although the COVID-19 vaccine has been largely accepted by this group, there is increased emotional toll with having to make a vaccination decision on behalf of younger children and the decision feels rushed. Extra reassurance is required that the vaccine is safe for smaller bodies and a key motivation is getting them back to a normal life.

Māori providers and local iwi have been engaged to hold education sessions, both in locations such as marae and kohanga reo and online webinars, to encourage vaccinating tamariki.

The framework and decision to share data with providers for 5-to-11-year-olds has been finalised following work with key stakeholders to understand how data for this age group could be shared in a safe way to support outreach.

The data to be shared will give providers sufficient information to support targeted outreach activities while ensuring appropriate protection of children's personal health and contact information.

Booster Doses

Demand for booster doses has been strong. As at 15 February 2022, 2,004,808 people have received a booster dose. This represents 62 percent of the 3,205,876 people who are currently eligible for a booster. Anyone aged 18 and over who has completed their primary course of vaccine is being urged to get their booster as soon as possible after becoming eligible.

Since 17 January 2022, over 1.24 million booster reminders have been issued to eligible people. Additionally, 44 phone campaigns have been conducted between 1 and 8 February 2022 by Whakarongorau to encourage and support uptake of boosters. The call campaigns focused on eligible Māori and Pacific populations over 65 years who had yet to receive a booster. The call campaigns continue, with focus on the remaining eligible people who were in Group 3 and then moving to Group 4. Māori and Pacific people and those who received their second dose more than six months ago will be prioritised.

The week from 9 February 2022 has been a national week promoting the uptake of booster doses: The Big Boost. As part of The Big Boost campaign, DHBs were informed that they could incentivise practices and pharmacies to be open for vaccinations over the weekend of 12 to 13 February 2022, as they were for Super Saturday.

DHBs ran extended hours and small-scale initiatives to encourage people to get their booster dose alongside a communications campaign to promote boosters. They also ran other Super Saturday-style events to support the campaign and continue to onboard new providers to expand coverage and capacity.

All aged residential care (ARC) facilities across the country have completed their initial booster dose visits. Follow up visits for ARC facilities across the country are now underway, with a focus on those facilities

which were vaccinated at the six-month booster interval during December 2021. Processes are in place for new residents, as well as residents and staff who were not able to be vaccinated at the onsite booster clinics, either through local GP and pharmacy providers or onsite services. DHBs are reporting to the Ministry of Health monthly, on processes to maintain vaccination rates, including boosters, in ARC facilities.

The Ministry of Health has work underway regarding the implications of requiring a COVID-19 vaccine booster dose to maintain fully vaccinated status. This work includes both public health and scientific aspects of the implications, as well as implementation considerations.

Vaccination Order

Workers included in the Vaccination Order are now required to have boosters in addition to their primary course. At 11.59pm 14 February 2022, an amendment to the Vaccination Order came into effect, granting additional time for Health and Disability workers to receive their required booster doses. Workers in this sector are now required to have received their booster dose by 11.59pm 24 February 2022. This change applies to workers in Corrections, Fire and Emergency New Zealand, Defence, Education, and Police, if the work they undertake falls under the health mandate dates.

All other mandated booster vaccinations dates contained within the Vaccinations Order remain:

- Border and MIQ workforces, if eligible for a booster, are required to have this by 15 February 2022. This includes any workers covered by this mandated date because of the work they undertake from Defence and Police.
- Affected educational services, Corrections (custodial staff), Police (Non-sworn employees who work in educational settings), if eligible for a booster, are required to have this by 1 March 2022.

The Ministry of Health is supporting DHBs through data-sharing agreements to identify staff requiring a mandated booster dose under the Vaccination Order in order to facilitate priority access for these workers.

Equity

All DHBs are focused on providing boosters, paediatric doses, and vaccinating hesitant and under-vaccinated populations. Engagement with Māori Health providers, iwi, and Primary Care providers is ongoing.

DHBs are utilising and building on successful strategies from 2021 to provide an equitable rollout of boosters and paediatric vaccines, and to continue engaging with those yet to complete a primary course of vaccination. This approach is showing positive results, with some family members receiving first doses alongside their children.

All regions have events planned to raise uptake among Māori, with a particular focus on tamariki Māori. DHBs have increased hours at vaccination sites to accommodate families.

DHBs continue to work with Disability Support Services and residential providers to offer outreach and advise of available clinics, including upcoming events. The reduction in booster interval has impacted some DHB outreach programmes due to the greater number of people now eligible, and DHBs are working to increase capacity in this area.

Novavax

On 4 February 2022, Medsafe approved the application for the Novavax COVID-19 vaccine.

The COVID-19 Vaccine Technical Advisory Group (CV-TAG) is finalising its advice on the use of Novavax. Officials are preparing advice to Cabinet on the decision to use Novavax for consideration on 21 February 2022.

Operational readiness planning is underway in anticipation of Cabinet's decision on the use of Novavax.

Technology

As at 11.59pm on 15 February 2022, 5,186,789 My COVID Passes have been issued to 3,863,509 individuals. This represents 96.9 percent of the fully vaccinated population. The total number of passes generated is higher due to the ability for consumers to request a new pass be generated if, for example, they have lost the original pass they downloaded and need to replace it.

My Covid Record users are now able to request a My Vaccine Pass or International Certificate for a dependent.

3.1.4 Technical Advisory Group: update

COVID-19 TAG

The COVID-19 Technical Advisory Group (COVID-19 TAG) did not meet in the week commencing 8 February 2022. The next COVID-19 TAG meeting is scheduled for 25 February 2022 and an update will follow in a future report.

CV TAG

The COVID-19 Vaccine Technical Advisory Group (CV TAG) met on 8 February 2022 and discussed the following items.

- Vaccine Rollout
- BMI Needle Length Study
- Novavax Decision to Use Primary Course
- Booster Doses in High-risk 12–17-year-olds
- AstraZeneca Booster Dose at three Months
- Priority Groups for Shortened Interval Among 5–11-year-olds
- Vaccine Alliance Aotearoa New Zealand (VAANZ) Neutralising Antibody Summary.

The next CV TAG meeting is scheduled for 15 February 2022 and an update will follow in a future report.

Therapeutics TAG

The COVID-19 Therapeutics Technical Advisory Group (Therapeutics TAG) met on 11 February 2022 and discussed the following items.

- Therapeutics
 - Pharmac update
 - Medsafe update
 - Airfinity/Science and Technical Advisory update
- Equity considerations
- Paediatric update
- Ronapreve Practical Guidance document
 - Feedback, sign off and distribution strategy
- Guideline Updates
 - 1 and 4 February 2022
 - Next update.

The next Therapeutics TAG meeting is scheduled for 25 February 2022 and an update will follow in a future report.

3.1.5 Upcoming communications issues and activities

As at 15 February 2022

Date	Activity	Lead agency	Comms material	Ministerial Involvement
15/02/22	Reconnecting New Zealand Step 1 announcement - self-isolation guidance.	MoH	Health guidance and Q&As, stakeholder engagement	Yes
15/02/22 ongoing	Omicron Phase 2: updated Response Plan, public messaging and guidance.	MoH/DPMC	Communications, talking points, key messages, Section 70s, website, stakeholder engagement	Optional
15/02/22 ongoing	Health System Preparedness: Omicron Phase 2 - information sessions and upcoming training on the COVID clinical co-ordination module for the primary care sector and regional health co-ordination centres.	MoH	Website, health stakeholders	No
15/02/22 ongoing	Omicron community outbreak: daily communications and support for the health sector and public, including cases in a number of regions across the country. Delta cases continue in various regions. Locations of interest and updated health advice.	MoH/DPMC	Talking points, key messages, communications, website, stakeholder communications.	Optional
15/02/22 ongoing	Testing: Omicron Phase 2 communications.	MoH	Stakeholder engagement, updated web content and key messages. Updated guidance.	Yes
16/02/22 Phase 2 tbc	My Covid Record go live of recording function for self-administered RATs.	MoH/DPMC	Communications, talking points, key messages, website, stakeholder engagement, video (hosted by UAC).	Optional
16/02/22	Digital tools of COVID-19 Contact Tracing online form and Text message rolled out.	MoH	Key messages, website, stakeholder communications.	No
17/02/2022 tbc	Health Hub go live - assisted support for care in the Community.	MoH	Communications, website, Q&As underway.	Optional

4. Managed Isolation and Quarantine Weekly Report

4.1 Items to Note/Updates

4.1.1 MIQ response to the Covid Outbreak

In Auckland, quarantine capacity continues to be under pressure. The Sudima Auckland Airport has been designated as a high-risk facility with effect from 16 February.

To enable MIQ to respond to the Omicron outbreak and changing demands, active management of facility designation continues to provide a resilient MIQF network.

There has been an increasing number of MIQF staff testing positive for COVID-19, however there is no evidence that this is through in-MIQF transmission. Business continuity is not compromised, and contingency planning continues should there be further staff testing positive for COVID-19.

Though there has been a significant increase in community cases, these are not being referred to MIQ and instead are being cared for via Care in the Community unless there is an inability for people to safely self-isolate. In Auckland and Christchurch, there are a small number of rooms for close contacts who are unable to self-isolate at home.

There has been a reduced length of stay for returnees for both isolation and quarantine as a result of New Zealand moving to Phase 2. The number of people eligible for release from MIQ facilities on 16 February was 1,265, across all regions in both isolation and quarantine facilities. All but 124 people were released 16 February without issue. Those who remained in MIQ did so at their own request. Reasons for requests to remain in MIQ were predominantly related to lack of available accommodation to go to or the need to change onward travel plans. The majority of those who remained in MIQ will be released today, with just a small number remaining in facilities for a further day or two.

The release process was successful, with no significant issues, complaints, or negative media attention. It was a big effort from workers across all agencies, especially to turn around day 5/6 test results in time for people to be released.

4.1.2 Network Transition Planning

A meeting has been scheduled with you for Tuesday 22 February to discuss the proposed Network Transition/Decommissioning and associated glidepath. Work is underway in advance of this meeting to ensure alignment with Health, Iwi, wider MIQ network, and the hotels.

The Rydges Auckland decommissioning continues at pace with impacted workforce consultation now complete. This remains on track for a full decommissioning by 30 April 2022.

4.1.3 Updated Public Health Risk Assessment Tool

The revised public health risk assessment was approved by the DG of Health on Tuesday night, provided to MIQ on Wednesday morning, and MBIE implemented it for applications considered from Wednesday afternoon onwards.

Key changes:

- A person/bubble can now be considered for temporary or early release from receipt of a negative Day 0/1 test (so Day 2 or 3 depending on how long the test results take).
- They can take public transport directly to their intended destination (for example, a person in MIQ in Auckland can fly to Christchurch to see a dying family member).
- The vaccination requirement has been clarified that vaccination is not required for any people in the bubble aged under 13.

What stays the same:

- A person/bubble still needs to meet the “exceptional” criteria (for example, a close family member who is in their last days/weeks of life).
- They still need to meet low risk indicators (i.e. they can’t be symptomatic).
- A Medical Officer of Health’s endorsement is sought for any approval.
- For an early release a person still needs to provide a self-isolation plan and complete the remainder of their isolation period abiding by the rules published earlier this week for self-isolation from 28 February (e.g. if released on day 4 they need to self-isolate until day 7).
- Anyone else in the house that the person will be self-isolating in needs to consent.
- Any facility (e.g. hospice) needs to consent to the person visiting.
- People who have tested positive for COVID and are in a quarantine facility are not eligible to be considered.

4.1.4 Lobby Release: 17 February

A room release was held on Thursday 17 February at 9am (NZT) for approximately 2,500 rooms across February, March and April. MBIE will include a breakdown in next week’s report on the number of participants, what months were most popular and which countries had the highest number of participants).

A bespoke manual process has been stood up for those who have vaccine exemptions and are returning from Australia. Due to airlines no longer flying unvaccinated passengers from Australia to New Zealand, those with vaccine exemptions will need to provide proof that an airline is willing to fly them. They will also need to provide their vaccine exemption. MBIE will then manually issue vouchers to these people as their circumstances are exceptional and they cannot participate in the lobby release, as no flights are listed.

4.2 Operational Update

4.2.1 MIQ’s Role in Afghanistan Evacuation

A total of 1187 evacuees from Afghanistan have arrived in New Zealand. The table below shows the MIQ status of the Afghanistan evacuation programme as at 10am Wednesday 16 February 2022:

TOTAL Evacuees from Afghanistan that are Currently in MI	53
TOTAL Evacuees from Afghanistan that have Departed MI	1134 - Afghanistan Evacuees: 1043 Afghan Nationals (excludes births after arrival), includes NZ National: 1, AoG staff: 90
TOTAL Expected Arrivals (through to 06 Mar 2022)	195 (estimated)

Room availability for Afghanistan evacuees and Refugee Quota Programme is currently constrained to 60 rooms per fortnight.

Reduction in the required length of managed isolation/quarantine period under Omicron Response Phase 2 will result in an acceleration of the throughput tempo of both Afghan Evacuees and Quota Refugees.

MBIE anticipate that the bottleneck for these groups will soon be the capacity of resettlement organisations rather than MIQ. This will become more evident as demand for MIQ rooms significantly reduces as a result of Reconnecting NZ Steps 1 and 2.

4.2.2 Ventilation

Remediation work completed (total number of facilities = 32)	Facilities yet to complete remediation	% of rooms complete within the portfolio of facilities fully signed off
30 completed (26 of which are fully signed off)	2	74% (4406 rooms)

Remediation work for all but two facilities (Chateau on the Park Christchurch and Stamford Plaza Auckland) has been completed and the total number of facilities fully signed off is currently 26.

Access to rooms to complete remediation work or final retesting continues to be a challenge due to facility high occupancy rates.

Remediation work at the final two facilities (Chateau and Stamford) has been delayed due to supply chain issues. Completion is now expected by the end of February 2022 with retesting to follow.

Last week, final signoff was obtained for Rydges Rotorua with all but two rooms achieving MIQ preferred conditions. The final signoff for Commodore Christchurch is expected later this week.

4.2.3 Air Filtration Units (AFU)

The dispatch of AFU's to isolation facilities for rooms of "Cases Under Investigation" (CUI) has commenced. To date 70 units have been sent to Christchurch, 40 units will be dispatched to central region facilities today (15 February) and is expected by the end of the week that units will be sent to all 13 Auckland isolation facilities (total of 160 units).

Of the 397 units that were in stock with the supplier and allocated to MBIE, after the CUI deployment there will be 177 units remaining and available to install in any additional quarantine rooms.

4.2.4 Vaccination of Frontline Staff

For workers on site for the week 7-13 February 2022, BWTR shows that 98.8% had two doses of the vaccine, 0% had one dose and the remaining 1.1% (55 workers) had vaccine status 'unknown'.

Of the 55 workers with an 'unknown' vaccination status, 16 still require an NHI match. The Workforce Testing Team is investigating the remaining 39 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.

Of the 34 workers who were NHI-matched but showing vaccination status 'unknown' between 31 January – 6 February 2022, all workers have been confirmed as being compliant with the Vaccination Order.

4.2.5 Staff Testing

Reporting from BWTR shows that 4,894 people undertook work in 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 7-13 Feb 2022	Workers on nasal testing regime	Workers on saliva testing regime	Total	Percentage of total NHI-matched workers on site
Compliant NHI-matched workers	1981	2434	4415	91%
Overdue NHI-matched workers	205	258	463	9%
Need NHI-match	16	0	16	
Workers on site	2202	2692	4894	

Of the 463 overdue, 309 of those are less than 4 days overdue (67% of the total), 126 (27%) are 4-10 days overdue and 28 (6%) are 11+ days overdue. The Workforce Testing and Vaccination team will follow up with these workers to make sure they get tested as required.

Of the 16 that still need an NHI-match, 10 were created in BWTR in the last 7 days.

In the week ending 6 February 2022, 20 workers were showing as '11+ days overdue' in BWTR. Of those 20 workers, 9 workers have a swab confirmed, 3 have been contacted and MBIE are awaiting a response, 2 have been instructed to be swabbed, 4 are no longer employed and 2 have been escalated to MOH for further action.

4.2.6 Saliva Testing

As at 14 February 2022, 5,423 MIQ workers have opted-in to saliva testing across all active MIQF sites (up from 5,235 last week).

4.2.7 MIQ Workforce Booster update

Site entry processes are in place to ensure only workers who are compliant with the Vaccinations Order are able to gain entry to an MIQ facility. MBIE continue to encourage workers who are eligible for a booster but not yet required, to access one as soon as possible.

4.3 Judicial Reviews, Dispute Resolution, Ombudsman and OPCAT

4.3.1 Grounded Kiwis Judicial Review

The Grounded Kiwis urgent proceedings were held before Justice Mallon at the High Court in Wellington on 14-15 February.

The Grounded Kiwis' main submission was that the Government did not do enough to ensure that the right to return to New Zealand was protected in the design and implementation of MIQ.

It submitted that the Government only focussed on public health, rather than a view that took account of the position of New Zealanders overseas, and that there were other, less rights-limiting options open to Government that were not adequately considered. In particular, reducing the period in MIQ from 14 days to seven or ten days, with additional testing, or a model using self-isolation for some or all of the isolation / quarantine period.

They also submitted that anything more than a three-month delay for a person seeking to return to New Zealand unreasonable in any circumstances and that some form of waitlist should have been built into the system to ensure that a person would eventually get a spot.

Crown submissions in response highlighted:

- The Government's approach did not place public health over human rights – but instead, that by prioritising public health, the Government took a human rights centric approach, by seeking to prevent the harm caused to all New Zealanders by pandemic.
- It acknowledged that delay caused by the MIQ system (due to capacity constraints) may have caused distress for some people, but there was no way for the Government avoid some people being negatively impacted by the pandemic.
- The elimination strategy, overall, avoided the worst impacts by ensuring that the burden of disease on New Zealand was minimal, while also allowing us to continue with life without major public health and health system restrictions.
- Decisions on quarantine periods were based on international evidence and expert advice about particular variants, and changes were based on expert advice, appropriately timed and consistent with other countries.
- Compliance with self-isolation internationally was low and it presented other risks to the point it could never be as effective as MIQ.
- Once COVID-19 was in the community, the apparent disparity between the treatment of community cases and international arrivals.
- The risk of people arriving from overseas seeding new outbreaks all over New Zealand, meaning a lower risk tolerance was justified.
- The Government built in mechanisms to ensure that urgent travel was facilitated (the Emergency Allocation System).

MBIE expect a ruling to be made in the next few weeks and MIQ is preparing for possible outcomes.

4.3.2 Ombudsman Complaints

MBIE are currently managing 41 cases, with 27 of these being preliminary enquiries. Of the 14 active requests; three are on emergency allocations; two on fee waivers; three on exemptions from managed isolation; two on undue financial hardship; one on access to fresh air in a facility; one on calculation of fees; one on the legal basis of a stay in MIQ and one on unlawful detention. MBIE are seeking Crown Law advice on some opinions to support MBIE's responses.

4.3.3 OPCAT

MBIE have provided further information following the inspection of the Holiday Inn Auckland Airport and the Grand Mercure Auckland.

MBIE have also received a request for information for Facility ‘Standard Operating Procedures’.

4.4 Invoicing

The table below shows the number of invoices issued up to 13 February 2022.

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).

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	7,404	4,910	593	1,901	\$66,396,209	\$54,278,623	\$1,692,138	\$10,425,448	880	\$4,889,974
Maritime	665	537	56	72	\$3,223,407	\$2,889,871	\$60,423	\$273,113	21	\$85,129
Aircrew	257	238	9	10	\$3,219,187	\$2,063,574	\$1,039,119	\$116,494	8	\$101,437
Other	32,060	20,864	2,814	8,382	\$106,504,180	\$74,293,673	\$5,132,513	\$27,077,995	4,924	\$16,061,275
Total	40,386	26,549	3,472	10,365	\$179,342,983	\$133,525,740	\$7,924,193	\$37,893,049	5,833	\$21,137,814

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, that is, they have the same fee charging structure.

4.4.1 Fees Collection

MBIE usually allow 2-3 weeks from when someone leaves MIQ to invoice, as this time allows MBIE to gather all of the information, MBIE need to determine liability and contact details. MBIE are currently around six weeks behind MBIE’s normal processing timeframes due to implementing changes for 7-day MIQ stays, a data issue and the Christmas holidays. Invoicing is up to the point where returnees left MIQ on 30 November – 5 December 2021.

The process to email the backlog returnees from August 2020 to 24 March 2021 has sent emails to returnees up to 22 February 2021. This has led to 2,118 invoices sent so far, valued at \$7.0m.

4.4.2 Debt Recovery

Of the now 1,801 invoices worth \$5.858m sent to a debt collection agency:

- \$1.351m has been paid (or is being paid through instalment).
- \$878k is currently awaiting information from customers or has been credited due to an error.
- A further \$2.477m (this includes the no address/gone overseas category and passive collection) requires more detailed tracing.
- \$381k currently have waiver applications under assessment.
- The remaining \$790k debt continues to be a work in progress.

4.4.3 Collections Partner Update

6,003 invoices worth \$22.684m have been passed to MBIE’s collection partner. For the week ended 13 February 2022, \$5,422k has now been paid (up \$1.17m).

An additional \$890k of debt is under instalment and is expected to convert to payments received over the coming weeks.

4.4.4 Weekly Average Invoicing and Debt Recovery at 78%

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

Recent Weeks	Average invoicing per week (\$)
Past week	2,086,772
2-4 weeks	748,522
5-8 weeks	936,299
9+ weeks	2,267,375

The debt recovery percentage is tracking under the FY22 target at 78% (target is 90%).

4.4.5 Waivers

The table below breaks down the waiver application information between 11 August 2020 and 13 February 2022. 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 Received excluding Applications not Progressed	Received and not progressed	In Progress		Total Completed	Completed		Completed Special Circumstances and Undue Financial Hardship Waiver (BOTH)*
		Potential Backlog	Decision being Made		Financial Hardship Applications	Special Circumstances Applications	
15226	1786	3935	179	9326	1254	7826	246

Approved Waiver Applications			Declined Waiver Applications		
Financial Hardship	Special Circumstances	BOTH	Financial Hardship	Special Circumstances	BOTH
90	6421	50	1164	1405	196

*Applicants can apply for Financial Hardship and Special Circumstances at the same time.

4.4.6 Reducing the fee waiver backlog

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

- New applications received from 7 February to 13 February 2022: 209 (a decrease from 237 last week)
- Net reduction from 13 December 2021 to 13 February 2022 is 1152.
- Net reduction (weekly) from 7 February to 13 February 2022 is 155.

The table below shows the current state of work on hand, from the initial backlog number as of 13 December 2021.

Status	Backlog at 13 Dec 2021	New Applications Received since 13 Dec 2021	Backlog at 06 Feb 2022
Processing or to be processed	3979	1612	3482
Waiting for Customer	1108		453
Total	5087	1612	3935

System actions by Waivers Officers 7 February to 13 February 2022. Decision Maker activities are excluded.

Actions	Applications Triaged	Assessments Completed	RFI's Sent	Outcomes Sent	Total
Total	463	393	533	241	1450

MBIE are continuing to work hard to support the ongoing reduction of this workload with additional resourcing moved to support this work following a decrease in Emergency Allocation Requests. This week MBIE focussed

on upskilling case managers and triage teams which has impacted this week's net reduction; however MBIE are expecting an increase in next week's reduction due to this additional training.

4.5 Large Group Arrivals Update

Summary of approved group arrivals as of February 2022 (to March 2022):

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Construction Sector Accord	Jan 2022	60	37(48 pax)	Arrivals are spread across the month.
	Feb 2022		39 (63 pax)	
Refugee Quota	7-13 Feb	15	3 (15 pax)	Last minute cancellations are occurring due to positive tests pre-departure. The Refugee Centre is forecasting arrivals of 45 pax (30 rooms) per fortnight until end of June 2022.
	14-20 Feb	7	3 (7 pax)	
	21-27 Feb	14	7 (14 pax)	
	28 Feb – 6 Mar	5	3 (5 pax)	
	14 – 20 Mar tbc	40	25 (40 pax)	
	Apr – Jun tbc	270	180 (180 pax)	
Afghanistan Arrivals	7-13 Feb	52	17 (52 pax)	Travellers are testing positive pre-departure which is leading to voucher cancellations. Where possible, last-minute substitutions are being arranged to avoid room wastage.
	14-20 Feb	24	9 (24 pax)	
	21-27 Feb	151	46 (151 pax)	
	28 Feb-6 Mar	99	45 (99 pax)	
	7-13 Mar	85	39 (85 pax)	
	14-20 Mar	37	17 (37 pax)	
	21-27 Mar	19	9 (19 pax)	
	28 Mar - Apr	51	23 (51 pax)	
	Apr tbc	281	127 (281 pax) tbc	
EXPO	27 Jan	16	7 (7 pax)	
	29 Jan		21 (31 pax)	
	3 Feb	45	12(21 pax)	
	5 Feb	75	31(45 pax)	
	13 Feb	5	5 (6 pax)	
	16 Feb	11	11(19 pax)	
	26 Feb	44	8 (8 pax)	
	12 March	25	25 tbc	
Exporters	Jan	30	7(7pax)	Arrivals are spread across the month. Further vouchers will be requested for March.
	Feb	90	40(53 pax)	
	March	150	20 (21 pax)	
NZDF	23 Feb	80	51 (70 pax)	
Antarctic Programme	14 Feb	12	12	The Antarctic season is starting to wrap up. Ministerial approval has now been received for an additional 70 pax from USAP to arrive in March. They are planning to arrive 2 March.
	2 March	70	70	
Cricket: South Africa Men's	4 Feb	35	29	The team have now departed MIQ. Whilst in managed isolation the team were friendly, cooperative, and well behaved. The new 'test to train' protocols were not required as none of the team tested positive during their time in MIQ.
Winter Olympics	18 Feb	7	3	
	21 Feb	2	2	
	22 Feb	33	24	
	23 Feb	10	9	
Winter Paralympics	15 Mar	19	17 (18 pax)	Most of this group are planning to self-isolate, so will not require vouchers.
Ministerial Travel	Feb	20	0	
	Mar	20	7	
Sports and Culture	Jan	40	8(11 Pax)	
	Feb	40	39	
Critical health workers	1 – 14 Feb	150	95 (129pax)	Arrivals are spread across the month.
	15-28 Feb	150	123 (164pax)	
	Mar	300	tbc	

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Cricket: Women's Cricket World Cup				
Non-playing personnel	Feb/Mar	235	234	Total number of non-playing personnel is expected to be up to 239, with over half having already arrived.
South Africa	9 Feb	31	31	Teams are being accommodated in Auckland and Christchurch. The teams, except for India, do not have an exemption to train. However, arrangements have been made at the Chateau on the Park for the teams housed there currently (South Africa, Pakistan, Australia, and England). The teams will not form a bubble but will be permitted to undertake light exercise as individuals in specified areas of the facility. The plan has been created in conjunction with local health authorities and the MIF manager.
Pakistan	10 Feb	28	28	
Bangladesh	4 Feb	26	26	
West Indies	10 Feb	27	27	
England	10 Feb	31	31	
Australia	10 Feb	31	31	
Cricket: Netherlands Men	4 Mar	35	tbc	

Time Sensitive Travel (TST)

Expected arrivals for February will occupy 111 rooms.

The Time Sensitive Travel application window for arrivals in March/April 2022 closed on 21 January 2022. 677 people/610 rooms were approved. Since the border announcements, many have cancelled their vouchers, so the number of people/rooms has dropped to 659 people/589 rooms. It is anticipated that a large proportion of the remaining people will cancel their vouchers in favour of self-isolation.

4.6 Emergency Allocation (EA) Applications

9987 EA applications have been processed since 30 October 2020.

158 EA applications were received in the week ending 13 February 2022 and 289 applications were processed.

Of the 289 applications processed in the week ending 13 February 2022, 70% EA were approved.

Emergency Allocation Applications	Weekly Totals 7 - 13 February 2022	Year to Date Totals 30 October 2020 to 13 February 2022
Approved	203	6140
Declined	86	3847
Applications processed	289	9987

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.



5. Border Executive Board Report

5.1 Key Issues Being Considered

5.1.1 Border Executive Board

The Border Executive Board met on 16 February 2022.

The meeting was largely focussed on ensuring the border was ready for Step 1 of Reconnecting New Zealanders at 11.59pm, 27 February 2022.

The Border Implementation team explained the work and planning under way, and that they were confident of being ready for reopening. MPI will be leading distribution of rapid antigen tests at airports. Health staff will also be at the airports to answer questions from passengers. The Board requested Health to confirm the rostered presence, preferably through to Step 3 or longer noting the parallel pressure to also support the Omicron community health response. The Board acknowledged the impact of being unable to carry out practice runs, prior to reopening. Agencies are ready to be agile, resolve matters as they arise, and make improvements for Step 2.

The Board received a detailed update from the New Zealand Traveller Declaration project that showed work is on-track for go-live by 31 March 2022. The first pilot has been completed and provided useful insight into improvements for the second pilot.

The Board noted discussions are beginning around the future of Reconnecting New Zealanders and its governance. The COVID-19 Chairs intend to discuss what the future might look like at an upcoming meeting. The Board asked Health to share insight into future scenarios to inform moving away from an emergency response to a new normal operating model.

Compliance rates with the 15 February 2022 due date for eligible border workers to have received their COVID-19 booster vaccination are very high for border agencies. The Ministry of Health's Boosters Implementation programme report showed that at 15 February 2022, only 261 active workers had not received a booster (68 public, 193 private sector). The rates reflect the nature of rosters and deployment. Agencies have processes in place to ensure only compliant staff can carry out work covered by the Vaccination Order. Compliance rates are comparable with the previous requirement on private sector workers to have had their second vaccination by 4 November 2021.

The Board discussed the impact of the risk of workers contracting COVID-19 shifting from in the workplace to contracting it in the community. The Board asked Health to reconsider the testing regime for border workers in the Omicron environment and come back to a future meeting with insights. This work is already under consideration by Health.

The next meeting is on 23 February 2022.

5.1.2 Maritime Border

A briefing paper updating you on the Impact of Omicron on Maritime Border and Next Steps was sent to your office this week.

6. New Zealand Customs Service Weekly Report



6.1 Items to Note/Updates

6.1.1 Maritime

SFL Maui

As advised in last week's Weekly Report, *SFL Maui* is a Liberia-flagged container ship that arrived in the Port of Tauranga on 5 February 2022, where two crew members tested positive for COVID-19 in Sydney.

Since that update, the vessel arrived into the Port of Napier on 11 February 2022 where a successful Contactless Cargo Plan operation was undertaken.

On 12 February 2022, all crew members were tested and returned negative results. The vessel was granted pratique (quarantine clearance) and proceeded to Lyttelton, arriving the following day where business as usual operations resumed. The vessel arrived in Port Otago on 16 February 2022, its final New Zealand destination.

Discussions are continuing to encourage subsequent ports to consider working in a contactless manner in order to keep supply chains open and mitigate any disruptions, while preventing the spread of COVID-19.

Yacht Kraken

The small craft, *Kraken*, which was travelling from French Polynesia to Australia requested safe harbour in Opuia due to unsafe sea conditions. There were two fully vaccinated crew members on board with no COVID-19 symptoms.

The vessel was granted permission to safe shelter in Opuia and arrived on 9 February 2022. The Public Health Unit did not interact with the two crew as the vessel and crew were considered low risk. While in port, Customs officers provided 24-hour surveillance for the vessel to ensure the Maritime Border Order's requirements were adhered to. The vessel departed New Zealand on 14 February 2022 to continue its voyage to Australia.

6.1.2 Vaccination requirements for non-New Zealand citizens arriving by air

For the period 7 February 2022 to 13 February 2022, there were no infringements or warnings issued.

	Date	7 Feb	8 Feb	9 Feb	10 Feb	11 Feb	12 Feb	13 Feb	Week Total	%
Passengers	Total	480	548	467	521	470	914	559	3,959	
	NZ Citizen	338	361	298	254	292	323	272	2,138	54.0%
	Non-NZ Citizen	142	187	169	267	178	591	287	1,821	46.0%
Primary Actions (Passport Control)	Vaccination status verified	126	163	136	245	147	517	252	1,586	87.1%
	Exceptions	16	24	30	22	29	36	9	191	10.5%
	Exemptions	0	0	0	0	1	0	0	2	0.11%
	Referred to Secondary Area	0	0	3	0	1	12	26	42	2.3%
Secondary Area Actions	Compliant	0	0	3	0	1	12	26	42	100%
	Non-compliant	0	0	0	0	0	0	0	0	

6.1.3 Pre-Departure Testing

For the period 7 February 2022 to 13 February 2022, there were two infringements and three warnings issued.

- On 12 February 2022, two passengers arriving from India via Dubai were issued with infringements as their PDT documentation was deemed non-compliant. No date of birth or passport number was shown on the documentation.
- Three warnings were issued to parents who arrived with children that had not completed PDT. In all cases, the parents claimed they were unaware that children required PDT.

	Date	7 Feb J	8 Feb	9 Feb	10 Feb	11 Feb	12 Feb	13 Feb	Week Total	%
	Passengers subject to PDT	236	308	293	349	306	328	213	2,043	
Primary Actions (Passport Control)	Test Certificate Verified	224	292	280	338	299	282	207	1,922	94.1%
	Exemption	11	16	12	10	7	53	6	115	5.6%
	Referred to Secondary Area	1	0	1	1	0	3	0	6	0.3%
Secondary Area Actions	Compliant	0	0	0	0	0	1	0	1	16.7%
	Warned	1	0	1	1	0	0	0	3	50.0%
	Infringement	0	0	0	0	0	2	0	2	33.3%

Proactively Released

7. COVID-19 Chief Executives Board

7.1 Items to Note/Updates

The COVID-19 Chief Executives Board (CCB) did not meet this week. The next discussion will be held on Tuesday 22 February 2022 and will focus on arrangements to manage the Omicron outbreak, resourcing and engagement with Māori, and Reconnecting New Zealanders.

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 met on Wednesday 16 February 2022. Officials from the Ministry of Health attended to discuss the health elements of the Care in the Community programme and to provide a technical update on the COVID-19 testing regime.

As agreed with your office, the Group's weekly advice note and DPMC coversheet will be shared with the CCB, subject to weekly approval with your office. The recent advice and cover sheet dated 10 February, along with the prototype note and coversheet dated 31 January, have been shared with the CCB this week.

9. Strategic COVID-19 Public Health Advisory Group

9.1 Items to Note/Updates

The Strategic Public Health Advisory Group did not meet this week. The next discussion will be held on Wednesday 23 February 2022. Members will welcome Tony Blakely and Jemma Geoghegan, to canvass the progress of the outbreak in New Zealand and lessons emerging from the Australian experience.

10. Business Leaders Forum

10.1 Items to Note/Updates

The Business Leaders Forum met with you on Thursday 10 February 2022. It was agreed that another session would be arranged for two to three weeks' time.

11. Community Panel

11.1 Items to Note/Updates

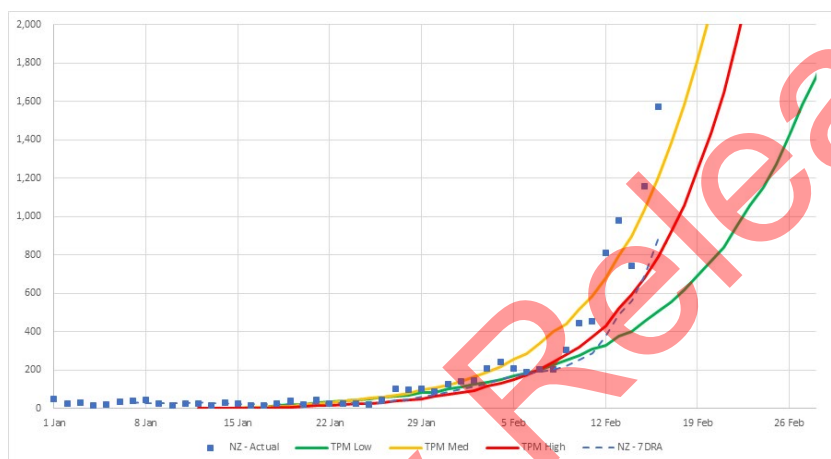
The Community Panel did not meet this week. The next scheduled meeting is on Wednesday 2 March 2022.

12. Government Modelling Group

12.1 Items to Note/Updates

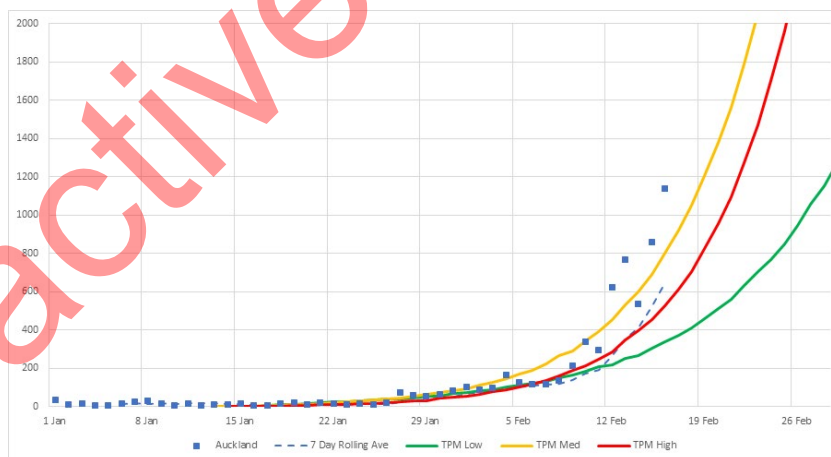
The Government Modelling Group are tracking case counts against Te Pūnaha Matatini scenarios nationally, and for the Auckland region and Waikato District Health Boards on a daily basis. While national and Auckland regional case counts are increasing slightly quicker than the scenarios projected (particularly in the last five days), Waikato is at a different point in the Omicron wave, that puts it slightly behind the models. The Government Modelling Group are prepared to add DHBs to this tracking as the outbreak spreads.

New Zealand Daily COVID cases compared with Te Pūnaha Matatini Scenarios



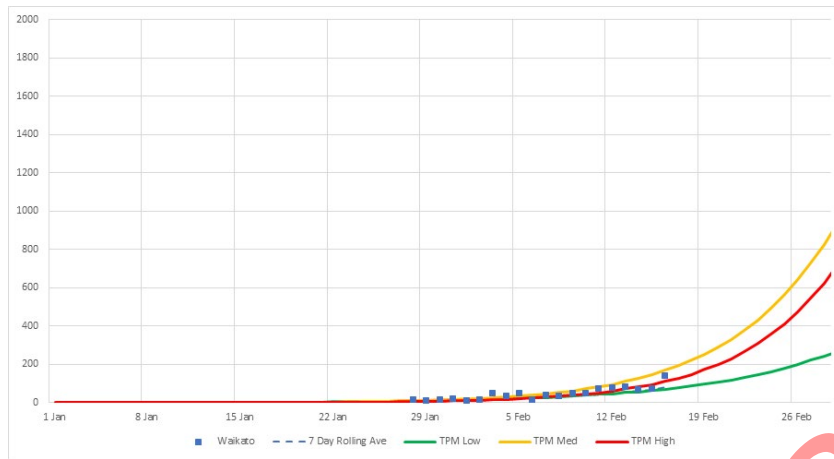
Source: Te Pūnaha Matatini Branching Process Model (BPM), Ministry of Health

Auckland Region Daily COVID cases compared with Te Pūnaha Matatini Scenarios



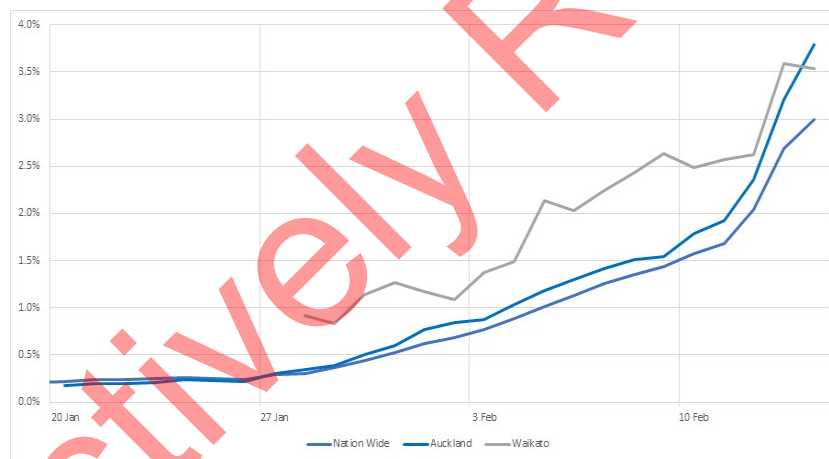
Source: Te Pūnaha Matatini Branching Process Model (BPM), Ministry of Health

Waikato DHB Daily COVID cases compared with Te Pūnaha Matatini Scenarios



Source: Te Pūnaha Matatini Branching Process Model (BPM), Ministry of Health

The Government Modelling Group are also tracking positive case percentages, as an indicator of outbreak state, noting that the WHO suggests that a positive rate greater than 5% for a sustained period indicates that COVID-19 is no longer contained. Nationally or on the local DHB level, New Zealand is not at this point yet.



Source: Ministry of Health

The Government Modelling Group are continuing to work with TPM and partner agencies to refine the modelling.

s9(2)(f)(iv) 13. Upcoming Cabinet Papers



Proactively Released

14. Appendix – Audit

	Audit summary	IPC Standard Operating Procedures (SOPs), Operations Frameworks and guidance documents
Managed Isolation and Quarantine Facilities (MIQFs)	<p>Final week of IPC audits of Auckland MIQFs which has completed Round 6. The exception to this is Ramada which is scheduled to open next week for one last cohort of 501 deportees.</p> <p>No high-risk findings have been identified for MIQF Audit round 6.</p> <p>Repeated low risk findings have been identified for non-compliance with the Transport and IPC standard operating procedures (SOP) regarding returnee requirements to wear medical masks and drivers' compliance with IPC processes.</p> <p>There has been a noticeable reduction of staff movements onto returnee accommodation floors, however further reductions could be achieved at some MIQFs who continue to provide a hospitality barista service on demand.</p> <p>Staff daily health declaration process has been observed to be an inconsistent process across the Auckland MIQFs and reported back to MoH Border and Managed Isolation Clinical Advisor to determine correct process.</p>	
Airports	Auckland Airport quarterly IPC review proposed for mid-February.	<p>The IPC team have reviewed the IPC Guidance for Airports. The IPC guidance document is developed, incorporating the green, orange and red travel pathways.</p> <p>All IPC guidance for Airports has been reviewed in light of the emergence of the Omicron variant and in collaboration with the IPC team. A draft copy has been sent to key stakeholders for feedback.</p> <p>The guidance is going to be published and circulated to stakeholders by 22 February 2022.</p>
Maritime/Ports	No audit activity at ports this week.	<p>Maritime New Zealand are working on a combined IPC guidance document for pilots and port workers undertaking necessary tasks on an affected ship. Waiting for Maritime to send a draft for the Ministry IPC team to review.</p> <p>All guidance documents for New Zealand Persons Conducting a Business or Undertaking (PCBUs) and their workers aboard ships to align have been reviewed by the IPC team and remains appropriate for the Omicron variant.</p> <p>Providing IPC and PPE wear education and training resources for Maritime New Zealand and Ports.</p> <p>Maritime New Zealand have communicated to Ports and worker about the strict adherence to IPC and PPE measures in light of Omicron.</p>

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