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INNOVATION & EMPLOYMENT**  
HĪKINA WHAKATUTUKI



**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

21 January 2022

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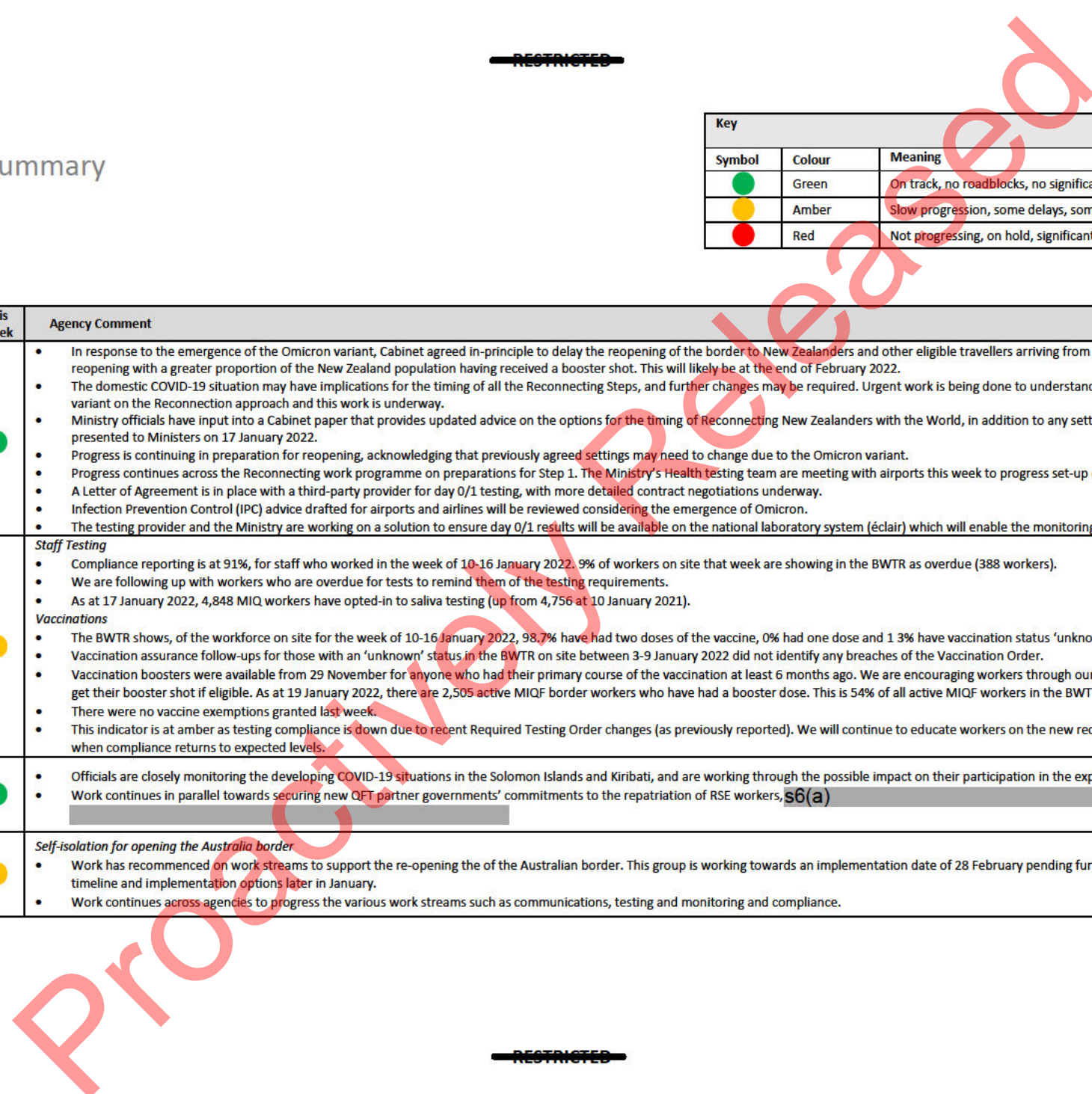
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# 1 Status Summary

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>In response to the emergence of the Omicron variant, Cabinet agreed in-principle to delay the reopening of the border to New Zealanders and other eligible travellers arriving from Australia (Step 1) to align the reopening with a greater proportion of the New Zealand population having received a booster shot. This will likely be at the end of February 2022.</li> <li>The domestic COVID-19 situation may have implications for the timing of all the Reconnecting Steps, and further changes may be required. Urgent work is being done to understand the potential impact of the Omicron variant on the Reconnection approach and this work is underway.</li> <li>Ministry officials have input into a Cabinet paper that provides updated advice on the options for the timing of Reconnecting New Zealanders with the World, in addition to any setting changes required. This was presented to Ministers on 17 January 2022.</li> <li>Progress is continuing in preparation for reopening, acknowledging that previously agreed settings may need to change due to the Omicron variant.</li> <li>Progress continues across the Reconnecting work programme on preparations for Step 1. The Ministry's Health testing team are meeting with airports this week to progress set-up of arrival testing facilities.</li> <li>A Letter of Agreement is in place with a third-party provider for day 0/1 testing, with more detailed contract negotiations underway.</li> <li>Infection Prevention Control (IPC) advice drafted for airports and airlines will be reviewed considering the emergence of Omicron.</li> <li>The testing provider and the Ministry are working on a solution to ensure day 0/1 results will be available on the national laboratory system (éclair) which will enable the monitoring and compliance of these tests.</li> </ul>
	Testing and vaccination of border workforce	MBIE		
Reopening new travel pathways		MFAT		
Reconnecting New Zealand	MBIE			<p><i>Self-isolation for opening the Australia border</i></p> <ul style="list-style-type: none"> <li>Work has recommenced on work streams to support the re-opening the of the Australian border. This group is working towards an implementation date of 28 February pending further consideration by Cabinet of the timeline and implementation options later in January.</li> <li>Work continues across agencies to progress the various work streams such as communications, testing and monitoring and compliance.</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>Ventilation Systems</i></p> <ul style="list-style-type: none"> <li>Ventilation remediation work has been completed at 31 of our 33 facilities, with 21 of those facilities fully signed off.</li> <li>The Ventilation Team is on standby to install Air Filtration Units in additional quarantine rooms as required.</li> </ul>
	MBIE	●	●	<p><i>Health workforce supporting MIQ</i></p> <ul style="list-style-type: none"> <li>The difficulty in recruiting and retaining the health workforce continues to have implications for the MIQ system.</li> <li>The current border settings and MIQ practices mean we are in a strong position with regards to protecting NZ from the Omicron variant, however the large number of Omicron cases at the border and the increase of quarantine capacity needed is placing pressure on staff.</li> <li>DHBs are wanting to offer staff permanent contracts to provide more security to staff and alleviate concerns about the short-term nature of MIQ.</li> <li>MoH is working with DHBs and MBIE to better understand the gaps in the workforce and identify areas where the operating model can be amended as policy settings change.</li> </ul>
	MBIE	●	●	<p><i>P2/N95 Mask Implementation</i></p> <ul style="list-style-type: none"> <li>As of Tuesday 18 January we have completed approximately 2,514 fit tests with a pass rate of approximately 84%. We have set a testing target of 4,300 workers (based on the average workers on site per week).</li> <li>Completion of fit testing of our current workforce is 31 January. From 1 February we will transition to BAU testing of new employees or new Defence Force rotations (who have not previously been tested). Part of this transition will include drop-in testing clinics in central locations in Auckland and Christchurch for new workers.</li> <li>There are very low numbers of failed results that are not related to facial hair. We are working with MOH to identify alternate respiratory options for these workers.</li> <li>We forecast an overall fail rate of 22%, or 990 workers. We know many of those that fail will be in our security related roles.</li> <li>Work to consider if it may become a mandatory site entry requirement to pass/or have completed a fit test is progressing with draft advice being provided to the Governance group for discussion on Friday 21 January.</li> </ul>

### Community Protection

Case investigation, surveillance and testing	Agency	Last Week	This Week	
	MoH	●	●	<p>As at 11.59pm, 18 January 2022, there have been:</p> <ul style="list-style-type: none"> <li>11,360 community cases since 17 August 2021.</li> <li>570 community cases recorded as 'not recovered' that have been added in the past 21 days.</li> </ul> <p>As at 19 January 2022, there have been:</p> <ul style="list-style-type: none"> <li>24 cases who are currently in hospital.</li> <li>4,813 open contacts.</li> </ul> <p><i>Testing and Supply Operations</i></p> <ul style="list-style-type: none"> <li>16,823 tests were processed on 18 January 2022 with a rolling 7-day average of 13,956. On 18 January, 92.7 percent of tests were processed within 24 hours and 99.7 percent of tests were processed within 30 hours.</li> <li>As at 14 January 2022, laboratory baseline capacity across the network was 42,868 tests per day (compared with 32,980 on 17 December 2022).</li> <li>A plan for increasing national laboratory capacity to 60,000 tests per day by early 2022 is being implemented and a process to identify additional equipment needed by laboratories is underway. Several laboratories have received delivery of equipment purchased with support from the Ministry of Health. The Ministry has purchased rapid PCR testing platforms and allocated these to DHBs and regions to support testing in specific regional and high-risk settings.</li> <li>Community pharmacies continue to support supervised rapid antigen testing for travellers leaving Auckland and those required to have evidence of a negative test result by domestic carriers. These tests will continue to be done free of charge at participating pharmacies under supervision until 31 January 2022.</li> <li>Effective from 17 January 2022 there is no requirement for testing travellers leaving Auckland.</li> <li>The Ministry had 4.6 million rapid antigen tests (RATs) in stock with its logistics provider as of 18 January 2022 with more arriving each day.</li> <li>We have confirmed delivery schedules for a further 10 million in January/February 2022 and are awaiting delivery schedules for a further 21 million ordered for delivery in this period. Orders of 20 million for delivery over March to June 2022 are also in place.</li> <li>The use and supply of RATs will be prioritised around protecting our 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.</li> </ul>



### Vaccination

Implementation and operation	Agency	Last Week	→ This Week	Agency Comment on Status of Focus Area
	MoH	●	●	<p>As at 11.59 pm on 18 January 2022:</p> <ul style="list-style-type: none"> <li>8,785,314 vaccinations have been delivered, including 3,901,726 people who are fully vaccinated.</li> <li>86 percent of the eligible population has now received at least one dose.</li> <li>84 percent of the eligible population is now fully vaccinated. These figures now include the 5-to-11-year-old cohort.</li> <li>96 percent of the eligible 12+ population has now received at least one dose, and 93 percent is now fully vaccinated.</li> <li>5,666 doses of AstraZeneca have been administered.</li> <li>27,730 Pfizer Paediatric doses have been administered.</li> <li>828,215 booster doses have been administered.</li> <li>4,831,138 My Vaccine Passes have been issued.</li> <li>Nineteen DHBs have hit or passed 90 percent first doses, and Northland is on 89 percent.</li> <li>Fifteen DHBs have reached 90 percent fully vaccinated.</li> <li>Capital &amp; Coast DHB has also achieved 90 percent fully vaccinated for Māori.</li> <li>Vaccinations for 5-to-11-year-olds commenced on 17 January 2022 with a strong turnout, 21 percent of this cohort have either booked or received their first dose of vaccine.</li> <li>Eligibility for boosters is now four months from completion of the primary vaccination course, with strong uptake from eligible consumers. From 17 January 2022, consumers have been able to make bookings for boosters with the shortened interval.</li> <li>Booster campaigns for residents in aged residential care facilities are progressing, with all DHBs confirming their capacity to complete this by the end of January 2022. Four DHBs have already completed their visits.</li> <li>All DHBs continue to focus on vaccinating hesitant and under-vaccinated populations, using a combination of small, targeted events and initiatives, mobile vaccine clinics, and onboarding additional Primary Care and community pharmacies as vaccination sites.</li> </ul>

### Resurgence Planning and Response

COVID-19 Management planning and Response	Agency	Last Week	→ This Week	Agency Comment on Status of Focus Area
	DPMC	●	●	<ul style="list-style-type: none"> <li>An Omicron planning sprint is underway with two NRG workshops completed.</li> <li>The first workshops purpose was to update agencies on the latest information regarding Omicron; discuss assumptions and potential impacts for New Zealand once Omicron presents in the community; and identify workstreams and actions for agencies over the next two weeks to best position the country to effectively manage Omicron in the community.</li> <li>The second workshop's purpose was to: identify the thresholds, decision points and actions to guide the management of an Omicron outbreak in the community.</li> <li>Actions for agencies were identified and work is currently underway to include in upcoming policy papers and shared with CCB.</li> <li>Engagement with Regional Leadership and agencies continues.</li> <li>Winter planning is due to commence in early February.</li> <li>Response focus continues to support and monitor Omicron cases linked to the border and inter MIF transmission and containing these alongside the delta community cases throughout New Zealand.</li> <li>Ongoing work to define critical workers within critical sectors.</li> </ul>
	MoH	●	●	<ul style="list-style-type: none"> <li>The COVID-19 Protection Framework (the Framework) is premised on a highly vaccinated New Zealand, as part of a minimise and protect strategy. The Ministry is working closely with DPMC to review the Framework settings to ensure it remains fit-for-purpose considering the Omicron variant. A Cabinet paper will be provided for your consideration on 1 February 2022.</li> <li>On Wednesday 19 January 2022, Cabinet decided the traffic light settings under the COVID-19 Protection Framework for the third time since implementation on 2 December 2021. Cabinet made the decision for Northland to move to orange from red, and for the remainder of the country to stay at Orange.</li> <li>The Ministry's COVID-19 Protection Framework Assessment Committee will next meet on 2 February 2022, to inform a DPMC-led Cabinet paper for Cabinet's consideration on 8 February 2022.</li> </ul>
Readiness planning	MoH	●	●	<ul style="list-style-type: none"> <li>The Ministry of Health has prepared a new Testing Plan (draft) to respond to an outbreak of the Omicron variant of COVID-19 where containment is no longer viable (as part of the broader Testing Tracing Isolation and Quarantine Public Health model). In this scenario it expects to see 5,000 to 50,000 new cases per day. At this time, the purpose of testing shifts away from case finding, to protecting priority populations from severe disease and/or death, ensuring equity and limiting the impact on society through the protection of critical infrastructure.</li> <li>The new Testing Plan includes the plan for moving from low, medium and high incidence scenarios, with an expectation that once Omicron seeds in the community we will move from low to high settings very quickly.</li> <li>The Ministry has been pre-loading DHBs and community providers (Maori, Pacific, disability, mental health and addiction, rural/remote) with rapid antigen tests to hold until needed. Work is also underway to prepare the health workforce for changes to testing.</li> </ul>

### Resurgence Planning and Response Cont'd

Agency	Last Week	This Week	Agency Comment on Status of Focus Area
MBIE			<p><i>MIQ's Response to the Delta Outbreak (community cases) and the increase number of Omicron cases (border)</i></p> <ul style="list-style-type: none"><li>MIQ converted the Novotel Ellerslie/Ibis to a quarantine facility last week to increase the number of quarantine facilities in Auckland from two to three to support the increasing number of positive border cases as well as the small number of community case that we get referred from ARPHS.</li></ul> <p>Further discussions continue with stakeholders across the regions regarding the potential need to convert isolation facilities to quarantine facilities. Capacity across MIQ facilities is extremely tight and converting isolation rooms to quarantine rooms will impact on the number of people who can enter to New Zealand.</p>

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 Developments Overseas In The Wake Of Omicron – Summary

##### Introduction

The Insights and Reporting Team in DPMC's COVID-19 Group have analysed how the situation has evolved in some countries in light of the Omicron variant. This report provides an environmental scan of case numbers, vaccination rates, the impact on the healthcare system, impacts on business continuity, and restrictions in place. The countries analysed include Australia, Denmark, Singapore, the United Kingdom, Canada, Ireland, and Germany. The selection of countries is based on their proximity to the New Zealand context across the areas covered by this report, and the transferability of lessons learned. While the magnitude of Omicron impacts and the policies adopted to address them differs across countries, several key themes emerged which are summarised below. A long form of this report, with detailed information set out by country is also available.

##### Summary

**The increased incidence of cases caused by Omicron has not resulted in a similarly high rate of hospitalisations and mortality rates compared to case numbers; however, the overall numbers of hospitalisations and deaths is higher than that for Delta, given the volume of Omicron cases.** While the spread of Omicron has dramatically expanded the number of cases, the proportion of these that result in hospitalisation or deaths has decreased in the countries analysed.<sup>1 2 3</sup> Although daily cases in Australia increased by almost 75 times between the detection of Omicron and mid-January, hospitalisations have increased by around 10 times, and deaths have increased by around 8 times, although from a low base of a 7-day rolling average number of 7 daily deaths.<sup>4 5</sup> The caseload in Denmark has increased by around 7 times, whilst hospitalisations and deaths have both roughly doubled, although again from a relatively low base.<sup>6 7</sup> Unlike other example countries analysed, Singapore had its number of daily cases fall in the immediate aftermath of Omicron's introduction to the country, although they have since begun to increase.<sup>8</sup> Cases are expected to increase in Singapore in the coming weeks, with possible estimates of 10-15,000 cases per day by February.<sup>9</sup> While hospitalisation and mortality rates in Singapore have fallen since the first case of Omicron was detected there, they are likely to increase as Omicron infection rates continue to rise.<sup>10</sup> In Ireland, a fivefold increase in cases has less-than-doubled hospitalisations and underpinned a slight increase in daily mortality rates from 7.9 to 11.9.<sup>11 12 13</sup> In the United Kingdom, the relationship between the number of cases and hospitalisations and deaths is closer than in other countries, with a roughly four-fold increase in daily case numbers contributing to a more than doubling of hospitalisations and a 1.5 times rise in mortality.<sup>14</sup> This is likely an indicator of relatively lower vaccination rates and healthcare capacity than the other countries under analysis, with 70% of people double-dosed, high staff absenteeism in hospitals, and one in ten residents on waiting lists for treatment.<sup>15 16</sup> The adverse impacts are also more pronounced in Canada, where a roughly 16 fold increase in cases has driven a more than fivefold increase in hospitalisations and an approximately fourfold increase in mortality. As in the UK, Canada already had systemic issues with long treatment waiting lists, as well as low numbers of hospital beds per capita compared to fellow OECD countries.<sup>17 18 19</sup> By contrast, Germany experienced a fall in cases after the immediate introduction of Omicron on 24 November 2021. This trend has since reversed, with new daily case numbers on the rise since 28 December and currently around 1.4 times higher than they were when Omicron was detected. There has been a fall in hospitalisation and deaths since the outbreak of Omicron in Germany, which is likely a reflection of the initial fall in cases, with both deaths and hospitalisations in Germany currently lower than pre-Omicron levels. However, if cases continue on their current trajectory both hospitalisation and deaths may surpass pre-Omicron levels in the coming weeks.<sup>20 21 22</sup>

**Several countries adjusted their approach to increase vaccination rates, and uptake of boosters, to limit the impact of Omicron.** High vaccination rates limit both the severity and transmissibility of Omicron, despite being less effective than they were in relation to previous variants.<sup>23 24 25 26</sup> Although a complete data set

covering vaccination status of hospitalised cases is yet to fully emerge by country, studies suggest that two doses provide 30-40% protection against infection and 70% protection against hospitalisation of Omicron.<sup>27</sup> By contrast, boosters reduce the likelihood of infection by 75% and the chances of severe disease by 88%.<sup>28 29</sup> Many countries have stepped up efforts to deliver boosters in response to Omicron. Singapore has provided booster doses to 46% of its population since starting its program in mid-September, signalling it will integrate boosters within its mandatory vaccination requirements from mid-February.<sup>30 31 32</sup> In the United Kingdom, booster uptake has reached 52% of the overall population, after boosters were made available in mid-September.<sup>33 34</sup> Although for most of the United Kingdom, people are considered fully vaccinated after two doses, in Scotland, which operates its own COVID-19 pass system, a booster dose is required to be considered fully vaccinated as of 19 January 2022.<sup>35</sup> Denmark began offering booster vaccines to the public in mid-October<sup>36</sup> and introduced an expiry date for its 'Coronapass', prompting 48% of residents to receive a third dose by 5 January and has the highest booster coverage in the European Union.<sup>37 38 39</sup> In Germany, Denmark, and Ireland, those receiving boosters do not need to self-isolate following close contact with a positive case of COVID-19, which incentivises booster uptake. Germany has 41% of the population having had a booster, and Ireland 47% as of 5 January 2022.<sup>40 41 42 43</sup> In the United Kingdom and Ireland, the period between second and third doses has been shortened to three months.<sup>44 45 46</sup> Australia and Canada have struggled to reach the same coverage in their booster programmes – at 15% and 27% respectively, and Omicron appears to be having a higher impact in those countries. Australia began its booster vaccination programme in early November, whilst Canada's provinces began offering boosters to the wider public in staged roll-outs at various times depending on the province, ranging from October 2021 to December 2021. As of 18 January 2022, the United Kingdom, Canada, and Australia had the highest numbers of COVID-19 patients per million population of the countries analysed.<sup>47 48 49 50 51</sup>

**Several countries reduced isolation requirements to ensure the continuity of healthcare services and to reduce labour shortages.** Australia, the United Kingdom, Canada, and Ireland have experienced significant shortages in healthcare staff, with many needing to self-isolate following exposure to the virus.<sup>52 53 54 55</sup> Canadian food production, Irish transport and retail, and German manufacturing and logistics have also suffered from workers standing down to isolate and recover from infection.<sup>56 57 58</sup> In response, the United Kingdom and Ireland have reduced the period for isolation from ten to seven days after an infection is detected.<sup>59 60</sup> Australia, Denmark and Singapore have narrowed the classification of close contacts, facilitating returns to the workplace.<sup>61 62 63</sup> Germany has reduced isolation requirements from 14-10 days from the date at which a positive test is received, which can be shortened to seven days upon the reception of a negative test result.<sup>64</sup> Singapore differentiates between vaccinated and unvaccinated groups, applying a 10-day isolation to the former and 14 days to the latter, and allows close contacts to exit self-isolation after seven days or a negative test.<sup>65 66</sup> Ireland, Germany, and Denmark have eliminated isolation requirements for asymptomatic close contacts who have received a booster dose.<sup>67 68 69</sup> The absence of such adjusted measures in Canada has contributed to around 10% of healthcare staff being unable to work. Similarly, the United Kingdom recorded 36,000 absent healthcare workers on 2 January, which constitutes roughly 8% of the overall total health workforce.<sup>70 71</sup> Ireland had 14-15,000 staff isolating on 10 January, amounting to 11% of the healthcare labour force.<sup>72 73</sup>

**Public health measures were recalibrated for Omicron in several countries.** Denmark re-imposed a range of measures to curb the spread of Omicron, including guidance to work from home where possible, temporary closures of schools and nightclubs, curfews for bars and restaurants, indoor mask mandates, and 'Coronapass' requirements to enter most businesses.<sup>74 75 76</sup> Australia, the United Kingdom, and Singapore have expanded the use of rapid antigen testing (RAT), to account for the greater transmissibility of Omicron.<sup>77 78 79 80</sup> Ireland, and Canada introduced capacity limits on private gatherings and events.<sup>81 82 83 84 85 86</sup> Germany activated dedicated pandemic plans across a range of 'critical infrastructure' sectors, including emergency services, police, and hospitals.<sup>87</sup> These involve shift plans, access restrictions, and staff pods and lanes designed to contain outbreaks and ensure the continuity of core operations.<sup>88</sup> The lack of strong measures to limit mobility and promote public health behaviours in Australia and the United Kingdom appears to have exacerbated pressure on healthcare systems.<sup>89 90 91 92 93</sup>



**Border restrictions were utilised to limit the impact of Omicron, but given the ability for Omicron to rapidly spread, appear to have had more impact if adopted in advance of, rather than in response to, the spread of Omicron domestically.** Travel restrictions generally continue to include a combination of vaccination status and restrictions based on the risk of the country the traveller is coming from, though several countries have stepped up their requirements in response to Omicron. Singapore temporarily suspended its quarantine-free travel (QFT) pathways from mid-December to mid-January, creating time to better understand and prepare for the new variant.<sup>94</sup> Germany added 140 countries to its high-risk classification.<sup>95 96 97</sup> However, along with Denmark, Germany has been more constrained in imposing travel limits within the Schengen zone of the European Union. Australia continues to apply a 14-day mandatory quarantine period for incoming travellers, which may vary depending on the origin country and vaccination status.<sup>98 99 100 101 102 103</sup>

## 2.2 Insight of Note Written by the Ministry of Health

### 2.2.1 COVID-19 International Perspectives

Daily reported COVID-19 cases have surged globally to record levels since mid-December. Over 2.9 million cases are being reported daily, a 19% increase since a week earlier, with almost 21 million cases reported in the past week. Global deaths have also increased since early January; over 7,100 deaths are being reported daily. Growth in new reported cases in Oceania, Europe and North America have slowed, while new cases are increasing in South America and Asia and declining in Africa.<sup>104</sup> Omicron is now the predominant variant in at least 60 countries worldwide, compared to just 34 countries a week prior. Due to limited whole genome sequencing and testing in many jurisdictions, the prevalence of the variant is very likely higher than reported.<sup>105</sup>

In Aotearoa New Zealand, Omicron cases reported at the border continue to increase. In the fortnight to 18 January, 346 cases have been reported in international arrivals. The jurisdictions importing the greatest number of cases at the border are India (47), USA (47), Australia (43) and Fiji (39). With dramatic spikes in infection globally, cases may soon peak in many countries. Early signs within the UK indicate a peak in cases has been reached.<sup>106</sup> In general, jurisdictions with a significant surge in Omicron cases have responded by promoting booster and childhood vaccination campaigns, increasing use of rapid antigen tests (RATs), revising contact definitions, reducing capacity for businesses, working and schooling from home, and shortening isolation periods for cases. However, case numbers in many of these jurisdictions are still increasing and it is unclear what interventions significantly contribute to lowering growth in cases.

In some Australian states where case growth appears to be slowing, the public health focus appears to be booster vaccination, mask wearing and reducing venue capacity limits, both in public and private settings.

## 3 Ministry of Health



### 3.1 Policy/Programme Updates

#### 3.1.1 Rapid Antigen Testing, Reconnecting New Zealand and Contingency Planning

The Ministry of Health had 4.6 million rapid antigen tests (RATs) in stock with its logistics provider as of 18 January 2022 with more arriving each day. We have confirmed delivery schedules for a further 10 million in January/February 2022 and are awaiting delivery schedules for a further 21 million ordered for delivery in this period. Orders of 20 million for delivery over March-June are also in place. The use and supply of RATs will be prioritised around protecting our 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 prepared a new Testing Plan (draft) to respond to an outbreak of the Omicron variant of COVID-19 where containment is no longer viable (as part of the broader Testing Tracing Isolation and Quarantine Public Health model). In this scenario it expects to see 5,000 to 50,000 new cases per day. At this time, the purpose of testing shifts away from case finding, to protecting priority populations from severe disease and/or death, ensuring equity and limiting the impact on society through the protection of critical infrastructure. The new Testing Plan includes the plan for moving from low, medium and high incidence scenarios, with an expectation that once Omicron seeds in the community we will move from low to high settings very quickly.

The Ministry of Health has been pre-loading district health boards (DHBs) and community providers (Maori, Pacific, disability, mental health and addiction, rural/remote) with rapid antigen tests to hold until needed. Work is also underway to prepare the health workforce for changes to testing. Work is underway to operationalise day 0/1 PCR testing, using saliva as a sample, at the port of arrival and to provide four rapid antigen tests to each returnee on arrival. Three rapid antigen tests will be required while in self-isolation (on days 3, 5 and 7) and an extra will be provided in case of an indeterminate result. The programme is working towards a start date of 28 February 2022.

#### 3.1.2 Vaccination Order

The Ministry is currently preparing supporting communications and webinar briefings in preparation for a decision on changes to the Vaccination Order to include mandatory boosters for sectors covered by the Order. This is expected to be approved and gazetted on 21 January 2022 and come into force at 11.59pm on 23 January 2022.

#### **Temporary Medical Exemptions**

As at 9:00am on 19 January, 1,708 applications for a Temporary Medical Exemption have been received.

- 997 applications were processed by the Panel and presented to the Director-General. 507 were declined and 490 were granted exemptions. Of this, 351 were granted exemptions for two dose non-placebo vaccine trial participants (Category 3A).
- 460 applications were returned as incomplete and unable to proceed to the Panel.
- 151 applications are open.
- The panel will next meet on 25 January 2022.

#### **Temporary Significant Service Disruption**

As at 5:00pm on 18 January 2022, 450 applications for a Significant Service Disruption Exemption have been received.

- 248 applications have had decisions made by the Minister (Hon Chris Hipkins). 235 were declined, 11 were granted, one was returned for further information and one has decided not to proceed with the application.

- 31 applications from Persons Conducting a Business or Undertaking (PCBUs) have been assessed by the panel and are awaiting a final decision.
- After the panel assessment, nine have withdrawn, one of which has been addressed through the latest amendments to the order.
- Four were returned to the PCBU with a request for further information to support the Panel's assessment.
- As at 20 January 2022 there are no applications received pending consideration by the Panel on 25 January 2021.
- 153 applications were returned to PCBU applicants as they were incomplete from the triage process.
- No applications are awaiting triage in the inbox.

#### **Enforcements – Vaccination Order compliance for week ending 14 January 2022**

Nine complaints/concerns were received in the week ending 14 January 2022 on compliance to the Vaccination Order.

- Two have been referred to WorkSafe for follow up with the PCBU under the Vaccination Order.
- Three individual health practitioners have been contacted by letter to clarify their vaccination duties under the Vaccination Order.
- One other individual has been contacted by letter to clarify their vaccination duties under the Vaccination Order.

Other - one infringement notice was issued under cl 7 of the Vaccination Order to a health practitioner; there is one active investigation into a health practitioner who is allegedly practicing while unvaccinated in breach of cl 7 of the Vaccination Order; and a letter has been sent to Auckland Council clarifying validity of vaccine exemptions.

#### **3.1.3 COVID-19 Vaccine and Immunisation Programme**

As at 11:59 pm on 18 January 2022, 8,785,314 vaccinations have been delivered, including 3,991,612 first doses and 3,901,726 second doses.

- 5,666 doses of AstraZeneca have been administered.
- 27,730 paediatric first doses have been administered to 5-to-11-year-old children.
- 36,029 immunocompromised people have received their third primary dose.
- 828,215 booster doses have been administered.
- 96 percent of the eligible population 12 years and older has now received at least one dose, and 93 percent of this population are fully vaccinated. Of those fully vaccinated, 11.3 percent are Māori and 6.3 percent are Pasifika.
- 86 percent of the total eligible population aged 5 years and older has now received at least one dose, and 84 percent of this population are fully vaccinated.
- 727 vaccination sites were active on 18 January 2022.

#### **Driving uptake**

Nineteen DHBs have hit or passed 90 percent first doses. The remaining DHB, Northland, is at 89 percent. Fifteen DHBs have reached 90 percent second doses. Capital & Coast DHB has reached 90 percent fully vaccinated for Māori.

The Ministry of Health continues to support the DHBs with lower vaccination rates. With most DHBs having achieved the target of 90 percent first doses, their focus is on improving uptake among Māori and other vulnerable communities, reaching 90 percent second doses, administering boosters, and vaccination of 5 to 11-year-olds.

Onboarding of vaccination sites in districts with high priority populations is ongoing, with primary care sites continuing to administer the majority of vaccinations.

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

Medsafe granted provisional approval for the use of the paediatric vaccine for children aged 5 to 11 years on 16 December 2021. Following COVID-19 Vaccine Technical Advisory Group (CV TAG) advice, Cabinet approved the 'decision to use' on 20 December 2021 and rollout commenced on 17 January 2022.

As there is sufficient supply of the paediatric vaccine, all children aged 5-to-11-years became eligible on 17 January 2022 and will become eligible for their second dose eight weeks after receiving their first. This cohort numbers approximately 476,000. Initial uptake of the paediatric vaccine has been strong, with six percent of children aged 5-to-11 receiving their first dose as at 11:59pm on 18 January 2022, and 21 percent having either booked or received their first dose.

The rollout of the paediatric vaccine is taking a whānau-based approach, utilising pre-existing vaccination delivery methods. This will also provide an opportunity to improve delivery and uptake of the COVID-19 vaccine among Māori adults, as well as uptake of the wider National Immunisation Schedule. The programme is using the lessons learned from the 2021 rollout to the general population and will closely monitor the rollout to 5-to-11-year-olds, adjusting the approach where needed based on feedback and results.

When selecting sites to administer paediatric vaccines, DHBs considered the location and nature of providers to support achieving equitable outcomes. Training for Māori providers has been prioritised to ensure the programme meets its commitment to focus on Māori tamariki.

### **Booster Doses**

On 21 December 2021, it was announced that the timeframe for eligibility for booster doses would change from six months after completing the primary vaccine course to four months. From 17 January 2022, eligible consumers have been able to book their booster through Book My Vaccine with the shortened interval.

Demand for booster doses has been strong. As at 18 January 2022, 829,133 people have received a booster dose. This represents 50.7 percent of the 1,632,906 people who are currently eligible for a booster.

Administration of booster doses for residents in aged residential care (ARC) is underway and DHBs are on target to finish within the timeframes indicated in their plans. All DHBs have confirmed they have capacity to provide boosters to all ARC facilities by the end of January 2022. Capital & Coast, Hutt Valley, South Canterbury, and West Coast DHBs have already completed their booster dose visits to ARC facilities.

### **Equity**

All DHBs are focused on vaccinating hesitant and under-vaccinated populations and engagement with Māori Health providers, iwi, and Primary Care providers is ongoing.

First dose rates for Māori and Pacific peoples continue to increase, with Māori now over 89 percent first doses and Pasifika over 96 percent.

DHBs are focussed on achieving their 90 percent fully vaccinated target. DHBs will be 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 vaccine.

### **Technology**

As at 11:59 pm on 18 January 2022, 4,831,138 My COVID Passes have been issued to 3,788,690 individuals. This represents 96.3 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.

The backlog of service requests for My Vaccine Pass has been cleared with only a small number of requests remaining, which require either complex investigation or action by others. Work is ongoing for a new application specifically for those with overseas vaccinations, with an expected release on 21 January 2022.

Development is also underway on a feature to enable an individual to upload the results of a Rapid Antigen Test to MyCovid Record.

#### 3.1.4 Technical Advisory Group: update

##### **The COVID-19 Technical Advisory Group**

The COVID-19 Technical Advisory Group (COVID-19 TAG) will meet on 28 January 2022. Topics discussed will follow in the next update.

##### **The COVID-19 Vaccine Technical Advisory Group**

The COVID-19 Vaccine Technical Advisory Group (CV TAG) will meet on 18 January 2022. Topics discussed will follow in the next update.

##### **The COVID-19 Therapeutics Technical Advisory Group**

The COVID-19 Therapeutics Technical Advisory Group (Therapeutics TAG) met on 14 January 2022 and discussed the following items.

- Therapeutics
  - Pharmac Update
  - Medsafe Update
  - Airfinity/STA Update
- Equity considerations
- Guideline Update
  - 21 January 2022 update
  - SC Tocilizumab
- Pharmac Consultation feedback
- Timeline for oral antivirals – community

The next Therapeutics TAG meeting is scheduled for 28 January 2022. Topics discussed will follow in the next update.

##### **The COVID-19 Testing Technical Advisory Group**

The COVID-19 Testing Technical Advisory Group (CT TAG) did not meet in the week commencing 10 January 2022. The next CT TAG meeting has not been scheduled as of yet.

#### 3.1.5 Upcoming communications issues and activities

*As at 18 January 2022*

Date	Activity	Lead agency	Comms material	Ministerial Involvement
18/01/22 ongoing	Omicron planning: preparing public messaging and guidance around a new Test, Trace, Isolate and Quarantine (TTIQ) model to manage Omicron in the community. This includes the use of Rapid Antigen Tests.	MoH/DPMC	Communications, key messages, website, stakeholder engagement	Optional
18/01/22 ongoing	Health System Preparedness: Stakeholder communications around Omicron planning for the Care in the Community Framework and health system preparedness.	MoH	Website, health stakeholders	No

Date	Activity	Lead agency	Comms material	Ministerial Involvement
18/01/22 ongoing	Delta community outbreak: daily communications and support for the health sector and public, including cases beyond Auckland throughout the regions. Locations of interest and updated health advice.	MOH/DPMC	Talking points, key messages, communications, website, stakeholder communications	Optional
19/01/22	COVID-19 Contact Tracing Form: Pilot with Reach Aotearoa to provide low risk cases the ability to self-service by completing contact tracing online instead of undertaking a case interview with a contact tracer.	MoH	Key messages, website, stakeholder comms	No

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## 4 Managed Isolation and Quarantine Weekly Report

### 4.1 Items to Note/Updates

#### 4.1.1 MIQ response to the COVID-19 Outbreak

With the continued high number of returnees testing positive to Omicron, there is a significant strain on MIQ capacity. MIQ has converted the Novotel Ellerslie/Ibis from an isolation facility to a quarantine facility to ensure there is adequate capacity for positive cases. The number of community cases (delta) being referred to MIQ from AHRPS has dropped significantly with most being cared for via Care in the Community.

MIQ capacity is extremely tight and the conversion of the facility from isolation to quarantine will have an impact on the number of isolation rooms available.

The impact of the move from a 7-day stay to a 10-day stay has also placed a strain on capacity and MBIE. MIQ is working through various options to ensure we can accommodate both returnees and positive cases.

#### 4.1.2 MIQ worker tests positive for Omicron

As previously reported, a worker at the Stamford Plaza tested positive for Covid-19 on Friday 14 January and this was subsequently identified as the Omicron variant.

They were fully vaccinated and had been undergoing regularly surveillance testing as required.

National Operations is investigating the origins of the Omicron case and the exposure event at the facility.

The MBIE Workforce Testing team have also been contacting the 29 workers who had worked at the Stamford Plaza over 10-15 January who had not been tested since 14 January to ensure they get tested. So far 24 of those workers have been tested.

#### 4.1.3 Update on MIAS Travel Document Verification

In last week's report it was reported that the new 'Travel Document Verification' feature had been implemented in MIAS. This feature restricts booking a room in MIAS to passengers that are legally eligible to enter New Zealand, per the Minister's direction. To date, 31,489 people have successfully completed this verification feature in MIAS. The system has also correctly prevented 941 people from booking rooms because they do not currently have the legal right to enter New Zealand.

MBIE have been contacted by a small percentage of users who have advised us that they do have the legal right to enter the country but were unable to successfully complete the verification step. Of those, MBIE have worked with Immigration New Zealand to determine that 198 users need to be manually verified in the system so they can participate in the next release. MBIE have now implemented that manual process and are in the process of manually verifying those users. MBIE will continue to run this manual process, if needed, for the very small number of people where there is an issue with data matching between INZ or DIA.

MBIE did identify that 14 people who could not be automatically verified would have been in a position in the lobby to secure an MIQ space if their verification had been successful. MBIE are working with those people to manually allocate them an MIQ space, to ensure they have not been disadvantaged by the data matching issue.

All of our public communications encourage people to attempt verification ahead of lobby releases, so that any issues can be resolved ahead of time.

## 4.2 Operational Update

### 4.2.1 MIQ's Role in Afghanistan Evacuation

A total of 1089 evacuees from Afghanistan have arrived in New Zealand. The table below shows the MIQ status of the Afghanistan evacuation programme as at 10am Wednesday 15 December:

TOTAL Returnees in MI currently	40
TOTAL Departed Returnees	Afghanistan returnees: 958 (excludes births after arrival), NZ National: 1, AoG staff: 90
TOTAL Expected Arrivals (20 Jan through 13 Feb)	214 (estimated)

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

### 4.2.2 Ventilation

Remediation work completed (total number of facilities = 33)	Facilities yet to complete remediation	% of rooms complete within the portfolio of facilities fully signed off
31 completed (21 of which are fully signed off)	2	62% (3,665 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 21.

Remediation work at the final two facilities is expected to be completed by the end of January 2022 with retesting to follow.

The re-test results for the IBIS Rotorua and Sudima Rotorua have been reviewed by our HVAC engineer and all but one room at IBIS Rotorua have achieved MIQ preferred conditions. VRAG acceptance of the results and final signoff for the facilities is now being progressed.

### 4.2.3 Air Filtration Units (AFU)

There are 447 units in stock with the supplier and available to MBIE. There is a further order arriving on 18 January with 313 units unallocated, and an additional order arriving 24 January with 1500 units unallocated.

The team is on standby to install AFU's in additional quarantine rooms as required.

### 4.2.4 Vaccination of Frontline Staff

For workers on site for the week 10-16 January 2022, BWTR shows that 98.7% had two doses of the vaccine, 0% had one dose and the remaining 1.3% (60 workers) had vaccine status 'unknown'.

Of the 60 workers with an 'unknown' vaccination status, 37 still require an NHI match. The Workforce Testing Team is investigating the remaining 23 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 19 workers who were NHI-matched but showing vaccination status 'unknown' between 3-9 January 2022:

- 11 have been confirmed as being compliant with the Vaccination Order; and
- 4 appear to be vaccinated and have been passed to the Ministry of Health as potential NHI issues;
- 4 have been vaccinated overseas (just waiting for BWTR to be updated).

Vaccination boosters were available from 29 November for anyone who had their primary course of the vaccination at least 6 months ago. We are encouraging workers through our regular communications channels to get their booster shot if eligible. As at 19 January 2022, there are 2,505 active MIQF border workers who have had a booster dose. This is 54% of all active MIQF workers in the BWTR who worked in the last 28 days.



#### 4.2.5 Staff Testing

Reporting from the BWTR shows that 4,567 people undertook work in our facilities last week, and the table below shows how many of those workers were compliant with the Testing Order, were overdue for a test or still needed to be NHI-matched.

Workers on site 10-16 Jan 2022	Workers on nasal testing regime	Workers on saliva testing regime	Total	Percentage of total NHI-matched workers on site
Compliant NHI-matched workers	1945	2195	4140	91%
Overdue NHI-matched workers	187	201	388	9%
Need NHI-match	39	0	39	
Workers on site	2171	2396	4567	

Of the 388 overdue, 277 of those are less than 4 days overdue, 88 are 4-10 days overdue and 23 are 11 plus days overdue. The Workforce Testing and Vaccination team will be following up with these workers to make sure they get tested as required.

Of the 39 that still need a NHI-match, 37 were created in the BWTR in the last 7 days.

In the week ending 9 January 2022, 34 workers were showing as '11 plus days overdue' in the BWTR. Of those 34 workers, 24 workers have a swab confirmed, 5 have been contacted and we are awaiting a response, 3 have been instructed to be swabbed and 2 have been escalated to MOH.

#### 4.2.6 Saliva Testing

As at 17 January 2022, 4,848 MIQ workers have opted-in to saliva testing across all active MIQF sites (up from 4,756 at 10 January 2022).

### 4.3 Current Judicial Review, Dispute Resolution, Ombudsman and OPCAT cases

#### 4.3.1 Grounded Kiwis Judicial Review

The Grounded Kiwis judicial review has been rescheduled to be heard in the High Court on 14-15 February after further submissions served last Friday raised new issues. It had been scheduled for 25-26 January. Significant media interest is expected, which we are preparing for, including media presence at court.

It is unclear how quickly a decision will be forthcoming after the hearing.

An aide memoire [2122-2393] has been provided to your Office on the issues related to the change to the hearing date.

#### 4.3.2 Disputes Tribunal case

Last week MBIE reported on a claim that has been lodged with the Disputes Tribunal relating to a returnee refusing to pay their invoice. This matter has been set down for hearing on Wednesday 2 February 2022 at 11:30 am.

Our assessment is that the Disputes Tribunal does not have jurisdiction over this matter as the Disputes Tribunal Act 1988 explicitly excludes "money due to enactment" from the Tribunal's jurisdiction (s 11(7) Disputes Tribunal Act 1988).

s9(2)(a) [redacted] Head of Protective Security, Verification and Compliance of the Managed Isolation and Quarantine Group from the Ministry of Business Innovation and Employment, will represent MIQ to discuss the issue of jurisdiction.

MBIE have notified the Tribunal that if this matter were to proceed to a substantial hearing MBIE will seek an adjournment to obtain further advice.

#### 4.3.3 Ombudsman

We have received two new notifications from the Ombudsman Office this week. MBIE are currently managing thirty cases; five on emergency allocations, fifteen on fee waivers; four on exemptions from managed isolation, two on difficulties booking on MIAS, one on unlawful detention, one on MIQ survey and two on managed isolation facilities. MBIE are seeking Crown Law advice on some opinions to support our responses.

#### 4.3.4 OPCAT

MBIE have received the provisional report for the Pullman Hotel Auckland. MBIE's response is due by Friday 28<sup>th</sup> January 2022.

### 4.4 Invoicing

The table below shows the number of invoices issued up to 16 January 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).

	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	7,063	4,398	596	2,069	\$65,208,865	51,589,620	1,814,497	11,804,748	649	\$3,574,661
Maritime	628	495	55	78	\$3,153,947	\$2,662,343	\$146,121	\$345,483	17	\$49,479
Aircrew	229	216	1	12	\$2,179,635	\$1,838,601	-\$433	\$341,467	8	\$101,437
Other	31,101	19,558	2,269	9,274	\$105,516,045	\$69,836,453	\$5,128,861	\$30,550,731	4,469	\$14,535,783
Total	39,021	24,667	2,921	11,433	\$176,058,492	\$125,927,017	\$7,089,046	\$43,042,430	5,143	\$18,261,360

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

#### 4.4.1 Fees collection

MBIE are currently around five weeks behind our normal processing timeframes due to implementing changes for the self-isolation trial and 7-day MIQ stays, a MOH data issue and the Christmas holidays. Invoicing is now up to returnees leaving MIQ on 14 November. MBIE continue to work on getting extra resources which will enable the team to catch up in response to the increased workload.

#### 4.4.2 Debt Recovery

Of the now 1,610 invoices worth \$5.178m sent to a debt collection agency:

- \$1.053m (up \$46k) - 20% - has been paid (or is being paid through instalment).
- \$648k is currently awaiting information from customers or has been credited due to an error.
- A further \$1.637m (this includes the no address/gone overseas category and passive collection) requires more detailed tracing.
- \$410k currently have waiver applications under assessment.
- The remaining \$1.430m debt continues to be a work in progress.

#### 4.4.3 Weekly Average Invoicing and Debt Recovery at 75%

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

Recent Weeks	Average invoicing per week (\$)
Past week	1,612,331
2-4 weeks	649,308
5-8 weeks	2,478,763

9+ weeks	2,249,174
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The debt recovery percentage, against all invoices raised, sits at 75%. There has been an increase in overdue invoices due to the new invoicing process going live over 90 days ago. The result is that the increase in invoicing from then onwards increases the outstanding amount as invoicing is brought up to date.

#### 4.4.4 Waivers

The table below breaks down the waiver application information between 11 August 2020 and 16 January 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	In Progress	Total Completed	Completed Financial Hardship Applications	Completed Special Circumstances Applications	Approved Waiver Applications		Declined Waiver Applications	
					Financial Hardship	Special Circumstances	Financial Hardship	Special Circumstances
12,622	4,407	8,215	1,130	7,085	89	5,919	1,041	1,166

#### 4.4.5 Reducing the fee waiver backlog

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

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

Status	Backlog at 13 Dec 2021	New Applications Received since 13 Dec 2021	Backlog at 16 Jan 2022
Processing or to be processed	3979	806	3308
Waiting for Customer	1108		1251
<b>Total</b>	<b>5087</b>	<b>806</b>	<b>4559</b>

The team have taken action on 2,016 applications during the period from 13 December to 16 January (including action on 429 applications during the week 9 January to 16 January). Actions include completing an assessment for decision, identifying that the customer is not liable for, or exempt from, fees, asking the customer for more information, or deactivating an application where the customer has been given a timeframe to provide information and has not provided it.

Taking into account the work completed and the 209 new applications received in the week to 16 January 2022, the work on hand has a net reduction of 528 since 13 December 2021 (220 net reduction in the week to 16 January 2022). We anticipate continuing to significantly reduce the backlog over the next four weeks and will be assessing our resourcing requirements this week to ensure that the work on hand is at a more acceptable level in February.

## 4.5 Upcoming Communications Issues and Activities

### 4.5.1 As at 18 January 2022:

Date	Activity	Lead agency	Comms material	Ministerial Involvement Y/N
25-26 January	Judicial Review – Grounded Kiwis	MIQ	Unable to comment while before the Court	N
31 January	MIQ/Border workforce to have booster	MIQ/BEB/Employers	Proactive communications across all MIQ facilities and employers	N

## 4.6 Large Group Arrivals Update

Summary of approved group arrivals as of 18 January 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.

Refugee Quota	12 Jan	7	2 (7 pax)	INZ will be able to meet the refugee quota of 750-1000 for FY 21/22 if they are able to operate within the allocation provided to them. The tight capacity over January – February poses a risk that the refugees may not be able to arrive during this time.
	13 Jan	18	7 (18 pax)	
	14 Jan	9	6 (9 pax)	
	15 Jan	2	2 (2 pax)	
	26 Jan	14	(14 pax)	
	28 Jan	39	(39 pax)	
	Jan (tbc)	14	(14 pax)	
	31 Jan – 13 Feb	130	70 tbc	
	14 – 27 Mar	120	60 tbc	
	25 Apr – 8 May	130	70 tbc	
Afghanistan Arrivals	11 Jan	33	12 (33 pax)	There are over 1,000 visa holders forecasted to make movement. Some remain in Afghanistan, and others are currently held in neighbouring countries.
	14 Jan	5	2 (5 pax)	
	15 Jan	1	1 (1 pax)	
	20 Jan	24	9 (24 pax)	Neighbouring countries have strict entry and exit restrictions imposed which is putting pressure on MFAT to move eligible travellers through to New Zealand. This poses a risk to MIQ where the room availability per month has reduced.
	21 Jan	3	2 (3 pax)	
	29 Jan	33	12 (33 pax)	
	31 Jan – 6 Feb	41	13 (41 pax) tbc	
	7-13 Feb	117	54 (117 pax) tbc	The 827 pax in the pipeline consist of an estimated 526 visa holders, s6(a) 108 pax approved by the Associate Minister of Immigration, and 50 pax who are consular cases.
	From Jan 2022	801	593 (801 pax) tbc	
EXPO	27 Jan	16	7 (7 pax)	MFAT has projected the above movement to take place by early April 2022 with a remaining additional 200 left in Afghanistan who they will struggle to move out. This will further pressurise the MIQ system which has tight capacity in January – February.
	29 Jan		21 (31 pax)	
	3 Feb	45	45 tbc	
	5 Feb	75	75 tbc	
	26 Feb	44	44 tbc	
	12 March	25	25 tbc	
Exporters	Jan	30	7(7pax)	Arrivals are spread across the month.
	Feb	90	23(28pax)	
	March	150	150 tbc	
NZDF	20 Jan	60	60 tbc	December arrivals for NZDF are scattered over several days as the aircraft had broken down. An additional 4 vouchers have been issued for those who had gone for the aircraft's repair.
	23 Feb	80	80 tbc	
Antarctic Programme	10 Jan	170	108	These arrivals are for the combined US Antarctic Programme (USAP) as well as the Italian, French, German and Korean programme.  EOI for 70 pax in March (MFAT have requested this be moved to 14 Feb), which has not yet been assessed or approved.
	19 Jan	36	36	
	4 Feb	13	13	
	7 Feb	25	25	
	14 Feb	12	12	
Cricket: South Africa Men's	4 Feb	35	35 tbc	Planning with NZC is underway. An exemption to train has been applied for NZC have chartered a flight from

				South Africa to Christchurch for the team in an attempt to reduce the team's risk to exposure Omicron.  The team will be accommodated at the Chateau on the Park in Christchurch.
Netball: Silver Ferns	21 Jan	24	22 (26 pax)	
Winter Olympics	7 Feb tbc	1 tbc	1 tbc	
	18 Feb tbc	7 tbc	7 tbc	
	21 Feb tbc	2 tbc	2 tbc	
	22 Feb tbc	33 tbc	33 tbc	
	23 Feb tbc	10 tbc	10 tbc	
Winter Paralympics	15 Mar tbc	19 tbc	19 tbc	
Ministerial Travel	Jan	20	tbc	
	Feb	20	tbc	
Sports and Culture	Jan	40	8(11 Pax)	
	Feb	40	39	
Critical health workers	1 – 14 Jan 22	150	46 (71 pax)	Arrivals are spread across the month.
	15 – 31 Jan	150	33 (57 pax)	
	1 – 14 Feb	150	95	
	15-28 Feb	150	tbc	
	Mar	300	tbc	
<b>Cricket: Women's Cricket World Cup</b>				
Non-playing personnel	Jan/Feb	405	tbc	Final number of non-playing personnel is expected to be up to 340, with the bulk arriving over the period 10-13 Feb.
India	26 Jan	31	31	India is seeking a training exemption. The exemption has been signed by the Minister confirming the team is able to train on receipt of a negative day 5/6 test in a single bubble. This team will be accommodated at the Chateau on the Park in Christchurch. Planning is underway between NZC and the PGA team.
South Africa	9 Feb	31	31	
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	7 Mar	35	tbc	

#### Time Sensitive Travel (TST)

The Time Sensitive Travel window for arrivals in March and April 2022 is due to close on 21 January 2022. To date, applications for 38 workers have been received. 14 of these are invalid or withdrawn. Expected arrivals for January are 109 rooms. Expected arrivals for February are 76 rooms.

#### 4.7 Emergency Allocation Applications

8,863 applications have been processed since 30 October 2020. 806 applications were received in the week ending 16 January 2022 and 232 applications were processed. Of the 232 applications processed in the week ending 16 January 2022, 72% were approved.

Emergency Allocation Applications	Weekly Totals	Year to Date Totals
	9 January – 16 January 2022	30 October 2020 to 16 January 2022
Approved	167	5396
Declined	65	3467
Applications processed	232	8863

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

Total Rooms Approved Under Emergency Allocation from 9 January to 16 January 2022	183
Rooms allocated in MIAS	148
Awaiting flight details or MIAS registrations from the applicants to complete the room allocation process	35

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## 5 Border Executive Board Report

### 5.1 Key Issues Being Considered

#### 5.1.1 Border Executive Board

The Board held its last interim governance meeting for the summer holiday period on 19 January 2022.

- **COVID-19 boosters for border workers** – the Board considered its first compliance report from the Border Worker Testing Register and discussed how to further promote and support uptake of the booster vaccination. It was noted that PCBUs cannot receive information on the booster status of their workforce until the Vaccination Order is signed. The Board discussed the challenge of ensuring the vaccination of workers within the recommended four months since second dose time frame, when the Vaccination Order specifies a limit of six months. All agencies are supporting their relevant workforce (active or potential) to receive their booster as soon as practical.
- **Preparation for Reconnecting New Zealanders, specifically Day 0/1 testing of arrivals, ideally within airport precincts** – the Board discussed what requirements there may be of travellers to New Zealand when the border is reopened, depending on the domestic environment in New Zealand, and specifically if there is community transmission of the Omicron variant. BEB agencies are currently making preparations based on evidence of pre-departure testing and vaccination status, isolation requirements and Day 0/1 testing of the majority of arrivals in airport precincts. Agencies will continue working with the airports to prepare for arrival testing.
- **Border agency business continuity** – the Board discussed preparation within agencies for the likely impacts of Omicron on workforces and services, noting this was an extension of activity that has been ongoing since COVID-19 arrived. There was a discussion around the potential for the COVID-19 Protection Framework to be adapted for the Omicron variant, which may include, amongst other amendments, more specific requirements for mask wearing and the type of mask for different roles. The Ministry of Health will continue to supply border agencies with N95 masks for critical roles. It was noted that MBIE will be communicating with industry on business continuity planning and what action can be taken now.

The first formal governance meeting for 2022 is on 26 January.

## 6 New Zealand Customs Service Weekly Report



### 6.1 Items to Note/Updates

#### 6.1.1 Vaccination Requirements for Non-New Zealand Citizens Arriving by Air

For the period 10 January 2022 to 16 January 2022, there was one infringement issued:

- On 15 January 2022, an infringement of \$4,000 was issued to a passenger arriving from Samoa as they had their second vaccination dose only four days prior to travel.

	Date	10 Jan	11 Jan	12 Jan	13 Jan	14 Jan	15 Jan	16 Jan	Week Total	%
	Non-NZ citizens	236	214	75	248	178	149	170	1270	
Primary Actions (Passport Control)	Vaccination status verified	220	156	65	191	142	133	139	1046	82.4%
	Exceptions	13	58	10	54	34	15	31	215	17.0%
	Exemptions	3	0	0	0	0	0	0	3	.25%
	Referred to Secondary Area	0	0	0	3	2	1	0	6	.47%
Secondary Area Actions	Compliant	0	0	0	3	2	0	0	5	83.3%
	Non-compliant	0	0	0	0	0	1	0	1	16.7%

#### 6.1.2 Pre-Departure Testing

For the period 10 January 2022 to 16 January 2022, there were three infringements and one warning issued:

- On 15 January 2022, a warning was issued to the parent of a two-year-old child who had arrived without PDT documentation.
- On 15 January 2022, an infringement for \$1000 to a passenger from Fiji. Although not required to provide PDT documentation, the passenger had provided Customs with a positive PCR test so required a medical certificate stating they were clear to travel which they did not have.
- On 15 January 2022, an infringement for \$1000 was issued to a passenger arriving from Canada via Fiji. The passenger had a positive test result but the supplied medical certificate with clearance to travel was not undertaken within 48 hours before travel.
- On 16 January 2022, an infringement for \$1000 was issued to a passenger from Australia as their PDT was not undertaken within 48 hours. The passenger was unaware of the change from 72 hours to 48 hours for PDT tests.

	Date	10 Jan	11 Jan	12 Jan	13 Jan	14 Jan	15 Jan	16 Jan	Week Total	%
	Passengers subject to PDT	400	411	289	465	386	439	460	2850	
Primary Actions (Passport Control)	Test Certificate Verified	384	394	278	447	371	374	435	2683	94.1%
	Exemption	15	17	10	15	14	57	23	151	5.3%
	Referred to Secondary Area	1	0	1	3	1	8	2	16	0.6%
Secondary Area Actions	Compliant	1	0	1	3	1	5	1	12	75.0%
	Warned	0	0	0	0	0	1	0	1	6.3%
	Infringement	0	0	0	0	0	2	1	3	18.7%
	Prosecution	0	0	0	0	0	0	0	0	0



## 7 COVID-19 Chief Executives Board

### 7.1 Items to Note/Updates

The COVID-19 Chief Executives Board (CCB) held a meeting on Tuesday, 18 December 2022. Discussions encompassed the vaccination status of border workers, emerging developments in MIQ capacity, ongoing reconsideration of public health settings to account for Omicron, workforce and business continuity preparations for the new variant, options for Reconnecting New Zealanders, and the recalibration of COVID-19 Protection Framework colour settings.

The CCB will return to its regular, fortnightly meetings next Tuesday, 25 January 2022.

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

### 8.1 Items to Note/Updates

The next meeting for the COVID-19 Independent Continuous Review, Improvement and Advice Group will be on 25 January 2022. Topics to be covered include the Reconnecting New Zealanders programme, the management of Omicron and the future focus of the Group.

## 9 Strategic COVID-19 Public Health Advisory Group

### 9.1 Items to Note/Updates

The next meeting for the Strategic COVID-19 Public Health Advisory Group will be on 26 January 2022. The meeting will include a discussion on the management of Omicron. The Director-General of Health, Dr Ashley Bloomfield, and Dr Ian Town, the Ministry of Health's Chief Science Advisor, will attend the meeting to speak to the work underway.

## 10 Business Leaders Forum

### 10.1 Items to Note/Updates

Rob Fyfe has requested a meeting with the Business Leaders Forum and Minister Hipkins. Proposed topics for discussion include the international border, Omicron and testing.

## 11 Community Panel

### 11.1 Items to Note/Updates

The next meeting for the Community Panel will be 2 February 2022. Topics for discussion include the Reconnecting New Zealanders programme and the management of Omicron, including a presentation from the Ministry of Education on its planning.

## 12 Government Modelling Group

### 12.1 Items to Note/Updates

Given the fast-moving nature of Omicron, less information is known about this variant. There is significant uncertainty about the relative contribution of intrinsic transmissibility (as measured by the reproduction number), generation time, and immune evasion to Omicron's transmission advantage over the earlier Delta variant. Assumptions and modelling are being updated as more data is made available.

Key model parameters include the rate of hospitalisation for Omicron cases, including distribution across age groups, the severity of illness, and the risk of death. Each additional day is providing valuable information and will improve confidence in the model parameters used, narrowing the uncertainty of the outputs. Of relevance are outcomes in communities that have experienced very low rates of infection, with comparable vaccination coverage to Omicron. This includes Australian states that did not have significant Delta outbreaks but are now facing very high case numbers with Omicron.

Proactively Released

### 13 Upcoming Cabinet Papers

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Proactively Released

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