



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



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



BORDER EXECUTIVE BOARD



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



COVID-19 Response Weekly Report

26 November 2021

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1 Status Summary

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

Border

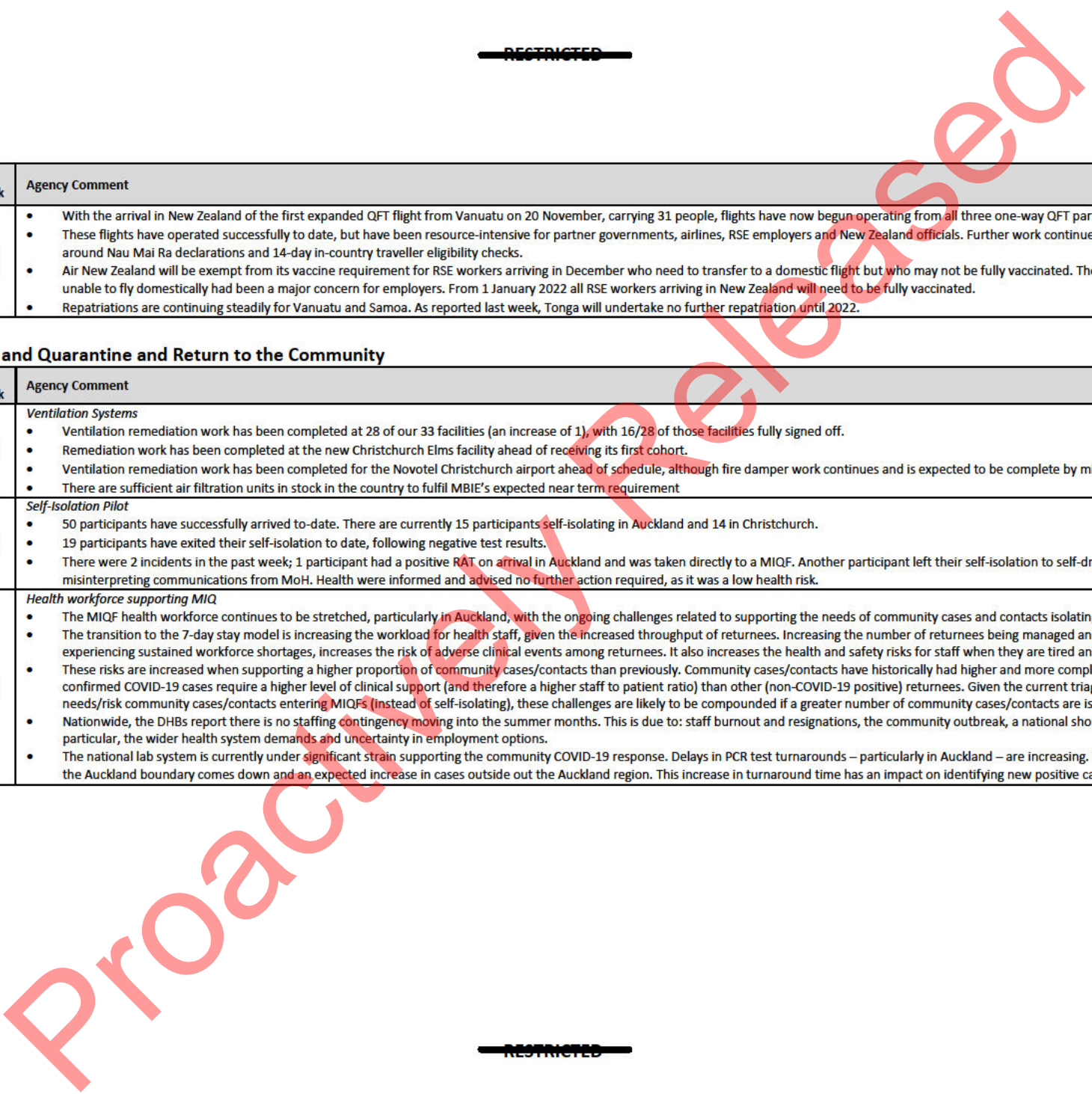
	Agency	Last Week	→ This Week	Agency Comment
Border Measures	MoH			<p><i>Saliva testing at boundary as at 24 November 2021</i></p> <ul style="list-style-type: none"> 32,565 individuals and 1,869 businesses had registered with Asia Pacific Healthcare Group (APHG), the saliva testing provider engaged by the Ministry for saliva testing to meet testing requirements to cross Alert Level boundaries. A total of 125,031 saliva tests for permitted workers crossing the boundary have been completed by APHG. <p><i>Boundary testing compliance</i></p> <ul style="list-style-type: none"> As at 18 November 2021, at the land border, a total of 1,462,802 vehicles have been stopped at the checkpoints on Auckland's northern and southern boundaries, with a total of 14,588 vehicles turned around (0.9 percent of total vehicles). On 21 November 2021, at the air border, 208 passengers attempted to travel out of Auckland. Of these, 2 were refused travel for having no evidence of a test. <p><i>Self-Isolation Pilot</i></p> <ul style="list-style-type: none"> As at 24 November 2021, 46 participants have arrived in New Zealand since the commencement of the Self-Isolation Pilot: 27 in Auckland and 19 in Christchurch. The Health components of the Self-Isolation Pilot continue to work as expected.
	MBIE			<p><i>Staff Testing</i></p> <ul style="list-style-type: none"> Compliance reporting is at 88%, (up 3% from last week), for staff who worked in the week of 15-21 November 2021. 12% of staff on-site in the week of 15-21 November 2021 are showing in the BWTR as overdue (594 workers). As at 21 November, 3,535 MIQ workers have opted-in to saliva testing (up 221, an increase of 7% from this time last week). Workers overdue for tests are followed up with to make sure they understand the new requirements. <p><i>Vaccinations</i></p> <ul style="list-style-type: none"> The BWTR shows, of the workforce on site for the week of 15-21 November, 98% have had two doses of the vaccine, 0.3% had one dose and 1.7% have vaccination status 'unknown'. Vaccination assurance follow-ups for those with an 'unknown' status in the BWTR reported last week did not identify any breaches of the Vaccination Order. There were no vaccine exemptions granted last week. This indicator is at amber as testing compliance is down due to recent Required Testing Order changes (as previously reported). While workers are educated on the new requirements, this will be amber. It will move to green when compliance returns to expected levels.
Testing and vaccination of border workforce	MoH			<ul style="list-style-type: none"> QFT to Australia from anywhere in New Zealand began on 1 November 2021, depending on requirements of individual states and territories which have their own rules and guidance. From 11.59pm 16 January 2022, fully vaccinated New Zealand citizens and other travellers eligible under our current settings can travel to New Zealand from Australia without entering MIQ.
	MFAT			<ul style="list-style-type: none"> s6(a) A reduction Niue's MIQ period from 14 days to 10 days has been announced but is yet to be implemented.
Two-way QFT	MoH			<ul style="list-style-type: none"> QFT to Australia from anywhere in New Zealand began on 1 November 2021, depending on requirements of individual states and territories which have their own rules and guidance. From 11.59pm 16 January 2022, fully vaccinated New Zealand citizens and other travellers eligible under our current settings can travel to New Zealand from Australia without entering MIQ.
Two-way QFT	MFAT			<ul style="list-style-type: none"> s6(a) A reduction Niue's MIQ period from 14 days to 10 days has been announced but is yet to be implemented.
Reopening new travel pathways - Pacific Islands	MOH			<ul style="list-style-type: none"> One-way QFT from Samoa, Tokelau, Tonga and Vanuatu continues without any major concerns. The Ministry of Health's engagement with all countries continues to focus on specific eligibility requirements including Nau Mai Rā completion, 14-days in country prior to QFT travel, and compliance with the COVID-19 vaccination order. The Ministry of Health is progressing the absorption of Pacific QFT into the low-risk pathway under the Reconnecting New Zealanders framework. Eligibility requirements and public health settings for eligible travellers are being considered. Response planning is underway to prepare for COVID-19 outbreaks in Realm countries and other countries able to enter to New Zealand. s6(a)

Border (Cont'd)

Agency	Last Week	This Week	Agency Comment
MFAT	●	●	<ul style="list-style-type: none"> With the arrival in New Zealand of the first expanded QFT flight from Vanuatu on 20 November, carrying 31 people, flights have now begun operating from all three one-way QFT partners. These flights have operated successfully to date, but have been resource-intensive for partner governments, airlines, RSE employers and New Zealand officials. Further work continues on smoothing processes, including around Nau Mai Ra declarations and 14-day in-country traveller eligibility checks. Air New Zealand will be exempt from its vaccine requirement for RSE workers arriving in December who need to transfer to a domestic flight but who may not be fully vaccinated. The prospect of RSE workers being unable to fly domestically had been a major concern for employers. From 1 January 2022 all RSE workers arriving in New Zealand will need to be fully vaccinated. Repatriations are continuing steadily for Vanuatu and Samoa. As reported last week, Tonga will undertake no further repatriation until 2022.

Managed Isolation and Quarantine and Return to the Community

Agency	Last Week	This Week	Agency Comment
Place and conditions of stay MBIE	●	●	<p><i>Ventilation Systems</i></p> <ul style="list-style-type: none"> Ventilation remediation work has been completed at 28 of our 33 facilities (an increase of 1), with 16/28 of those facilities fully signed off. Remediation work has been completed at the new Christchurch Elms facility ahead of receiving its first cohort. Ventilation remediation work has been completed for the Novotel Christchurch airport ahead of schedule, although fire damper work continues and is expected to be complete by mid-December. There are sufficient air filtration units in stock in the country to fulfil MBIE's expected near term requirement
Place and conditions of stay MBIE	●	●	<p><i>Self-Isolation Pilot</i></p> <ul style="list-style-type: none"> 50 participants have successfully arrived to-date. There are currently 15 participants self-isolating in Auckland and 14 in Christchurch. 19 participants have exited their self-isolation to date, following negative test results. There were 2 incidents in the past week; 1 participant had a positive RAT on arrival in Auckland and was taken directly to a MIQF. Another participant left their self-isolation to self-drive to a CTC to get tested, after misinterpreting communications from MoH. Health were informed and advised no further action required, as it was a low health risk.
Place and conditions of stay MBIE	●	●	<p><i>Health workforce supporting MIQ</i></p> <ul style="list-style-type: none"> The MIQF health workforce continues to be stretched, particularly in Auckland, with the ongoing challenges related to supporting the needs of community cases and contacts isolating/quarantining in MIQFs. The transition to the 7-day stay model is increasing the workload for health staff, given the increased throughput of returnees. Increasing the number of returnees being managed and cared for in MIQFs, while experiencing sustained workforce shortages, increases the risk of adverse clinical events among returnees. It also increases the health and safety risks for staff when they are tired and working at capacity. These risks are increased when supporting a higher proportion of community cases/contacts than previously. Community cases/contacts have historically had higher and more complex needs than returnees, and confirmed COVID-19 cases require a higher level of clinical support (and therefore a higher staff to patient ratio) than other (non-COVID-19 positive) returnees. Given the current triaging model sees only the highest needs/risk community cases/contacts entering MIQFs (instead of self-isolating), these challenges are likely to be compounded if a greater number of community cases/contacts are isolated within MIQFs. Nationwide, the DHBs report there is no staffing contingency moving into the summer months. This is due to: staff burnout and resignations, the community outbreak, a national shortage of Registered Nurses in particular, the wider health system demands and uncertainty in employment options. The national lab system is currently under significant strain supporting the community COVID-19 response. Delays in PCR test turnarounds – particularly in Auckland – are increasing. This is likely to be exacerbated when the Auckland boundary comes down and an expected increase in cases outside out the Auckland region. This increase in turnaround time has an impact on identifying new positive cases within the community.



Managed Isolation and Quarantine and Return to the Community (Cont'd)

Agency	Last Week	This Week	Agency Comment
MBIE	●	●	<p><i>Fees collection:</i></p> <ul style="list-style-type: none"> Invoicing is now up to those returnees leaving MIQ on 30 October. A solution is being finalised and being tested this week for the invoice process for returnees staying 7 days starting from 14 November. We continue to work on invoicing returnees in the self-isolation trial, which will be manual until a longer-term process can be built. The process to email returnees from August 2020 has begun with emails sent to returnees up to 30 November 2020. This has led to 740 invoices sent so far valued at \$2.4m. <p><i>Debt Recovery:</i></p> <ul style="list-style-type: none"> Of the now 1,526 invoices worth \$4.909m sent to a debt collection agency: <ul style="list-style-type: none"> \$655k (up \$87k, 13%) has been paid (or will be paid through instalment) \$498k is currently awaiting information from customers or has been credited due to an error a further \$1,512k (this includes the Gone no address/overseas category) requires more detailed tracing \$277k currently have waiver applications under assessment the remaining \$1,967k debt continues to be a work in progress. 1,997 invoices worth \$7.035m have now been passed to MBIE's partner firm for active management. For the week ended 21/11/2021, \$1,097k has now been paid (up \$259k from last week). An additional \$385k of debt is under instalment and is expected to convert to payments received over the coming weeks. Of the invoices sent, 468 customers worth \$1.572m have now submitted waiver applications and while applications are being processed, they add to the outstanding debt. Not included in the above figures are 711 additional invoices worth \$2.625m that have now been passed to our partner for action. This indicator will remain amber while working through the backlog of invoices and while we continue to make progress on debt recovery.
MBIE	●	●	<p><i>P2/N95 Mask Implementation</i></p> <ul style="list-style-type: none"> Fit testing commenced on 11 November and 400 fit tests have now been completed with quarantine and dual facilities being the priority. We are adopting a 'Train the Trainer' model for up to eight staff who will then be able to train additional fit testers to undertake ongoing testing. The indicator is amber due to changes in the project team and a new approach to onsite testing which has been commenced this week. Workers are being asked to self-book for testing. We will monitor over the next week to ensure that the self-responsibility model is resulting in good testing throughput for the upcoming week.

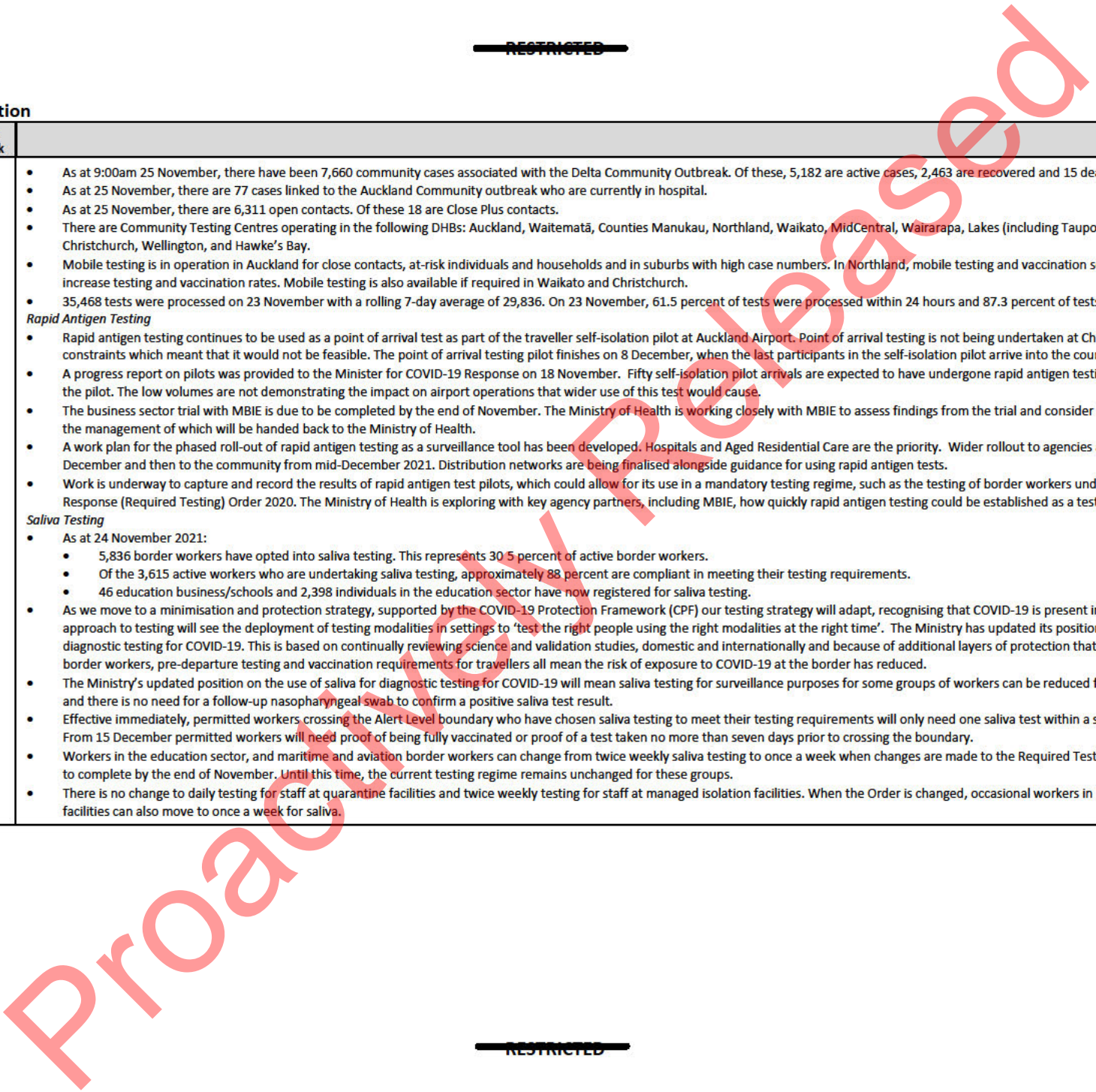
Post-managed isolation processes

Proactively Released

Community Protection

Agency	Last Week	This Week	
MoH	●	●	<ul style="list-style-type: none"> • As at 9:00am 25 November, there have been 7,660 community cases associated with the Delta Community Outbreak. Of these, 5,182 are active cases, 2,463 are recovered and 15 deaths. • As at 25 November, there are 77 cases linked to the Auckland Community outbreak who are currently in hospital. • As at 25 November, there are 6,311 open contacts. Of these 18 are Close Plus contacts. • There are Community Testing Centres operating in the following DHBs: Auckland, Waitematā, Counties Manukau, Northland, Waikato, MidCentral, Wairarapa, Lakes (including Taupo and Rotorua), Bay of Plenty, Christchurch, Wellington, and Hawke's Bay. • Mobile testing is in operation in Auckland for close contacts, at-risk individuals and households and in suburbs with high case numbers. In Northland, mobile testing and vaccination services have been deployed to increase testing and vaccination rates. Mobile testing is also available if required in Waikato and Christchurch. • 35,468 tests were processed on 23 November with a rolling 7-day average of 29,836. On 23 November, 61.5 percent of tests were processed within 24 hours and 87.3 percent of tests were processed within 30 hours. <p><i>Rapid Antigen Testing</i></p> <ul style="list-style-type: none"> • Rapid antigen testing continues to be used as a point of arrival test as part of the traveller self-isolation pilot at Auckland Airport. Point of arrival testing is not being undertaken at Christchurch airport due to space constraints which meant that it would not be feasible. The point of arrival testing pilot finishes on 8 December, when the last participants in the self-isolation pilot arrive into the country. • A progress report on pilots was provided to the Minister for COVID-19 Response on 18 November. Fifty self-isolation pilot arrivals are expected to have undergone rapid antigen testing at Auckland airport by the end of the pilot. The low volumes are not demonstrating the impact on airport operations that wider use of this test would cause. • The business sector trial with MBIE is due to be completed by the end of November. The Ministry of Health is working closely with MBIE to assess findings from the trial and consider further rollout to other businesses, the management of which will be handed back to the Ministry of Health. • A work plan for the phased roll-out of rapid antigen testing as a surveillance tool has been developed. Hospitals and Aged Residential Care are the priority. Wider rollout to agencies and businesses will begin on 1 December and then to the community from mid-December 2021. Distribution networks are being finalised alongside guidance for using rapid antigen tests. • Work is underway to capture and record the results of rapid antigen test pilots, which could allow for its use in a mandatory testing regime, such as the testing of border workers under the COVID-19 Public Health Response (Required Testing) Order 2020. The Ministry of Health is exploring with key agency partners, including MBIE, how quickly rapid antigen testing could be established as a testing option for border workers. <p><i>Saliva Testing</i></p> <ul style="list-style-type: none"> • As at 24 November 2021: <ul style="list-style-type: none"> • 5,836 border workers have opted into saliva testing. This represents 30.5 percent of active border workers. • Of the 3,615 active workers who are undertaking saliva testing, approximately 88 percent are compliant in meeting their testing requirements. • 46 education business/schools and 2,398 individuals in the education sector have now registered for saliva testing. • As we move to a minimisation and protection strategy, supported by the COVID-19 Protection Framework (CPF) our testing strategy will adapt, recognising that COVID-19 is present in our communities. A targeted approach to testing will see the deployment of testing modalities in settings to 'test the right people using the right modalities at the right time'. The Ministry has updated its position to use saliva as a sample type for diagnostic testing for COVID-19. This is based on continually reviewing science and validation studies, domestic and internationally and because of additional layers of protection that are now available. Vaccinations for border workers, pre-departure testing and vaccination requirements for travellers all mean the risk of exposure to COVID-19 at the border has reduced. • The Ministry's updated position on the use of saliva for diagnostic testing for COVID-19 will mean saliva testing for surveillance purposes for some groups of workers can be reduced from twice weekly to once a week, and there is no need for a follow-up nasopharyngeal swab to confirm a positive saliva test result. • Effective immediately, permitted workers crossing the Alert Level boundary who have chosen saliva testing to meet their testing requirements will only need one saliva test within a seven-day period not two saliva tests. From 15 December permitted workers will need proof of being fully vaccinated or proof of a test taken no more than seven days prior to crossing the boundary. • Workers in the education sector, and maritime and aviation border workers can change from twice weekly saliva testing to once a week when changes are made to the Required Testing Order which the Ministry expects to complete by the end of November. Until this time, the current testing regime remains unchanged for these groups. • There is no change to daily testing for staff at quarantine facilities and twice weekly testing for staff at managed isolation facilities. When the Order is changed, occasional workers in managed isolation and quarantine facilities can also move to once a week for saliva.

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 23 November 2021, 7,393,748 vaccinations have been delivered, including 3,532,650 people who are fully vaccinated. 92 percent of people aged 12 years and over are booked or have been vaccinated with at least one dose. This figure is over 97 percent for the 65 years and over age group. Thirteen DHBs (Waitematā, Auckland, Counties Manukau, Waikato, Midcentral, Hawke’s Bay, Capital and Coast, Hutt Valley, Wairarapa, Nelson Marlborough, Canterbury, South Canterbury, and Southern) have reached or passed 90 percent first doses, and a number of others are very close. Auckland DHB became the first DHB to reach 90 percent of their eligible population fully vaccinated on 19 November 2021. 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. My Vaccine Pass was officially launched on 17 November 2021. As at 11:59pm on 23 November 2021, 1,664,551 My Vaccine Passes have been downloaded. Planning for the implementation of AstraZeneca continues and is on schedule for bookings to commence from 26 November and vaccinations commencing from 29 November 2021. AstraZeneca will be available at a limited number of sites across the country as Pfizer is the main COVID-19 vaccine we are using in New Zealand. Booster doses of Pfizer vaccine will be available from 29 November 2021 to people who have received their second vaccine dose at least six months previously. Medsafe received Pfizer’s data submission for 5–11-year-olds on 5 November 2021. A timeline for the assessment is expected to be available once the extent of the data is assessed.

Resurgence Planning and Response

Resurgence planning including review of the response	Agency	Last Week	→ This Week	Agency Comment on Status of Focus Area
	DPMC	●	●	<ul style="list-style-type: none"> Proactive release of the National Response Plan Q4 is anticipated this week. Development and review of the COVID-19 National Management Plan Q1 will be released to agencies on 1 December. Monitoring and system alignment and planning for decision making architecture under the CPF and summer rostering across the system, is ongoing.
	MoH	●	●	<ul style="list-style-type: none"> The Ministry of Health is preparing to support the health system as it transitions from the elimination strategy to the new settings articulated in the COVID-19 Protection Framework. The Department of Prime Minister and Cabinet (DPMC) have been preparing the Cabinet report back on system-wide transition plans to transition to the new strategy, of which officials at the Ministry of Health are key contributors. This will be considered by Cabinet on 29 November 2021. The Minister for COVID-19 Response and Hon Ayesha Verrall, Associate Minister of Health, recently took a joint Cabinet Paper to the Social Wellbeing Committee meeting on 17 November 2021. This provided an update on contact tracing and testing strategies as New Zealand prepares to transition to the COVID-19 Protection Framework. The Ministry of Health has formed a COVID-19 Protection Framework Assessment Committee (CPFAC) chaired by Dr Caroline McElnay, to undertake regular assessment of DHB health system demand and capacity. The process for this is still being developed, and an initial assessment was completed on 24 November 2021. This advice will be discussed at Cabinet on 29 November 2021 as part of the DPMC report back. A number of factors were considered in the initial assessment. These include: <ul style="list-style-type: none"> whether health services are sufficient in the region to meet demand current workforce constraints ability of the regional coordination models to respond how well-developed models of care and in particular COVID-19 care are across the community equity consideration iwi engagement lab and testing capacity access to vaccination established mechanisms for isolation This process is iterative and subject to improvement, as the country continue to learn how the Delta variant will impact our health system’s ability to deliver services and protect vulnerable communities. Vaccination remains our best tool for protecting New Zealanders and efforts continue to address hesitancy and increase uptake, especially among our Māori and younger populations.
Readiness planning	DPMC	●	●	<ul style="list-style-type: none"> With the approval of funding to support Regional Leadership Groups (RLGs), MSD will be the lead agency in confirming the function and scope of RLGs under the CPF. When NZ transitions to the CPF, this will signal the completion of DPMC readiness involvement in clarifying regional responsibilities in managing COVID-19 care in the community. Next week, the work will transition into an ongoing engagement function through DPMC Comms and Public Engagement.

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</i></p> <ul style="list-style-type: none">• There are three quarantine facilities in Auckland and with a high number of community cases self-isolating at home, the pressure on these rooms remains steady. Future demand for quarantine rooms is difficult to predict due to uncertainty about the forecasted cases that will require MIQ and those that will be under community care.• The Amohia in Hamilton is a community isolation and quarantine facility. It is being used as a quarantine facility and for a small number of community cases who are unable to isolate at home.• Quarantine facilities in Christchurch have a small number of community cases and further work is underway to contingency plan should additional rooms be needed.• We continue to consider options for increased quarantine capacity in Auckland and across the regions (where we already have facilities) as positive cases appear throughout New Zealand. With the now implemented 7 day stay for border returnees we expect to have a better understanding shortly of how this will affect our capacity.• Serious incidents involving community cases and community close contacts continue. This includes domestic violence within bubbles that require separation, drug-related incidents and bubble breaches; these are placing further pressure on staff in these facilities in both Auckland and Hamilton.

Proactively Released

2 COVID-19 Insights

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

2.1.1 Life in Countries That Have Reached Relatively High COVID-19 Vaccination Rates

Introduction

Many countries with relatively high vaccination rates against COVID-19 are in the process of moving to a 'living with COVID-19' model. This brief insight report covers what life is like in Singapore, South Korea, Spain, Ireland, Denmark, and Canada. These countries have vaccinated between approximately 89% and 94% of their eligible population. The report focuses on the remaining restrictions or mitigations for activities like school, work, social events, and travel for each country. The report is intended to be brief, and further details are available.¹

Remaining Restrictions

School: Restrictions in schools varied across each of the countries analysed. In most cases schools had returned to full attendance. Common requirements included mandatory mask wearing, social distancing, and encouragement for staff to get vaccinated. In some countries screening of staff and students has been introduced to limit the risk, with examples including Singapore where there are daily temperature checks of staff and students; Denmark where regular testing is encouraged for students and staff; and Ireland where students who are close contacts of a confirmed case must produce three negative antigen tests spread out over five days before returning to school.^{2 3 4 5 6 7 8}

In each country COVID-19 vaccines were available for children over 12 years of age although none appeared to have made the vaccine mandatory for school age children.^{9 10 11 12 13 14} COVID-19 vaccines have also been approved for use for children over 5 years of age in Canada, and the EU, which includes Ireland, Denmark, and Spain.^{15 16}

Work: As with restrictions covering schools, COVID-19 restrictions at workplaces varied across the countries analysed. Government vaccine mandates are in place in Singapore and Canada, but not in any of the other countries. Vaccine mandates in Singapore will cover the entire workforce as of 1 January 2022. In Canada rules on COVID-19 vaccine mandates vary from province to province with some implementing mandates for healthcare workers and education staff, and on a national level COVID-19 vaccine mandates are limited to federal employees in the transportation sector. Conversely, in Spain and Ireland, employment laws limit employers' abilities to enforce vaccine mandates, although in mitigation the Irish government continues to recommend that people work from home where possible regardless of vaccination status. Regular testing schemes are in place in Canada and Singapore for unvaccinated workers.^{17 18 19 20 21 22 23}

Social: All of the countries analysed retained some form of restrictions on social activity. Denmark appeared to have the least stringent restrictions on social gatherings, although COVID passports were required to access most public, cultural or entertainment and hospitality venues, there were no mask mandates set out by the government. In Denmark, individual shop owners are allowed to set their own vaccine passport and mask rules. In Canada and Ireland many entertainment venues are able to operate at full capacity, whilst capacity restrictions remain in place in Spain and South Korea. In Singapore, the capacity at large event venues varies depending on whether all attendees are either vaccinated or take a pre-event COVID-19 test, which can be either a Polymerase Chain Reaction Test (PCR) or Rapid Antigen Test (RAT) but must be administered by a Ministry of Health COVID-19 test provider. In South Korea, Singapore, Spain, and Ireland, rules are in place for the size of groups that can meet in various settings.^{24 25 26 27 28 29 30}

Travel: Domestic travel was not restricted within most of the countries analysed, although masks must be worn on public transport in Ireland, Spain, Singapore, and South Korea. All of the countries analysed retained some form of border controls, with quarantine free travel permitted to a limited number of countries, if various vaccination or testing requirements are met. South Korea had the most stringent border restrictions with quarantine free travel restricted to its travel bubble with Singapore.^{31 32 33 34 35 36 37 38 39 40 41 42}

Current Infection, Hospitalisation, and Death Rates in the Countries Analysed

Most countries analysed have had recent spikes in COVID-19 case numbers, with cases in Denmark, Ireland, Singapore, and South Korea either at their highest level, close to their highest level, or recently beginning to decline from their highest level since the pandemic began. Cases in Spain have also begun to increase since the start of November, whilst cases in Canada are elevated compared to the relatively low levels observed in mid-July, but remain well below peak case levels observed over the course of the pandemic.⁴³

In the majority of countries, except Spain, deaths and hospitalisations have increased over recent months. South Korea and Singapore both recorded their highest 7-day rolling average daily deaths of the pandemic in November. The 7-day rolling average daily deaths and number of COVID-19 patients in hospital in Canada, Ireland, and Denmark have all had increases in recent months, however in all cases remain significantly lower than earlier peaks.⁴⁴

2.2 Insight of Note Written by the Ministry of Health

2.2.1 COVID-19 International Perspectives: 10 November 2021

After a sustained decline in global new COVID-19 cases since late August 2021, daily cases and deaths have continued to rise globally since mid-October.⁴⁵ To date, 257 million cases (~3.3% of the global population) have been reported in the pandemic.⁴⁶ In the last week, over 3.75 million cases and 50,000 deaths have been reported worldwide. Global lives lost have surpassed 5.2 million people.⁴⁷ Limited testing, the expanding use of rapid antigen tests, and the challenges in the attributing cause of death means that the true number is likely to be far higher.⁴⁸ The Delta variant and its sub-lineages continue to dominate in all countries with reliable genomic data.⁴⁹ The original B.1.617.2 variant, AY.4 and AY.43 continue to be the most prevalent.⁵⁰

The number of new cases in Europe continues to surge, with 2.2 million cases and 27,000 deaths reported in the last week, accounting for more than 50% of global cases and deaths.⁵¹ Many European countries are now reintroducing restrictions to curb transmission and take the pressure off health systems, including Germany, Belgium, the Netherlands and Austria, prompting some civil unrest.⁵² Although the total daily cases reported in the Netherlands is higher than in Austria, their hospitalisations and deaths are lower, likely due in part to markedly higher vaccination rates in the Netherlands.⁵³ Many European countries are starting to reach a point where vaccine protection is beginning to wane for a significant proportion of the population, such as the Netherlands, Austria, Spain and the UK.⁵⁴ However, several countries at similar timepoints in their vaccination rollout are reporting far lower infection rates, suggesting that there are many other factors driving case rates.⁵⁵ Austria and the Netherlands have been included in the following country case studies.

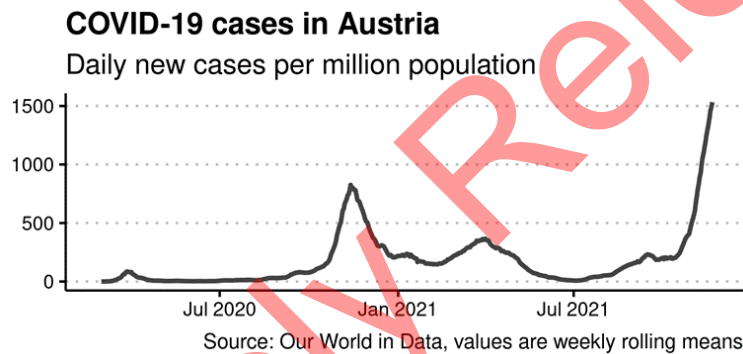
Point of departure	Acute	Historical	Total	Arrivals	Acute cases per 1000 arrivals
Unknown	3	0	3		
Singapore	1	0	1	105	9.5
Turkey	1	0	1	5	
Ukraine	1	0	1		
United Arab Emirates	1	1	2	73	13.7
Australia	0	1	1	666	0.0
Philippines	0	1	1	106	0.0
Total	7	3	10		

Source: Ministry of Health.

Austria

- COVID-19 cases have been rapidly growing since mid-October, with a 7-day rolling average of 13,500 daily cases. This exceeds the country's previous peak of just over 7,000 cases per day in November 2020.⁵⁶
- Cases have rapidly increased following a relaxation of COVID-19 restrictions over the summer period, amidst low vaccination rates.⁵⁷

- An average of 44 deaths are being reported daily; however, this is less than a third of the mortality observed in November 2020.⁵⁸
- Total ICU capacity is 63% occupied. Hospitals in Salzburg and Upper Austria are particularly stretched, with ICU patients being transferred to other regions.⁵⁹
- Testing rates are high due to both PCR and antigen tests being available for free, regardless of symptoms.⁶⁰ Testing is compulsory for school children and to access many services. The overall test positivity remains relatively low at 2.8%.⁶¹
- The vaccination rollout has stagnated⁶² as vaccination rates sit second lowest in Western Europe: only 73% of the eligible population is vaccinated (64% of the total population).⁶³ The government has announced vaccination will be mandatory for those eligible from 1 February, becoming the first Western democracy to do so.⁶⁴
- Since cases began rising in October, s6(a) a 10-day lockdown for unvaccinated or partially vaccinated people commenced on 15 November.⁶⁵ On 22 November, the government announced a 20-day nationwide lockdown to curb case growth.⁶⁶
- Last week, 40,000 people protested in Vienna in response to vaccine mandates and lockdowns. This was partly organised by The Freedom Party, a right-wing populist party which has opposed the government's restrictions over the past 18 months.⁶⁷



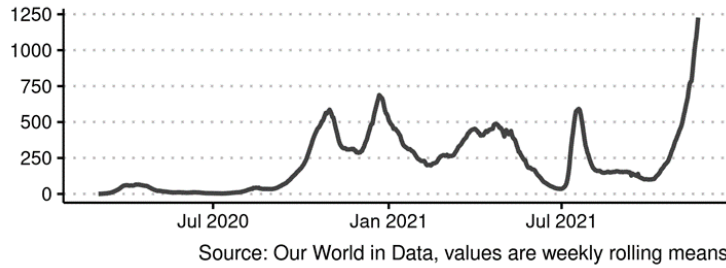
Netherlands

- The number of daily COVID-19 cases has risen to almost 20,000 cases per day since early October, when the 7-day average was less than 2,000 cases per day.⁶⁸ This is almost twice the number of reported cases from previous peaks.⁶⁹
- Daily COVID-19 deaths have risen to an average of 33 deaths per day, though this remains far lower than previous peaks in April 2020 and early 2021.⁷⁰
- As of 17 November, the 7-day average for hospital admissions was 238 per day; 38 were ICU admissions.⁷¹ Less than 200 ICU beds remain free, causing Dutch healthcare officials to delay operations for some cancer and cardiac patients.⁷²
- Testing is relatively low at just 3.3 tests a day per 1,000 people. Consequently, test positivity is high at 13.9%, indicating case rates are likely to be higher than reported.⁷³ Test collection and processing currently cannot meet demand, and it is becoming increasingly difficult for people to book tests.⁷⁴
- Vaccination coverage is relatively high: 73% of the total population are fully vaccinated⁷⁵ (83% of those are 12 years and over).⁷⁶
- A three-week partial lockdown began on 13 November; bars, restaurants and stores close by 8pm, work from home is encouraged, sports events are held without spectators, and only four guests are allowed at home gatherings.^{77 78}
- Adherence to lockdown rules are low. In October, less than 60% of people were working from home, social distancing or staying at home when sick, and only 30% were getting tested if symptomatic.⁷⁹
- The Dutch government is proposing two options for indoor venues moving forward: 3G policy (proof of vaccination or recovery, or a negative test result) or 2G policy (proof of vaccination or recovery only).⁸⁰ The 2G policy has been criticised since it bans unvaccinated people from entering.⁸¹

- Protests have occurred in response to the lockdown. On 20 November, a large demonstration occurred in Rotterdam, where cars were set on fire and demonstrators clashed with police.^{82 83}

COVID-19 cases in Netherlands

Daily new cases per million population



Proactively Released

3 Ministry of Health



3.1 Policy/Programme Updates

3.1.1 Health System Preparedness Programme: Update

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

The COVID-19 care in the community workshop was held on 18 November 2021. More than 150 people participated from across the health and welfare sector. The workshop focussed on the patient journey and on developing equitable person and whānau experience. Scenarios were workshopped to identify all steps needed in the process to manage care for people with COVID-19 in the community for the priority populations: Māori, Pacific peoples, disabled people, people with comorbidities, and people with mental health conditions. The scenarios will help the programme develop an equitable approach that meets the needs of priority populations.

We will communicate the workshop's outcomes via an information sharing session next week.

The programme issued the initial set of operating guidelines for managing COVID-19 positive people in the community to the sector on 3 November 2021. Feedback on the guidelines from the health and welfare sector, together with the findings from the workshop, will be incorporated in a new version, which will be circulated to the sector in the week beginning 22 November 2021.

DHB resurgence plans and regional plans

Four regional leads were appointed by the regions and will work with the Ministry to address the implications of gaps identified in the regional resilience plans.

Consolidated regional resilience plans have been shared with DHB Chief Executives and Chairs by the programme, with additional support identified.

The DHB resurgence plan status was provided as an attachment with the COVID-19 daily Sitrep on 17 November 2021. Six DHBs (including the metro Auckland DHBs) are confident of their plans, ten DHBs are reviewing gaps in their plans, and four DHBs did not provide an update on their plan status. DHBs will continue to report on a weekly basis.

Workforce

The Acting Deputy Director-General, Workforce, Andrew Wilson, is now leading the workforce workstream within the programme. This workstream has close co-operation with Technical Advisory Services.

The Senior Responsible Officer, Russell Simpson, has met with the unions to discuss expectations for the programme. The unions have agreed to actively engage and have put forward nominated representatives to assist.

Next steps

Commencing in the week beginning 22 November 2021, the programme will carry out a desktop review of a sample of DHB resurgence plans to get assurance that plans are complete, assess the progress of work underway to address gaps and to share lessons learned.

3.1.2 Publishing an interim COVID-19 Disease Indicator Report Online

This item updates you on the next steps for reporting performance against the COVID-19 Disease Indicators for the August 2021 outbreak. An interim COVID-19 Disease Indicator report (the indicator report) has been prepared by the National Investigation and Tracing Centre, covering the period from 17 August 2021 to 17 October 2021. The indicator report will be published on the Ministry of Health's website in the week commencing 29 November 2021. Alongside a series of graphs, the indicator report includes caveats and context relevant to the performance against each indicator.

There has been a steady level of interest in the COVID-19 disease indicators over the course of this outbreak, and performance against the indicators has been requested under the Official Information Act 1982. The agreed approach, in line with experience from previous outbreaks, was to publish a full indicator report following the definitive end of the outbreak. Given the trajectory of this outbreak and the move away from the elimination strategy, an interim report is required.

Key points and context outlined in the indicator report

This reporting period includes the first nine weeks of the August 2021 outbreak. The volume of contacts associated with this outbreak is unprecedented. By 17 October 2021, a total of 39,417 close contacts were identified. This is approximately six times the cumulative number of close contacts that were identified in association with all previous community outbreaks in New Zealand.

The indicator targets were set prior to the emergence of the Delta variant. The heightened risk posed by Delta during this outbreak resulted in a cautious public health approach and a much larger proportion of potentially exposed individuals being identified as contacts. Due to unprecedented contact volumes, the contact tracing service prioritised its efforts to focus on high-risk contacts from higher risk locations (close plus contacts), therefore a summary of indicator performance for close plus contacts only is provided in the indicator report.

The indicator metrics for this outbreak have highlighted system pressures that affect timeliness of the case investigation and contact tracing system performance. At certain times during the outbreak, case investigation took longer due to engagement with complex cases and additional information being provided late in the process. This had an impact on the public health sector's ability to meet the P002 target of ≥ 80 percent contacts isolated within 48 hours of case notification.

Indicator performance is also affected by the time taken to identify contacts, gather information, and load them into the National Contact Tracing Solution (NCTS), which must be completed before individual contact can be made. For exposure events such as schools and workplaces, this information can take significant time to gather. System improvements have been implemented through the development of a public facing 'Location of Interest' webform (this went live on 28 August 2021). Development is underway for a settings-based portal to update contact lists via the portal directly into NCTS (expected to be operational in December 2021).

The contact tracing service is confident that a high proportion of contacts at exposure events were provided the necessary public health advice, through various channels including direct communication from educational facilities and workplaces, inbound calls to Healthline, media, as well as a locations of interest page on the Ministry of Health's website. This was evident by the number of test results that were received for individuals prior to them receiving official outbound calls.

The report provides useful context and information on the health system response during this outbreak which is of interest to a number of stakeholders across the wider health sector. The performance against the indicators enables accountability to the general public, and for this reason the indicator report is likely to be reviewed outside the Ministry, including by journalists and Members of Parliament, to assess health system response. As outlined above, the report provides detail for the reader to understand the wider context for instances where targets have not been met.

Next steps

Your office will receive a copy of the indicator report in the week commencing 23 November 2021. The report will be released on the Ministry's website in the week commencing 29 November 2021.

3.1.3 COVID-19 Vaccine and Immunisation Programme

As at 11.59 pm on 23 November 2021, 7,393,748 vaccinations have been delivered, including 3,853,592 first doses and 3,532,650 second doses. 92 percent of the eligible population has now received at least one dose, and 84 percent of the eligible population are fully vaccinated. Of those fully vaccinated, 10.5 percent are Māori and 6.4 percent are Pasifika. 7,506 immunocompromised people have received their third dose.

455,625 Māori have received their first dose of the COVID-19 vaccine, which represents 11.8 percent of the total population who have received their first dose as at 23 November 2021.

On 19 November 2021, Auckland DHB became the first DHB to reach 90 percent of their eligible population fully vaccinated.

789 sites were active on 23 November 2021.

Driving uptake

More than 93 percent of the eligible population of Auckland has now received at least one dose of the vaccine, while 92 percent of the eligible population has received its first dose nationwide. Thirteen DHBs (Waitematā, Auckland, Counties Manukau, Waikato, Midcentral, Hawke's Bay, Capital and Coast, Hutt Valley, Wairarapa, Nelson Marlborough, Canterbury, South Canterbury, and Southern) have hit or passed 90 percent first doses. One DHB (Taranaki) is at 89 percent first doses. One DHB (Auckland) has reached 90 percent second doses.

To achieve a 90 percent vaccination rate across all populations, the Ministry of Health has been working closely with the DHBs who have not yet achieved 85 percent first doses. These efforts have proven effective, with only Northland remaining below 85 percent. Northland is currently at 84 percent first doses and continues to increase.

The Ministry of Health continues to support Northland, Lakes, Tairāwhiti, and Whanganui DHBs with daily meetings to review progress, resolve issues, and present new strategies to support uptake. These DHBs are reporting against a weekly calendar of activity ensuring that capacity is available to deliver across various areas of low uptake.

Over the past two weeks, Whakarongorau has been calling consumers who have yet to book or receive a second dose of vaccine by day 22. Whakarongorau is using the Māori and Pacific call centres for this campaign, which supports consumers by providing information and support for bookings.

Sharing personal information about unvaccinated individuals

The Ministry of Health continues to work with Whānau Ora Commissioning Agency (WOCA) and Whānau Tahī (the data arm of WOCA) to discuss the sharing of data about Māori individuals. The Ministry of Health is meeting with relevant iwi, and local service delivery providers to identify those rohe where vaccination outreach to Māori is most needed, and to identify the necessary and appropriate scope of data sharing in each case. The Ministry of Health has shared Māori health data for the Waikato and Tāmaki Makaurau region.

Supported by Te Arawhiti, further hui with iwi, DHBs and Māori health providers from rōhe across Te Ika-a-Maui have taken place this week. The Director-General of Health will make decisions on data sharing informed by the hui.

AstraZeneca Vaccine

Planning for the implementation of AstraZeneca continues, and is on schedule for bookings to commence from 26 November 2021, with vaccinations commencing from 29 November 2021. 100,000 vials of vaccine were dispatched from the Australian manufacturing site on 16 November 2021, arriving in Auckland on 18 November 2021.

Approximately 60 to 70 sites will provide access to the AstraZeneca vaccine, using both mobile and community vaccine sites. Book My Vaccine will guide people to the sites that provide AstraZeneca vaccinations.

AstraZeneca vaccinations will only be available to persons aged 18 years and older. Pfizer remains the only vaccine currently approved for those aged 12 to 17-years-old.

Booster doses

Bookings for booster shots will commence from 26 November 2021 and people will be able to receive their booster dose from 29 November 2021. Boosters will be available for people who have received their second dose of vaccine at least six months previously. Approximately 450,000 people will be eligible for booster doses before the end of the year.

Work with DHBs is underway to determine the approach for implementation across the priority groups, including planning for aged residential care vaccinations within their districts, which will be finalised by the end of November 2021.

Increasing the vaccination coverage of first and second doses, particularly for Māori and Pacific people, remains the Government's number one priority in our nationwide vaccination rollout.

Five to 11-year-olds

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

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

The Ministry of Health is working to define an implementation plan, in anticipation of CVTAG's advice on paediatric Pfizer delivery. The Ministry of Health is working with the Immunisation Advisory Centre to develop collateral and training.

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.

Different regions across the motu are taking different approaches to achieving the 90 percent vaccination targets. For example, Northland DHB is running weekly prize draws with mayors and local businesses highlighting support for the vaccination programme.

Efforts continue to increase engagement for people with disabilities. A creative agency has been contracted to implement the communications plan that was endorsed by Tātou Whaikaha (Disabled Persons Advisory Group). The agency will support the development of disability specific content focusing on informed decisions and improving trust in services.

Whakarongorau is now better able to support the deaf and hearing-impaired communities through a text option. A youth-focused event, hosted by iLead via YesDisability, was held in Auckland on 16 November 2021 to mobilise disabled persons to get vaccinated.

Horizon Research – October 2021 Māori Vaccination Survey insights

Horizon Research was commissioned to survey Māori regarding attitudes and sentiment towards vaccines. The survey was conducted between 14 to 20 October 2021, with a total of 799 responses received. This was the third survey in this series, following similar surveys conducted in February and July 2021.

In October 2021, the overall potential uptake, including those already vaccinated and those who are likely to get a vaccine, is estimated at 75 percent of the 18 years and over Māori population, equivalent to 364,840 Māori. This compares with 69 percent in July and 65 percent in February 2021 surveys.

A further eight percent are unsure whether they will get the vaccine (down from 12 percent in July), eight percent are unlikely (up from seven percent in July) and nine percent of respondents say they will definitely not get the vaccine (down from 13 percent in July). These numbers indicate activities being undertaken to drive uptake and minimise vaccine hesitancy are having an impact.

Among those who have been vaccinated, booked or definitely getting/likely to get the vaccine, the main reasons for doing so are largely altruistic, involving caring for one's iwi/whānau/rohe or community, rather than about the individual.

Among the barriers to vaccination were concerns about the vaccine, its effectiveness, or a lack of trust, feeling pressured or anxious about the vaccine and the pandemic, and uncertainty about whether they had to pay for the vaccine or for the visit to their GP for vaccination.

Mandatory vaccination orders

Health, disability, and education workers must have received their first vaccine dose by 11.59pm on 15 November 2021. Any workers in these sectors who have not received their first vaccine dose are now required to be stood down from their employment.

Centralised exemption processes are in place. The Temporary Medical Exemption Panel and Service Disruption Panels continue to meet regularly and assess applications. The criteria for both forms of exemption are high, and it is expected that the number of exemptions granted will be low.

The Temporary Medical Exemption Panel will also consider applications for medical exemptions to enable people to access My Vaccine Pass.

The Ministry of Health, ACC, and DHBs are working closely with service providers to assess and mitigate the risks of possible disruption to support services.

The Ministry of Health and the Ministry of Education, along with the Ministry of Business, Innovation and Employment continue to meet daily to progress the implementation of the order.

Workforce

As at 23 November 2021, 10,540 vaccinators have actively vaccinated in the programme so far.

There are now over 1,090 primary care sites onboarded as vaccination sites.

Book My Vaccine

As of 23 November 2021, Book My Vaccine holds 51,098 future bookings. The number of daily bookings has continued to decrease as the fully vaccinated population increases and our model has changed. Consumers are being actively encouraged to attend walk-in appointments, and we are taking the vaccine to consumers through outreach clinics.

Technology

My Vaccine Pass was officially launched on 17 November 2021. An overload of the system capacity, driven by over 300 requests per second, occurred on the first day, with the initial issues being resolved that night. The team continues to optimise performance, increase capacity, and improve user experience. In the first 24 hours after the release, approximately 8 percent of the fully vaccinated population had a Vaccine Pass or International Certificate issued.

NZ Pass Verifier, an application to complement the domestic My Vaccine Pass, was released on 23 November 2021. The app enables a user to scan a domestic pass and will then display a green (pass) or red (not pass) alert. No information is recorded about the scanned pass, the location, or the user.

The COVID-19 Immunisation Register (CIR) has been updated with a number of key changes, including the ability to record the AstraZeneca vaccine, booster doses, and vaccination exemptions. More overseas vaccines have been added to the list that can be recorded in the CIR. Uploading evidence of overseas vaccination is a mandatory part of entering these vaccinations to the CIR. Vaccination certificates are now also able to be requested via a new form in the CIR, providing an additional means of access for consumers who may be otherwise unable to access their certificate through My Vaccine Pass.

3.1.4 Technical Advisory Group: Update

COVID-19 TAG

The next COVID-19 Technical Advisory Group (COVID-19 TAG) meeting is scheduled for 10 December 2021 and an update will be provided in a future Weekly Report.

CVTAG

The next COVID-19 Vaccine Technical Advisory Group (CVTAG) meeting is scheduled for 23 November 2021 and an update will be provided in a future Weekly Report.

Therapeutics TAG

The next COVID-19 Therapeutics Technical Advisory Group (Therapeutics TAG) meeting is scheduled for 26 November 2021 and an update will be provided in a future Weekly Report.

CTTAG

The next COVID-19 Testing Technical Advisory Group (CTTAG) meeting is scheduled for 25 November 2021 and an update will be provided in a future Weekly Report.

3.1.5 Upcoming Communications Issues and Activities

As at 23 November 2021

	Activity	Lead agency	Comms material	Ministerial Involvement
23 Nov 21 ongoing	Auckland outbreak: daily communications and support for the health sector and public, including cases throughout regions in the North Island and Canterbury. Locations of interest and updated health advice.	MoH	Communications, key messages, website, stakeholder engagement	Optional
TBC	Announcement of new MIQ arrangements, based on updated advice from the Office of the Director of Public Health	MoH	Prime Minister announcement, website materials	Yes, with Prime Minister
23 Nov 21	Launch of NZ Pass Verifier app for business use under COVID Protection Framework	MOH/DPMC	Press release, Q&As, communications, website	Yes (completed)
25 Nov 21	CPF panel discussion with Hon Dr Ayesha Verrall and Director General of Health Testing approach under the Covid-19 Protection Framework Contact tracing approach under the COVID-19 Protection Framework (including public announcement of the Telehealth case investigation service) Announcement of any funding signed off by Cabinet for testing and contact tracing	MoH	Run sheet, press release, talking points, frequently asked questions	Yes
(TBC)	Health System Preparedness Programme: announcement of ICU capacity funding	MoH	Press release, Q&As, talking points	Yes
26 Nov 21	Health System Preparedness Programme: Director-General of Health's update to DHB Chairs	MoH	Stakeholder comms	No

3.1.6 Upcoming Publications

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

4 Managed Isolation and Quarantine Weekly Report

4.1 Top Items to Note

4.1.1 MIQ's Response to the Delta Outbreak

The number of community cases coming into Auckland's quarantine facilities remains steady as most cases are self-isolating, supported by care in the community. In Hamilton, a small number of community cases continue to enter the Amohia this week while several households continue to self-isolate at home in the region and a small number of community cases have entered The Commodore in Christchurch. Positive cases have continued to appear across the North Island and Christchurch and these cases are supported by care in the community where MIQ facilities are unavailable.

With the number of positive cases appearing across the North Island and in Christchurch this week and the increase in referrals from AHRPS, MIQ continues to investigate options across the regions (where MBIE has facilities) for additional quarantine capacity to support community cases if required. All options considered will have an impact on isolation availability for border returnees.

4.1.2 Upcoming Introduction of Travel Document Verification for MIAS Bookings

In October 2021, you indicated that MIAS booking should be restricted to those with the legal right to enter New Zealand. Verifying passenger's identities who have the right to enter New Zealand will help ensure that voucher bookings are authentic and are going to those who are able to use them.

This will be implemented in December 2021, in two stages.

- From early December, the MIAS passenger registration process will allow people to verify their travel document details and their right to enter New Zealand through automated checking of DIA and INZ data. This will give time for people to address any issues with their details, before an associated requirement is introduced. Users will be able to call the Immigration Contact Centre if they need assistance and will work with INZ or DIA if there are issues with their data.
- From mid-December, passengers will be required to have been successfully verified upfront in order to book a room via MIAS.

We will work with your office around communications associated with these changes.

4.1.3 Update on Rapid Assessment 2.0 – MIQ Governance

The review is progressing with the assessment team in the process of drafting the report. The team are still seeking to meet with you and are working with your office to see if this is feasible.

4.2 Policy Update

4.2.1 Amendment Act and Offline Allocation Criteria

The COVID-19 Public Health Response Amendment Act 2021 came into force on 20 November 2021. It shifted provisions relating to MIQ allocations from the COVID-19 Public Health Response (Isolation and Quarantine) Order 2020 into the Act.

The new provisions in the Act are largely cut and paste from the Order, but, have added in new section 32N that when the Minister sets the offline eligibility criteria (i.e. emergency allocation, time sensitive travel and groups) they must take into account:

- The right of New Zealanders under section 18(2) of the New Zealand Bill of Rights Act 1990 to enter New Zealand; and
- The need to mitigate, so far as possible, the social, economic and other impacts of COVID-19.

Shifting these provisions into the Act should not affect the existing offline eligibility criteria set by the Minister or MBIE's decisions applying that criteria. However, for the avoidance of doubt, we recommend that you re-confirm the existing offline eligibility criteria under new section 32N of the Act. This will apply to the three existing offline allocations: Emergency Allocations, Time-sensitive Travel and Group Allocations.

Advice was provided to you on consistency with NZBORA at the time of setting these criteria. Re-confirming these criteria retains the status quo for the time being. As the environment around MIQ changes with the border reopening and community outbreaks, we will need to keep these criteria and wider allocation settings under review to ensure they remain fit for purpose. Officials will provide further advice in due course.

MBIE recommends that you:

Agree to re-confirm the current offline eligibility criteria as per section 32N of the COVID-19 Public Health Response Act 2020. *Agree / Disagree*

4.3 Operational Update

4.3.1 Incidents to Note

There were no incidents to note this week.

4.3.2 Capacity and Room Release Update – As at 23 November

As at 23rd November, a total of 58,949 rooms since early March have been released for the period of June through to the end of February 2022.

From early March to present, 157,966 returnees have secured a date to return home during the period of March through to the end of February 2022.

The next Lobby room release is planned for Thursday 25th November at 4PM.

4.3.3 Self-Isolation Pilot (For Approved Applicants Arriving in NZ Between 30 October – 8 December 2021)

The pilot continues; 50 participants have successfully arrived to date, with 29 currently self-isolating – 15 in Auckland, 14 in Christchurch. Last week was the busiest of the Pilot in terms of arrivals, with almost all arriving without issue. One participant withdrew from the Pilot on arrival into Auckland and was transported to a MIF. This is being investigated.

19 participants have exited self-isolation, after being transported to a CTC for final Day 8 nasopharyngeal tests and receiving negative results for them to be able to depart on Day 10.

There were two incidents last week; one low, one medium. One participant left their self-isolation to self-drive to a CTC to get tested, after misinterpreting a communication from MoH reminding them to complete their saliva test. Health were informed and advised that no further action was required, as it was a Low Health Risk. An email was sent to the participant to remind them of the compliance requirements of the Pilot.

The medium incident involved a participant who returned a positive RAT on arrival in Auckland. They were immediately removed from the Pilot and were transported directly to a MIF. Their subsequent nasopharyngeal test was also positive. An incident report was completed, and all stakeholders were notified that they would no longer be part of the Pilot and that they now come under MIQ processes and protocols. There were no other Pilot participants on their flight.

Issues have been reported with emails from the Ministry of Health which have unfortunately impacted the participant experience – daily health check emails not being sent, being sent early (and links expiring) or being sent late and resulting in unnecessary follow-ups. We have been advised that this will be resolved by 26 November. In addition, a number of participants received emails last week which were intended for those in Community Care which incorrectly advised that they had not been tested. This issue has now been resolved.

4.3.4 Quality Hotel Elms Commissioning

Commissioning of the Quality Hotel Elms (the Elms) MIF in Christchurch is on track to be completed by the end of this month. The hotel will be designated as a MIF from 29 November and the first cohort of returnees will enter the facility on 30 November.

MBIE held a 'friends and whanau' day at the Elms on 24 November for hotel workers' friends and whanau to a look through the facility and better understand how it operates. Immediate neighbours of the Elms were invited to attend the day, along with media being offered the opportunity to film inside the facility before returnees arrive. Brigadier Rose King and Deputy Secretary Chris Bunny visited the Elms on 24 November.

4.3.5 Bay Plaza Wellington Decommissioning

The decommissioning of the Bay Plaza remains on track to be completed by the end of January 2022.

The last cohort of returnees will enter the MIF on 19 December and depart on 26 December, after which the Bay Plaza will be de-designated as a facility. Following de-designation, MIQ will work with hotel management to remove equipment and return the hotel to its pre-MIQ state. Bay Plaza will be fully decommissioned by 31 January 2022, after which the hotel will no longer have a contractual relationship with MBIE.

MBIE are working with local iwi and Bay Plaza management to organise a Poroporoaki/close down event prior to completion of decommissioning. The date for this event is yet to be confirmed.

4.3.6 MIAS Lobby Release 18 November

The eighth lobby room release proceeded without issue. There were more people/groups in the lobby when the room release started on Thursday than the previous week (14,599 vs 14,205), and almost exactly the same number of people/groups joined the queue altogether (16,278 on Thursday and one less the previous week, 16,277). This was the first time there has been a higher number of entries into the lobby compared to the previous week, although the difference is small (an increase of 394 participants).

The 16,278 entries into the lobby/queue represented 24,675 passengers wanting to get an MIQ room. 28% of them were successful, with 4230 rooms being booked by 4,135 lobby users, representing 6,214 passengers.

4.3.7 MIQ's Role in Afghanistan Evacuation

A total of 705 evacuees from Afghanistan have arrived in New Zealand. The table below shows the MIQ status of the Afghanistan evacuation programme as at 10 am Wednesday 24 November:

TOTAL Returnees in MI currently	133
TOTAL Departed Returnees	572 (excludes births after arrival)
TOTAL Further Expected Arrivals (prior to Christmas)	245 (estimated)

In the next 14 days, 212 Afghanistan evacuees (requiring 87 MIQ rooms) are forecast to arrive in New Zealand. MFAT is working closely with MIQ to manage the arrival flow, with the intent of returning as many evacuees as possible before mid-December (within the bounds of flight and MIQ/RMS capacity). At this stage the 120 rooms allocated in the Naumi MIF for Afghanistan evacuees and other refugees appears to be sufficient to meet the MFAT forecast demand, although there remains some uncertainty about the number of evacuees being managed by third-party advocates. s6(a)

There are 421 Afghanistan evacuees in the Nesuto post-MIF transition accommodation under the care of Refugee and Migrant Services.

The recent judicial finding regarding declined visa for Afghan nationals means that there is potential for a further 5,000 evacuees (above current forecast arrivals).

4.3.8 Ventilation

Total number of facilities: 33		
Remediation work completed	Facilities yet to complete remediation	% of rooms complete within the portfolio of facilities fully signed off
28 (14 of which are fully signed off)	5	54% (2954 rooms)

Ventilation remediation work for Novotel Christchurch Airport has been completed. The fire damper work required for code of compliance is on-track to be completed by 17 December as planned (35 rooms unavailable while this work is still underway).

There are 17 rooms at Sudima Rotorua with no mechanical ventilation that are being addressed. The block at the facility that may be re-designated for quarantine has had its ventilation tested and the results are with the HVAC engineer to analyse.

Two further facilities were fully signed off in the last week, those being the new Christchurch Elms facility and Distinction Christchurch.

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

4.3.9 Air Filtration Units (AFU)

There are currently 994 units in stock with the supplier that are available to be shared between MBIE and MOH. MBIE's near term requirements for AFU's is expected to be:

1. 51 units for quarantine rooms at Sudima Rotorua (subject to a decision on re-designating part of the facility for quarantine).
2. 50 more units for Distinction Hamilton quarantine rooms (subject to the facility needing to use more than 60 rooms and up to its maximum of 110 rooms).

4.3.10 Vaccination of Frontline Staff

For workers on site for the week 15-21 November 2021, BWTR shows that 98% had two doses of the vaccine, 0.3% had one dose and the remaining 1.7% (82 workers) had vaccine status 'unknown'.

Of the 82 workers with an 'unknown' vaccination status, 52 still require an NHI match. The Workforce Testing Team is investigating the remaining 30 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 55 workers who were NHI-matched but showing vaccination status 'unknown' in the 8-14 November 2021 weekly report:

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

4.3.11 Staff Testing

Reporting from BWTR shows that 4,881 people undertook work in our facilities last week, and the table below shows how many of those workers were compliant with the Testing Order, were overdue for a test or still needed to be NHI-matched.

Compliance increased by 3% to 88%.

Workers on site 15-21 Nov 2021	Workers on nasal testing regime	Workers on saliva testing regime	Total	Percentage of total NHI-matched workers on site
Compliant NHI-matched workers	2,101	2,134	4,235	88%
Overdue NHI-matched workers	330	264	594	12%
Need NHI-match	52	0	52	
Workers on site	2,483	2,398	4,881	

Of the 594 overdue, 334 of those are less than four days overdue, 208 are 4-10 days overdue and 52 are 11+ days overdue. The Workforce Testing and Vaccination team will be following up with these workers to make sure they get tested as required.

MBIE will continue to follow up with workers overdue for tests to make sure they understand the new requirements.

Of the 52 that still need an NHI-match, 47 were created in BWTR in the last seven days.

68 workers were previously reported as '11+ days overdue' in the report for the week 8-14 November 2021. 51 of those workers have a swab confirmed, 10 have been instructed to be swabbed, six have been contacted and we are awaiting a response, one is compliant and has been passed to MOH for potential NHI issue.

4.3.12 Saliva Testing


As at 22 November, 3535 MIQ workers are opted-in to saliva testing across all active MIQF sites (an increase of 221 from last week).

4.4 Current Judicial Review, Ombudsman and OPCAT Cases

4.4.1 Current Judicial Reviews

The hearing for the pregnancy related judicial review cases raised last week has been postponed until 1 December. The five cases were reconsidered on 23 November, with two of the cases deemed to meet the threshold for an emergency allocation, and three not meeting the threshold.

s9(2)(f)(iv)



MBIE will provide further advice, if appropriate, once we have received the outcome of the judicial review.

A judicial review has been filed by s9(2)(a) who was declined an emergency allocation brought on the grounds of the need to travel to ensure his children are provided with care and protection after leaving New Zealand to work offshore. s9(2)(a)

s9(2)(g)(i)

MBIE

have filed an opposition to the interim relief application on that basis.

The Grounded Kiwis claim is brought by an incorporated society formed by kiwis who are stranded overseas. The claim as originally brought involved a wide-ranging claim that the border closures and the MIAS system are unlawful and breach the NZBORA. After discussion with the Crown, the applicants have agreed to focus their claim on an allegation that the Government response to border closures (and management of MIAS) since 1 September 2021 is unlawful and an amended statement of claim has been filed on that basis. This concession was made because of the impossibility of dealing with the broader claim they had originally brought in time for the hearing date which has been set for 25/26 January 2022.

s9(2)(h)

4.4.2 Ombudsman

MBIE received three new notifications from the Ombudsman Office this week. MBIE are currently managing six cases; one relating to emergency allocations, two regarding fee waivers, one on exemptions, and two on managed isolation facilities. Two cases were closed by the Ombudsman this week.

4.4.3 OPCAT

Requests for follow up information at Hotel Chateau on the Park Christchurch and The Distinction Christchurch are both due Friday 26 November 2021.

4.5 Invoicing

The table below shows the number of invoices issued up to **21 November 2021**.

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	6,292	2,842	1,857	1,593	\$60,513,296	\$42,710,188	\$9,200,605	\$8,602,502	3	\$16,560
Maritime	545	375	112	58	\$2,811,455	\$2,078,095	\$468,621	\$264,739	23	\$74,279
Aircrew	230	216	6	8	\$2,182,956	\$1,749,808	\$331,712	\$101,437	8	\$101,437
Other	28,412	16,352	4,158	7,902	\$96,997,752	\$59,819,319	\$11,577,991	\$25,600,441	2,802	\$8,903,040
Total	35,479	19,785	6,133	9,561	\$162,505,459	\$106,357,410	\$21,578,930	\$34,569,119	2,836	\$9,095,316

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

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

4.5.1 Weekly Average Invoicing and Debt Recovery at 75%

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

The debt recovery percentage, factoring in all repayments to date against just overdue invoices is tracking under the FY22 target of 90% at 75%. The MBIE Finance system was not available for the last part of the week due to a planned move to a cloud environment. This meant no receipting of payments was possible on Thursday and Friday, so while money was being paid from returnees and received in the MBIE bank account it has yet to be receipted and will show as unpaid. This will correct itself as receipting is now back underway with the move to the cloud environment complete.

There has been a movement in overdue invoices due to the new invoicing process going live over 90 days ago and the increase in invoicing from then onwards increases the outstanding amount as invoicing is brought up to date. To increase the debt recovery ratio MBIE have engaged a partner firm to actively manage debt over 30+ days overdue, commenced and continue to send debt to Debt Collectors at 90+ days overdue, commenced recruitment for additional MIQ debt officers and requested that the debt partner send a weekly remittance to enable weekly receipting thus reflected in the results each week instead of monthly. A backlog of outstanding waiver applications when either approved or declined will also improve the debt recovery ratio.

Recent Weeks	Average invoicing per week (\$)
Past week	4,332,879
2-4 weeks	3,731,804
5-8 weeks	4,515,485
9+ weeks	2,005,348

4.5.2 Waivers

The table below breaks down the waiver application information between 11 August 2020 and 21 November 2021. The numbers below relate to all waiver applications; waivers can be applied for before, during and after an individual has stayed in managed isolation.

Waiver Applications	In Progress	Total Completed	Completed Financial Hardship Applications	Completed Special Circumstances Applications	Approved Waiver Applications		Declined Waiver Applications	
					Financial Hardship	Special Circumstances	Financial Hardship	Special Circumstances
11572	4825	6747	860	5887	87	5033	773	854

4.6 Upcoming Comms and Activities

4.6.1 Changes to the Daily Snapshot

With the transition from 14-day stays to 7-day stays, MIQ has revamped the key information around capacity and arrivals it makes available on its website. This improved reporting of key metrics is planned to go live on Wednesday, 1 December. Your Office is being consulted on these changes. Going forward it is intended that data will be updated weekly rather than daily, on Wednesday afternoons around 3:00 pm. This timing helps ensure the public facing website metrics are synchronised with the MIQ data reported in the Weekly Report, so that there is a consistent 'single source of the truth' around data for the week. Data from the previous 7 days will be captured in a worksheet made available online each week.

4.7 Large Group Arrivals Update

Summary of approved group arrivals as at 24 November 2021 (to February 2022):

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Construction Sector Accord	Nov 2021	60	22 (31 pax)	Arrivals are spread across the month. There have been three no-shows so far for November.
Refugee Quota	25 Nov	4	2	Numbers per arrival window will increase in 2022 with an aim to reach the quota for the FY 21/22. There are 85 refugees yet to arrive for the calendar year.
	27 Nov	1	1	
	30 Nov	8	4	
	2 Dec	29	15	
	6 Dec	13	7	
	7 Dec	6	3	
	TBC	24	12	

	31 Jan – 13 Feb	130	70 tbc	
	14 – 27 Mar	120	60 tbc	
	25 Apr – 8 May	130	70 tbc	
Afghanistan Evacuees	22 Nov	-	8 (24 pax)	Large numbers are expected from 29 November – 12 December as planned arrivals will cease over the festive period due to limited resources available (unless they are emergencies). Planned arrivals will begin again from 10 January. Two unaccompanied minors are pencilled in to arrive on 1 December. Working through the implications of short stay MIQ on this complex group.
	23 Nov	-	8 (20 pax)	
	25 Nov	-	15 (37 pax)	
	26 Nov	-	4 (8 pax)	
	27 Nov	-	12 (26 pax)	
	28 Nov	-	1 (4 pax)	
	30 Nov	-	21 (48 pax)	
	1 Dec	-	1 (2 pax)	
	2 Dec	-	2 (6 pax)	
	4 Dec	-	30 (80 pax)	
	6 - 12 Dec	-	24 (33 pax) tbc	
	Jan 2022	-	262 (362 pax) tbc	
Mariners	21 Nov 2021	1	1 (1 pax)	No significant issues. All current and future arrivals will do +3 self-isolation under own arrangements.
	23 Nov 2021	4	4 (4 pax)	
	7 Dec 2021	11	11 (11 pax)	
Exporters	Nov	25	25 (25 pax)	A number of December vouchers have been issued – it is expected that NZTE will use the full allocation. Arrivals are spread across the month.
	Dec	25	19 (21pax)+	
EXPO	22 Nov	80	66 (77 pax)	
	27 Jan	16	16 tbc	
	29 Jan	44	44 tbc	
	3 Feb	45	45 tbc	
	5 Feb	75	75 tbc	
	26 Feb	44	44 tbc	
Rugby: All Blacks	Late Nov	65	60 (62 pax)	Standard returnees – not requiring training exemption. In addition to team members, two spaces of this allocation are being used by a partner and a son of team members (as room shares).
Rugby: Black Ferns	Late Nov	65	56 (59 pax)	Standard returnees – not requiring training exemption. In addition to team members, one space of this allocation is being used by a team member's spouse (room share).
Cricket: BlackCaps	24 Nov	20	20 (20 pax)	Standard returnees – not requiring training exemption.
Cricket: BlackCaps	9 Dec 2021	33	30 (32 pax)	This cohort of BlackCaps are seeking a training exemption. Some of this allocation will be used for inbound media critical to the delivery of the Summer Series of Cricket, and a player's wife and child (who will share the player's room). These individuals will not have any exemptions or special arrangements. Working through implications of a shortened MIQ stay on inbound teams and the opportunity to train. The BlackCaps will depart on day 7 in line with the new short stay model.
NZDF	3 Dec	76	76 tbc	
	20 Jan	60	60 tbc	
	23 Feb	80	80 tbc	
Cricket: Bangladesh	10 Dec	35	35 tbc	Bangladesh is seeking a training exemption. MBIE are working with MoH and NZC to develop plans for the team to safely self-isolate while continuing to train.
Antarctic Programme	12 Nov	7	6 (6 pax)	These arrivals are for the combined US Antarctic Programme (USAP) as well as the Italian, French, German and Korean programme.
	15 Nov	138	133 (134 pax)	
	19 Nov	42	34 (34 pax)	
	20 Nov	19	19 (19 pax)	
	20 Dec	65	65 tbc	
	10 Jan	170	170 tbc	
	19 Jan	36	36 tbc	
	Feb (date tbc)	25	25 tbc	
	7 Feb	25	7 tbc	
Cricket: South Africa	4 Feb	35	35 tbc	Engagement with NZC has begun. The team are seeking an exemption to train. Working through implications of a shortened MIQ stay on inbound teams and the opportunity to train.
	Nov	20	4 (4 pax)	

Ministerial Travel	Dec	20	4 (4 pax)	In November Ministerial travel will be split between group allocation, Time Sensitive Travel (approx. 10 pax) and self-isolation. Minister Mahuta will arrive in November (28 th), Minister O'Connor arrives on the 6 December. Both Minister's delegations are split between Nov/Dec.
	Jan	20	tbc	
	Feb	20	tbc	
Critical health workers	22-30 Nov	80	34 (54 pax)	A number of December & January vouchers have been allocated – further vouchers will be allocated for these time periods. Arrivals are spread across the month.
	1 – 14 Dec	150	54 (74 pax)	
	15 – 31 Dec	150	29 (38p pax)+	
	1 – 14 Jan	150	34 (48 pax)+	
	15 – 31 Jan	150	25 (44 pax)+	
	1 – 14 Feb	150	tbc	
Cricket: Women's Cricket World Cup				
Officials	Jan/Feb	26	tbc	All teams will be seeking a training exemption. Planning has commenced and arrival dates tbc. The qualifying tournament on 5 Dec 2021 will determine the origin of the 3 'qualifier' teams. Working through implications of a shortened MIQ stay on inbound teams and the opportunity to train. Note that Border Ministers will be asked to increase to the group allocation to accommodate the Australian and English teams going into managed isolation due to the QFT with Australia still being suspended, along with other critical CWC attendees (approx. 405 pax including match officials).
India	25 Jan	31	tbc	
South Africa	Feb	31	tbc	
Qualifier team 1	26 Jan	31	tbc	
Qualifier team 2	Feb	31	tbc	
Qualifier team 3	Feb	31	tbc	
Cricket: Netherlands Men	7 Mar	35	Tbc	Engagement with NZC has begun. The team are seeking an exemption to train. Working through implications of a shortened MIQ stay on inbound teams and the opportunity to train.

Time Sensitive Travel (TST)

The Time Sensitive Travel window for arrivals in Jan/Feb 2022 closed on 14 November 2021. 416 applications were received from several sectors and are currently being assessed. This translates currently into approximately 325 rooms as 34 applicants are critical health workers and have been referred to the Ministry of Health to apply under the group allocation, 39 are family members travelling with an applicant and, to date, 16 applications have been withdrawn.

4.8 Emergency Allocation Applications

7644 applications have been processed since 30 October 2020. 349 applications were received in the week ending 21 November 2021 and 208 applications were processed. Of the 208 applications processed in the week ending 21 November 2021, 81% were approved.

Emergency Allocation Applications	Weekly Totals	
	15 November to 21 November	Year to Date Totals 30 October 2020 to 21 November 2021
Approved	168	4425
Declined	40	3219
Applications processed	208	7644

*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 8 November to 14 November	173
Rooms allocated in MIAS	145
Awaiting flight details or MIAS registrations from the applicants to complete the room allocation process	28

5 Border Executive Board Report



5.1 Key Issues Being Considered

5.1.1 Border Executive Board

The Border Executive Board met on 24 November 2021. It was an information sharing meeting as there were no decisions required.

The Board spent time discussing reopening the air border to international travel and the operational implications. The practicality of processing day 0 tests was discussed with consensus that processing rapid antigen testing at the airport will result in lengthy delays for travellers and be difficult due to space constraints and the potential arrival time of flights. Ministers are due to receive further advice by 4 December 2021 on implementing rapid antigen testing.

The Border Implementation Project has commenced work on operational design, to be ready for 17 January 2022 travel.

The Board discussed the need for certainty of border settings for airlines to confirm passenger and freight capacity to New Zealand. The Board recognised the impact that current decisions will have on future airline capacity and connection, noting that airlines are in the process of planning schedules for New Zealand. It was acknowledged that resuming services may have a long lead-time.

Border agencies continue to explore vaccination requirements for staff at workplaces. All agencies have completed risk assessments and have engaged their staff to understand vaccination status. The key issue arising is managing the multiplicity of different requirements for entry across the public sector and into private sector where BEB agencies are required to operate.

The Board identified some top of mind risks as:

- border opening
- workforce fatigue
- the operational aspects and privacy settings to support the Traveller Health Declaration System (being managed via the project)
- resilience of key services when front-line or transport system workers must self-isolate due to community transmission of COVID-19.

The Board's next meeting is 1 December 2021.

5.1.2 Te Hāpai Hapori | Spirit of Service Awards

The winners of the third annual Te Hāpai Hapori Spirit of Service Awards were announced at a virtual event on the evening of 24 November 2021. The Awards are an important recognition of outstanding public sector governance, young leaders, and initiatives delivering exceptional outcomes for New Zealanders. The Border Executive Board was recognised in two awards.

- **Joint category winner – Better Outcomes Award.** The Board's 'The Team of 25,000' entry was a joint category winner (with the Ministry of Health's response to COVID-19) in the Better Outcomes Award.
- **Joint winner of Prime Minister's Award.** The 'Team of 25,000' and the Ministry of Health's response to COVID-19 were also the joint overall winners of the Prime Minister's Award which is selected from the winners of the four Award categories.

The 'Team of 25,000' included staff from all of the government agencies involved in the border response to COVID-19 including: Aviation Security Services, Civil Aviation Authority, New Zealand Customs Service, New Zealand Defence Force, Maritime New Zealand, Ministry of Business, Innovation and Employment, Ministry of Foreign Affairs and Trade, Ministry of Health, Ministry for Primary Industries, and the Ministry of Transport. It also included people in the private sector working at the ports, airports and in the transportation sector.

6 New Zealand Customs Service Weekly Report



6.1 Items to Note/Updates

6.1.1 Maritime – Small Craft

s9(2)(a)

[Redacted content]

berth, which returned a negative COVID-19 result. The small craft remains berthed at Ōpua port.

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

For the period 15 November 2021 to 21 November 2021, the following three infringements were issued:

On 15 November 2021, a passenger arriving from Iraq via Dubai had no evidence of vaccination and during interaction with Customs, passenger confirmed they were unaware of vaccination requirements.

On 15 November 2021, the vaccination documentation for a passenger arriving from India via Dubai showed that their second vaccination was administered less than 14 days before their departure to New Zealand.

On 20 November 2021, the vaccination documentation for a passenger arriving from Thailand via Singapore showed that their second vaccination was administered less than 14 days before their departure to New Zealand.

	Date	15 Nov	16 Nov	17 Nov	18 Nov	19 Nov	20 Nov	21 Nov	Week Total	%
	Non-NZ citizens	261	305	364	150	173	128	74	1867	
Primary Actions (Passport Control)	Vaccination status verified	234	251	347	117	142	102	63	1630	87.3%
	Exceptions	20	54	15	27	27	22	11	195	10.5%
	Exemptions	0	0	1	6	0	3	0	32	1.7%
	Referred to Secondary Area	7	0	1	0	1	1	0	10	0.5%
Secondary Area Actions	Compliant	5	0	1	0	1	0	0	7	70%
	Non-compliant	2	0	0	0	0	1	0	3	30%

6.1.3 Pre-Departure Testing

For the period 15 November 2021 to 21 November 2021, there were four warnings issued. All were issued to parents of children who had arrived with no PDT having been undertaken.

	Date	15 Nov	16 Nov	17 Nov	18 Nov	19 Nov	20 Nov	21 Nov	Week Total	%
	Passengers subject to PDT	471	312	245	321	400	255	334	2338	
Primary Actions (Passport Control)	Test Certificate Verified	453	295	232	296	381	247	320	2224	95.1%
	Exemption	14	17	13	25	19	5	12	105	3.8%
	Referred to Secondary Area	4	0	0	0	0	3	2	9	0.7%
Secondary Area Actions	Compliant	2	0	0	0	0	1	2	5	55.5%
	Warned	2	0	0	0	0	2	0	4	45.5%
	Infringement	0	0	0	0	0	0	0	0	0
	Prosecution	0	0	0	0	0	0	0	0	0

Proactively Released

7 COVID-19 Chief Executives Board

7.1 Items to Note/Updates

The COVID-19 Chief Executives' Board (CCB) met on 23 November 2021. The CCB considered the recent developments in the COVID-19 Protection Framework (CPF), Reconnecting New Zealanders, summer readiness, disinformation, and planning for parallel challenges.

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

8.1 Items to Note/Updates

The COVID-19 Independent Continuous Review, Improvement and Advice Group did not meet this week and are next scheduled to meet on 30 November 2021. The Group's recent advice to you dated 23 September 2021 have been proactively released today on the Unite Against COVID-19 website.

9 Strategic COVID-19 Public Health Advisory Group

9.1 Items to Note/Updates

The Strategic COVID-19 Public Health Advisory Group did not meet this week. The Group's next meeting will take place on 1 December 2021.

10 Business Leaders Forum

10.1 Items to Note/Updates

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

11 Community Panel

11.1 Items to Note/Updates

The Community Panel did not meet this week. The next Panel meeting will take place on 1 December 2021. Sarah Sparks, Chair for the Community Panel, was interviewed on Waatea News on 18 November 2021 and she spoke about the mahi that she's doing with DPMC on behalf of the Community Panel and the importance of having feedback and advice from people at the grassroots level.

12 Government Modelling Group

12.1 Items to Note/Updates

Updated modelling and analysis regarding inter-regional transmission risks from Auckland to the rest of the country is underway. This analysis informs advice from the Ministry of Health and forthcoming Cabinet Papers on the CPF. It has also been provided to officials responsible for operational readiness and planning, and conversations in this space are ongoing.

There are updated scenario projections for the Auckland outbreak considering recent case data. Overall, the rate of growth of new cases continues to decrease. This means that more benign scenarios for transmission are now considered more likely (i.e. where cases plateau at around 200 per day in the nearer term, and then begin to decline). A downside scenario where steady growth in new cases continues to the end of the year remains plausible.

Work is ongoing to model the potential impacts of specific CPF settings when we transition in early December. The projections are therefore aiming to account for the CPF settings but it is important to note that, given the CPF is a yet-untested framework, the modelling is reliant on assumptions and does not represent a “prediction” of the impact of the CPF.

Officials continue to receive updated modelling results for 2022, which now include the impact of the recently announced border opening and are sharing these preliminary results with Minister Verrall. As the model calibration and results are finalised, they will be shared more widely. We are turning our attention to reproducing results at a regional level, i.e. tailored to the local population and health service capacity, given the operational and planning needs that regional results could support.

Proactively Released

13 Upcoming Cabinet Papers

s9(2)(f)(iv)



Proactively Released

14 Appendix – Audit

	Audit summary	IPC Standard Operating Procedures (SOPs), operations frameworks and guidance documents
Managed Isolation and Quarantine Facilities (MIQFs)	<p>IPC audit five reports for Auckland MIQFs finalised and released to the Ministry of Business, Innovation and Employment (MBIE).</p> <p>24 November 2021 is the completion date for all actions on audit findings.</p> <p>Proactive release data to be finalised by 25 November 2021.</p> <p>Request from MBIE for KPI data related to closure times of findings has been actioned.</p> <p>Draft schedule for IPC audit round six under development with consideration of Christmas and New Year holidays. Proposed starting dates 6 December 2021.</p>	-
Airports	<p>Christchurch International Airport red zone IPC review scheduled for 1 December 2021.</p> <p>Auckland International Airport (AIA) awaiting PPE directive from Auckland Regional Public Health Service.</p> <p>IPC assurance review red zone report 21 October 2021 released to AIA for relevant stakeholders.</p>	<p>Stakeholder feedback received and has been forwarded to the Ministry of Health's IPC team for review to determine if there are any required updates to the airport IPC guidance documents.</p>
Maritime Ports	<p>Meeting scheduled with Ministry of Health Border Operations, Maritime New Zealand and Worksafe for the future direction of IPC reviews at ports, including:</p> <ul style="list-style-type: none"> o determination of whether the initial IPC review findings have been communicated with the PORT PCBUS o plan to undertake future visits/reviews o is the current review fit for purpose o should there be an audit tool to monitor IPC in the ports for health and safety purposes o who will be the lead agency to follow up on the Ministry of Health's IPC review recommendations 	<p>PPE guidance for pilots undertaking a necessary task on an affected ship has been updated by Maritime New Zealand. This document has been reviewed by the Ministry of Health's IPC team. The Ministry of Health's IPC team and Maritime NZ are in discussion on the changes made by Maritime NZ to be clarified as not all changes align with the Ministry of Health's IPC guidance advice.</p>

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