



COVID-19 Response Weekly Report

27 May 2022

Contents

| | |
|---|----|
| 1. Status Summary | 2 |
| 2. COVID-19 Insights | 6 |
| 2.1 Insight of Note Written by the Department of the Prime Minister and Cabinet | 6 |
| 3. Ministry of Health | 9 |
| 3.1 Policy/Programme Updates | 9 |
| 4. Managed Isolation and Quarantine Weekly Report | 20 |
| 4.1 Transition and Readiness | 20 |
| 4.2 Operational Update | 21 |
| 4.3 Ombudsman Complaints..... | 24 |
| 4.4 Upcoming Communications Issues and Activities..... | 24 |
| 5. Border Executive Board Report | 25 |
| 6. New Zealand Customs Service Weekly Report | 27 |
| 7. COVID-19 Chief Executives Board | 28 |
| 7.1 Items to Note/Updates | 28 |
| 8. COVID-19 Independent Continuous Review, Improvement and Advice Group | 28 |
| 8.1 Items to Note/Updates | 28 |
| 9. Strategic COVID-19 Public Health Advisory Group..... | 28 |
| 9.1 Items to Note/Updates | 28 |
| 10. Business Leaders Forum | 28 |
| 10.1 Items to Note/Updates | 28 |
| 11. Community Panel..... | 28 |
| 11.1 Items to Note/Updates | 28 |
| 12. Government Modelling Group..... | 29 |
| Items to Note/Updates | 29 |
| 13. Upcoming Cabinet Papers..... | 30 |

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 |
|---|--------|-----------------------|---|---|
| | | ● | ● | |
| Reconnecting New Zealanders | MOH | ● | ● | <ul style="list-style-type: none"> On 10 May 2022, Ministers agreed to remove requirements for all travellers entering New Zealand by air to provide a pre-departure test. This will occur no later than 31 July 2022, but likely sooner once the Ministry of Health's variant plan is finalised. The gradual reopening of the international border also includes the entry of cruise ships from 31 July 2022. On the basis of decisions made by Ministers, post arrival testing and vaccination requirements will be clarified for maritime crew and travellers. The Ministry of Health, alongside Border agencies, continues to develop operational practice for the Maritime Border Order (MBO) changes which came into effect on 2 May 2022. On 25 May 2022 the COVID-19 Public Health Response (Required Testing) Order 2020 was revoked in full. This removes the RTO mandates that specified groups of border workers take part in regular surveillance testing and medical examination for COVID-19. Border workers who now test positive with a RAT will be encouraged to get a PCR test if symptomatic. On 25 May 2022 Minister Hipkins agreed to remove the vaccine mandate for border workers, as there is no longer a clear public health rationale for their inclusion under the Vaccination Order. The requirement for maritime border workers to wear face masks currently relies on the vaccine mandate. The Ministry of Health is currently working with the Parliamentary Counsel Office (PCO) on the complex drafting instructions for these changes to come into force. Changes to the COVID-19 Public Health Response (Air Border) Order 2021 are in train. These changes reflect recent decisions to remove vaccine and traveller declaration requirements for transit passengers, and to allow unvaccinated residence class visa holders to enter New Zealand. The changes will also address decisions made in relation to removing pre-departure testing. If agreed, it is expected these changes would be in place as soon as possible once the new variant scenario plan is approved. |
| | BEB | ● | ● | <p><i>Air border implementation</i></p> <ul style="list-style-type: none"> Work continues to prepare for the final two steps of Reconnecting New Zealanders scheduled for 4 July 2022 for work visas and 31 July 2022 for visitor and student visas. Queenstown opened for commercial flights on 23 May 2022. Qantas commenced operations from Wellington on 23 May 2022 with Jetstar commencing operations from 30 May 2022. Operational issues are being worked through relating to Aviation Security on outward flows at Auckland Airport and rejections at e-Gates. Visa processing for visitors from Pacific Island Forum countries commenced on 16 May 2022 and while the service level agreement for processing is 10 working days, the first of the approvals began last week. INZ and MFAT are working closely together to manage communications and expectations in the Pacific. |
| | BEB | ● | ● | <p><i>Maritime border programme</i></p> <ul style="list-style-type: none"> No issues to report. The BEB received the first operational readiness report at its 25 May 2022 meeting. Advice on the legal mechanism and compliance approach for health requirements at the maritime border are under development and a decision paper will be submitted by 30 May 2022. Operational readiness work for the border reopening is underway and a report will be submitted in June 2022. |
| Testing and vaccination of border workforce | MFAT | ● | ● | <ul style="list-style-type: none"> Tuvalu has reported three positive cases of COVID-19 in MIQ. A further three cases were suspected but have now returned negative tests. These are Tuvalu's first cases. From 1 June, MIQ for travellers arriving into Tonga will decrease from seven days to five days. <ul style="list-style-type: none"> Tonga's Ministry of Tourism indicated that the border will reopen from June/July, initially to Tongan nationals, diaspora and businesses, and then to tourists and visitors from October/November. Repatriation flights move to a two-week cycle with flights. Three repatriation flights are scheduled from New Zealand over June; the most flights in a single month from New Zealand since the beginning of the pandemic. The Solomon Islands Government has reassessed its border settings and timeline for reopening in light of reducing incidence of severe COVID-19 across the country, increasing vaccine coverage, and a growing sentiment that Solomon Islands is going to have to live with the virus. The current proposal includes: <ul style="list-style-type: none"> a gradual closing of government managed quarantine facilities from the 1 June 2022; increased use of home isolation for international arrivals; pathways for tourists to enter the country without quarantine from early June; a full reopening of international borders from 1 July 2022. The next Kiribati repatriation flight from Nadi – Tarawa is scheduled for 4 June, with 30 seats allocated to repatriate Kiribati nationals in New Zealand. This flight will include a combination of Manaaki scholars and RSE workers who have s9(2)(a) to return to Kiribati. The following repatriation flight scheduled for 18 June will also include a combination of Manaaki scholars and RSE workers. |

Isolation and Quarantine

| | Agency | Last Week | This Week | Agency Comment |
|------------------|-------------------|-----------|-----------|--|
| Self - Isolation | Managed Isolation | | | <i>MIQ Readiness Programme</i> <ul style="list-style-type: none">The Readiness work remains on track. A briefing will be provided to your office on 27 May which will provide further details on the Readiness Plan, including the first draft of the plan. <i>Decommissioning of facilities</i> <ul style="list-style-type: none">To date a total of 24 facilities have been decommissioned and handed back. The 'make good' work on these facilities continues.Of the remaining eight, two facilities will be decommissioned on 1 June and the two community facilities will be decommissioned on 30 June.The decision to bring forward the decommissioning of the Commodore Hotel Christchurch will mean it is de-designated by the end of May and decommissioned by the end of June.Decommissioning for the final three currently in-use facilities is on track with the proposed date of 31 July for de-designation and 31 August for decommissioning.Planning is also underway for the decommissioning of our three regional offices. MBIE will provide your office with further information once the project plan is confirmed. |
| | MOH | ● | ● | <ul style="list-style-type: none">No Update |

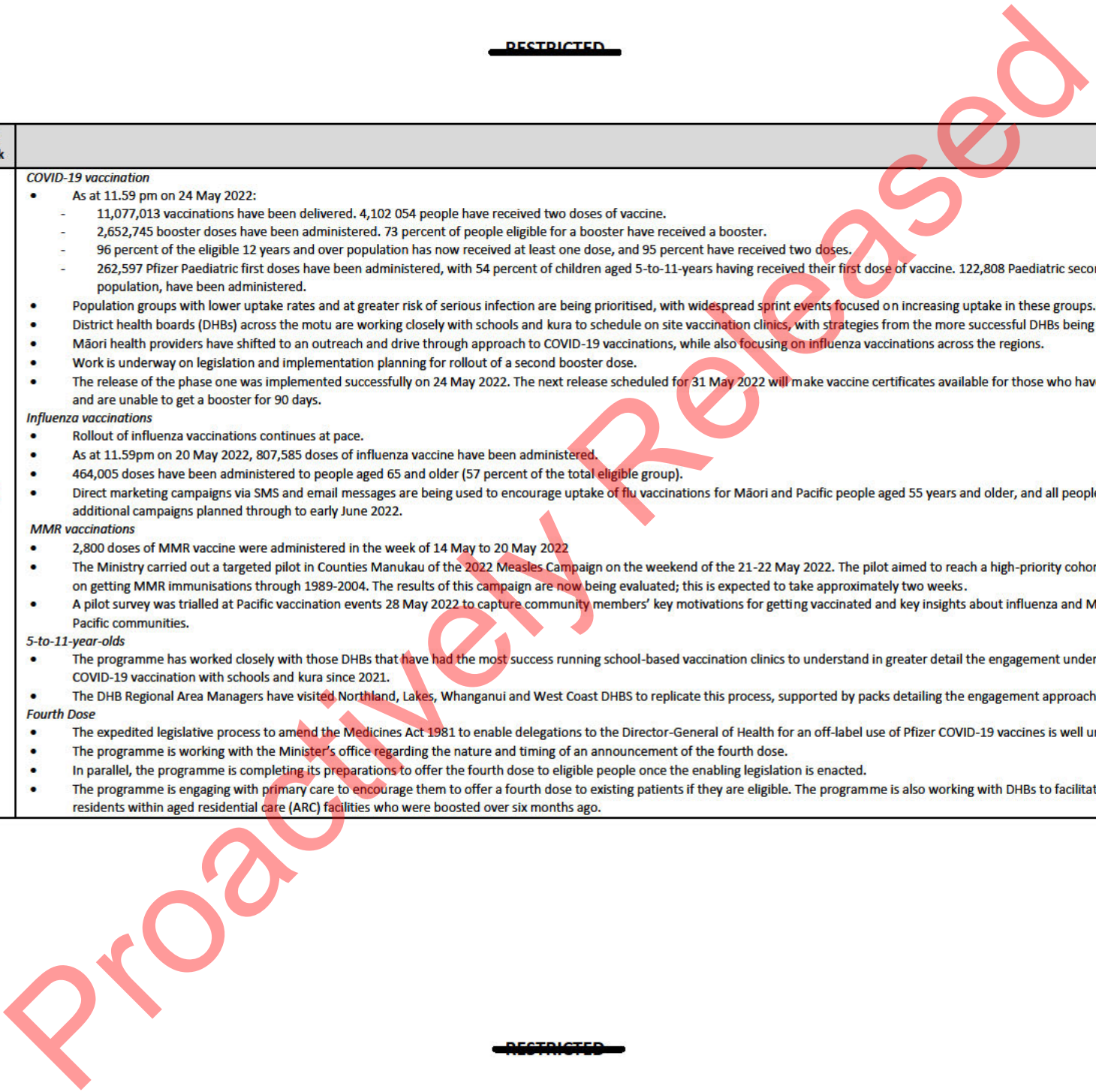
Community Protection

| | Agency | Last Week | This Week | |
|--------------------------|--------|-----------|-----------|--|
| Surveillance and Testing | MOH | ● | ● | <ul style="list-style-type: none">No Update |
| | MOH | ● | ● | <ul style="list-style-type: none">No Update |
| Technology Updates | MOH | ● | ● | <ul style="list-style-type: none">No update. |
| Care in the Community | MOH | ● | ● | <ul style="list-style-type: none">Report Back SWC Cabinet paper is underway and out for Ministerial and inter-Agency consultation starting 23 May 2022. This report back is focusing on the Care in the Community appropriated funds and potential future transition arrangements. |

Proactively Released

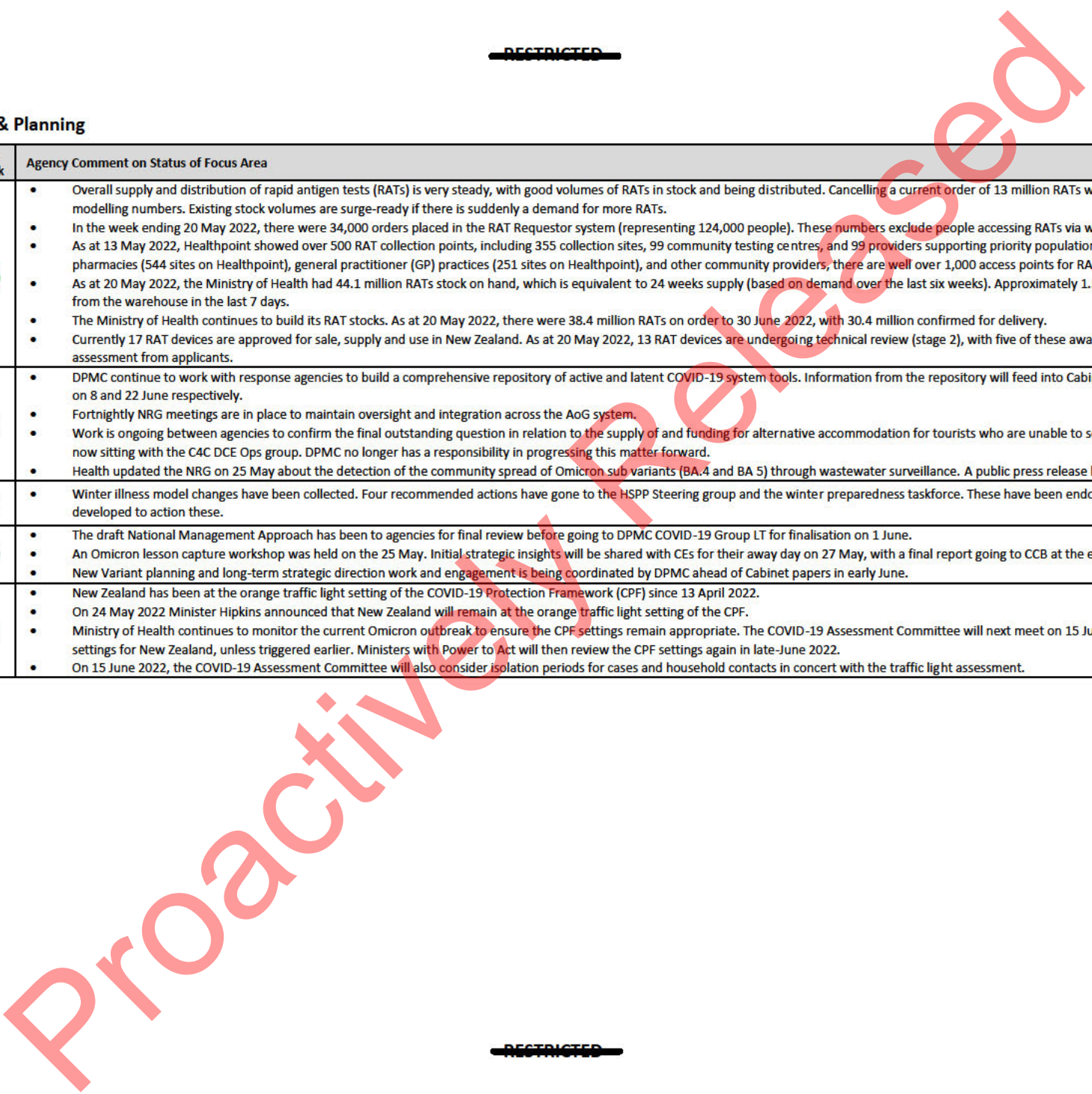
Vaccination

| Agency | Last Week | This Week | |
|-------------------------------------|-----------|-----------|---|
| Implementation and operation MoH | ● | ● | <p><i>COVID-19 vaccination</i></p> <ul style="list-style-type: none"> As at 11.59 pm on 24 May 2022: <ul style="list-style-type: none"> 11,077,013 vaccinations have been delivered. 4,102,054 people have received two doses of vaccine. 2,652,745 booster doses have been administered. 73 percent of people eligible for a booster have received a booster. 96 percent of the eligible 12 years and over population has now received at least one dose, and 95 percent have received two doses. 262,597 Pfizer Paediatric first doses have been administered, with 54 percent of children aged 5-to-11-years having received their first dose of vaccine. 122,808 Paediatric second doses, 25 percent of this population, have been administered. Population groups with lower uptake rates and at greater risk of serious infection are being prioritised, with widespread sprint events focused on increasing uptake in these groups. District health boards (DHBs) across the motu are working closely with schools and kura to schedule on site vaccination clinics, with strategies from the more successful DHBs being shared to replicate the process. Māori health providers have shifted to an outreach and drive through approach to COVID-19 vaccinations, while also focusing on influenza vaccinations across the regions. Work is underway on legislation and implementation planning for rollout of a second booster dose. The release of the phase one was implemented successfully on 24 May 2022. The next release scheduled for 31 May 2022 will make vaccine certificates available for those who have had a recent COVID-19 infection and are unable to get a booster for 90 days. <p><i>Influenza vaccinations</i></p> <ul style="list-style-type: none"> Rollout of influenza vaccinations continues at pace. As at 11.59pm on 20 May 2022, 807,585 doses of influenza vaccine have been administered. 464,005 doses have been administered to people aged 65 and older (57 percent of the total eligible group). Direct marketing campaigns via SMS and email messages are being used to encourage uptake of flu vaccinations for Māori and Pacific people aged 55 years and older, and all people aged 65 years and older, with additional campaigns planned through to early June 2022. <p><i>MMR vaccinations</i></p> <ul style="list-style-type: none"> 2,800 doses of MMR vaccine were administered in the week of 14 May to 20 May 2022 The Ministry carried out a targeted pilot in Counties Manukau of the 2022 Measles Campaign on the weekend of the 21-22 May 2022. The pilot aimed to reach a high-priority cohort of people who may have missed out on getting MMR immunisations through 1989-2004. The results of this campaign are now being evaluated; this is expected to take approximately two weeks. A pilot survey was trialled at Pacific vaccination events 28 May 2022 to capture community members' key motivations for getting vaccinated and key insights about influenza and MMR vaccination uptake amongst Pacific communities. <p><i>5-to-11-year-olds</i></p> <ul style="list-style-type: none"> The programme has worked closely with those DHBs that have had the most success running school-based vaccination clinics to understand in greater detail the engagement undertaken to facilitate support for COVID-19 vaccination with schools and kura since 2021. The DHB Regional Area Managers have visited Northland, Lakes, Whanganui and West Coast DHBs to replicate this process, supported by packs detailing the engagement approach. <p><i>Fourth Dose</i></p> <ul style="list-style-type: none"> The expedited legislative process to amend the Medicines Act 1981 to enable delegations to the Director-General of Health for an off-label use of Pfizer COVID-19 vaccines is well underway. The programme is working with the Minister's office regarding the nature and timing of an announcement of the fourth dose. In parallel, the programme is completing its preparations to offer the fourth dose to eligible people once the enabling legislation is enacted. The programme is engaging with primary care to encourage them to offer a fourth dose to existing patients if they are eligible. The programme is also working with DHBs to facilitate administering a fourth dose to residents within aged residential care (ARC) facilities who were boosted over six months ago. |



System Readiness & Planning

| Agency | Last Week | This Week | Agency Comment on Status of Focus Area |
|-------------------------|-----------|-----------|---|
| Health Supply Chain | MoH | ● | <ul style="list-style-type: none"> Overall supply and distribution of rapid antigen tests (RATs) is very steady, with good volumes of RATs in stock and being distributed. Cancelling a current order of 13 million RATs will be considered this week based on modelling numbers. Existing stock volumes are surge-ready if there is suddenly a demand for more RATs. In the week ending 20 May 2022, there were 34,000 orders placed in the RAT Requestor system (representing 124,000 people). These numbers exclude people accessing RATs via workplaces, and community providers. As at 13 May 2022, Healthpoint showed over 500 RAT collection points, including 355 collection sites, 99 community testing centres, and 99 providers supporting priority populations nationwide. In addition to pharmacies (544 sites on Healthpoint), general practitioner (GP) practices (251 sites on Healthpoint), and other community providers, there are well over 1,000 access points for RATs. As at 20 May 2022, the Ministry of Health had 44.1 million RATs stock on hand, which is equivalent to 24 weeks supply (based on demand over the last six weeks). Approximately 1.5 million RATs have been dispatched from the warehouse in the last 7 days. The Ministry of Health continues to build its RAT stocks. As at 20 May 2022, there were 38.4 million RATs on order to 30 June 2022, with 30.4 million confirmed for delivery. Currently 17 RAT devices are approved for sale, supply and use in New Zealand. As at 20 May 2022, 13 RAT devices are undergoing technical review (stage 2), with five of these awaiting further information for assessment from applicants. |
| | DPMC | ● | <ul style="list-style-type: none"> DPMC continue to work with response agencies to build a comprehensive repository of active and latent COVID-19 system tools. Information from the repository will feed into Cabinet papers scheduled to go to SWC on 8 and 22 June respectively. Fortnightly NRG meetings are in place to maintain oversight and integration across the AoG system. Work is ongoing between agencies to confirm the final outstanding question in relation to the supply of and funding for alternative accommodation for tourists who are unable to secure safe accommodation. This is now sitting with the C4C DCE Ops group. DPMC no longer has a responsibility in progressing this matter forward. Health updated the NRG on 25 May about the detection of the community spread of Omicron sub variants (BA.4 and BA 5) through wastewater surveillance. A public press release has also been made. |
| System Readiness | MOH | ● | <ul style="list-style-type: none"> Winter illness model changes have been collected. Four recommended actions have gone to the HSPP Steering group and the winter preparedness taskforce. These have been endorsed and an action plan is being developed to action these. |
| | DPMC | ● | <ul style="list-style-type: none"> The draft National Management Approach has been to agencies for final review before going to DPMC COVID-19 Group LT for finalisation on 1 June. An Omicron lesson capture workshop was held on the 25 May. Initial strategic insights will be shared with CEs for their away day on 27 May, with a final report going to CCB at the end of June. New Variant planning and long-term strategic direction work and engagement is being coordinated by DPMC ahead of Cabinet papers in early June. |
| | MOH | ● | <ul style="list-style-type: none"> New Zealand has been at the orange traffic light setting of the COVID-19 Protection Framework (CPF) since 13 April 2022. On 24 May 2022 Minister Hipkins announced that New Zealand will remain at the orange traffic light setting of the CPF. Ministry of Health continues to monitor the current Omicron outbreak to ensure the CPF settings remain appropriate. The COVID-19 Assessment Committee will next meet on 15 June 2022 to review the traffic light settings for New Zealand, unless triggered earlier. Ministers with Power to Act will then review the CPF settings again in late-June 2022. On 15 June 2022, the COVID-19 Assessment Committee will also consider isolation periods for cases and household contacts in concert with the traffic light assessment. |
| Planning for Next Phase | | | |
| | | | |



2. COVID-19 Insights

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

2.1.1 What we Can learn from COVID-19 reinfection overseas

Introduction

The Insights and Reporting Team in DPMC's COVID-19 Group have analysed available data from several countries including the United Kingdom, South Africa, Qatar, Sweden, Denmark, Belgium and the United States to identify trends in COVID-19 reinfection. Some countries, including New Zealand and Australia, do not currently publish specific data on reinfection.¹ Instead this report references trends in case data where appropriate.

Reinfection with the virus that causes COVID-19 means a person was infected, recovered, and then later became infected again (regardless of the variant involved).² The definition of reinfection varies in different countries. Most countries require evidence of repeated COVID-19 infection, usually defined as positive tests for COVID-19, at more than 90 days apart.³ The likelihood of reinfection inside the 90-day window is unknown because of difficulties in collecting the needed data.

Previous infection appears to reduce the risk of reinfection by at least 80 percent,⁴ with immunity believed to remain high for approximately 90 days following recovery.⁵ However, instances of reinfection are increasing globally. This increase coincides with several factors that contribute to reinfection, particularly the emergence of the Omicron variant.

Reinfection Rates are Increasing Globally

Before November 2021 cases of reinfection were low and typically averaged below 2 percent of cases.^{6,7} Since November 2021, this has increased to around 10 percent of cases.^{8,9,10} Similarly, in New Zealand, there is anecdotal evidence of increasing rates of reinfection.¹¹ The Ministry of Health is drafting more detailed material regarding reinfection which will be shared over the coming weeks.

Drivers Behind the Increase in Reinfection Rates

The increase in rates of reinfection has coincided with the emergence of the Omicron variant and subvariants, with growing evidence of Omicron's increased evasion of immunity causing higher and more frequent rates of reinfection.¹² South Africa was the first country to identify an early signal of an increased risk of reinfection, with data indicating a three-fold increase in risk for reinfection due to Omicron as compared with previous variants.¹³ Further studies have confirmed the Omicron variant's ability to evade the immune system, irrespective of vaccination status or previous infection.¹⁴

Reinfection most commonly occurs by a variant or subvariant that differs from earlier infection(s).^{15,16} Most cases of reinfection are likely to be people infected by the Alpha or Delta variants and then infected again by the more contagious Omicron.¹⁷

Natural immunity is most effective against a variant or subvariant it has already been exposed to. That, combined with Omicron's immune-evasion abilities has meant that previous infection is only approximately 56 percent effective against Omicron, compared to being around 90 percent effective at preventing an infection with the Alpha, Beta, or Delta variants.¹⁸

There is mixed evidence regarding the protection offered by a booster vaccination to those with a prior infection. Several studies have indicated a booster does improve immunity even with prior infection,¹⁹ though some have found to the contrary.²⁰ Like vaccination, natural immunity wanes with time. It could be that a booster vaccination increases immunity where natural immunity has waned, while a booster administered where natural immunity is still high could have limited or no additional immunity benefit.²¹

Omicron-on-Omicron reinfection is thought to be uncommon and is probably driven by Omicron sub-variants. There is limited data available around Omicron-on-Omicron reinfection, however initial studies from Belgium and Denmark suggest the incidence could range from 0.01 percent and 0.1 percent of cases.^{22,23} In April 2022, evidence of a COVID-19 resurgence was identified in South Africa. This

resurgence is believed to be driven by an increased prevalence of the Omicron subvariants BA.4 and BA.5 that have increased immune-evasion characteristics.²⁴ These subvariants are now the dominant variants in South Africa.

Omicron's ability to evade immunity is not the only cause of the spike in reinfection. It is playing a part within the context of other factors, including:²⁵

- **A high proportion of people have now been exposed to COVID-19:** more people have now been infected, meaning there is a higher chance of seeing reinfection than at earlier stages in the pandemic.²⁶
- **The greater transmissibility of the Omicron variant:** higher transmissibility increases the chance of reinfection by increasing the chances of infection more broadly.
- **Waning immunity in general:** immunity through vaccination reduces over time.²⁷ With several countries not intending to rollout further doses of vaccines to their populations, a greater number of breakthrough infections will become likely.²⁸
- **Reduction in COVID-19 measures:** several countries, including Denmark, the UK, and Canada, amongst others, have reduced their COVID-19 measures, increasing the opportunities for COVID-19 transmission within the population.²⁹
- **Omicron is a newer variant that has replaced previous dominant variants:** Reinfection is more likely where the dominant variant is replaced by a new one.³⁰

Given these factors, the rate of reinfection are likely to continue increasing. Scientists now predict that eventually everyone will catch COVID-19 multiple times over the course of their lifetime.³¹

The Severity of Reinfection Can Vary

Evidence regarding the severity of reinfection relative to the preceding infection(s) is mixed. However, variables such as the initial dose of virus, differences between variants, and changes in a person's overall health could all determine the severity of the reinfection.³²

Some trends in reinfection severity have been identified. For instance, individuals with co-morbidities have been identified as being particularly susceptible to increased severity of reinfections.³³ Even where severity has not increased, most reinfected patients show clinical symptoms, and only a few studies have reported patients being asymptomatic at both the first and secondary infections.³⁴ One study has also observed that the risk of reinfection reduces where the prior infection is more severe.³⁵

Specifically with Omicron, reinfection appears to be less severe³⁶ and a study has shown protection by previous infection against severe COVID-19 caused by Omicron remains high at around 88 percent.³⁷

Reinfection is Underreported

COVID-19 reinfection is underreported and information on the variants involved is limited. Not all individuals who have COVID-19 take a PCR test to verify this (or take a test at all) and PCR tests are required for whole-genome sequencing to be undertaken and for the variant present determined. Equally, not all PCR tests are sent for whole-genome sequencing, further reducing information available and reducing the certainty.

It is Too Soon to Say What Reinfection Might be Like in New Zealand

How reinfection will play out in the New Zealand context is unclear. The reasons for this are:

- **New Zealand has primarily experienced Omicron cases.** There is limited information available so far regarding Omicron-on-Omicron reinfection, as noted above, or how immunity from Omicron infection impacts immunity against future variants.
- **New Zealand has not had the levels of infection or duration of outbreak experienced elsewhere.** Consequently, fewer New Zealanders have been exposed to COVID-19 and are more likely to experience infection – rather than reinfection – at this stage in the pandemic.

The number of reinfections in New Zealand to date is probably a tiny proportion of the total number of cases.³⁸ Although New Zealand does not currently report reinfection, the data are collected. A preliminary

analysis of the number of reinfections in New Zealand to 6 May, identified 977 sequential positive tests in the same individual more than 90 days apart. The majority of these occurred during the Omicron outbreak. The reinfections identified are from a total of more than 1 million tests and nearly a million cumulative cases to date.

As New Zealand enters winter, instances of infection, and reinfection, may increase alongside other seasonal illnesses. It is too soon to understand this seasonal variation in Omicron transmission or the impact of newer variants or subvariants.³⁹

Proactively Released

3. Ministry of Health



3.1 Policy/Programme Updates

3.1.1 Winter planning: update

This item provides an update on current work being undertaken for winter preparation across the health system.

The Ministry of Health are working with the district health boards (DHBs) on models that encompass planning for the ongoing response to COVID-19 and winter preparedness, which includes influenza-like illnesses and anticipated health workforce absenteeism over winter.

Analysis of the DHBs' winter preparedness checklists has now been completed and shows that overall, there has been an uplift in national preparedness and planning activities. On 20 May 2022, the Ministry provided you with an update on planning that is underway for winter 2022, and information relating to modelling on anticipated health workforce absenteeism.

The Ministry of Health are working to identify how the COVID-19 Care in the Community model can be used to support the patient journey for a wider range of illnesses and diseases, including the delivery of vaccinations to vulnerable populations and supporting care for a wider number of winter illnesses. The Ministry held a workshop with primary and community providers on 12 May 2022 to identify opportunities for Care Coordination Hubs to support the management of a range of winter illnesses. The Ministry provided a briefing on the initiatives that are under way as part of winter preparation for the health system to you on 20 May 2022.

Next steps

The Ministry will work with the Regional Leads to create action plans that address any outstanding issues from the winter preparedness checklists, and to implement initiatives supporting a wider range of winter illnesses through the Care in the Community model of care. The action plans and initiatives will be reported to, and monitored by, the HNZ Winter Planning Taskforce.

3.1.2 Health system preparedness programme: update

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

COVID-19 Care in the Community

Therapeutics update

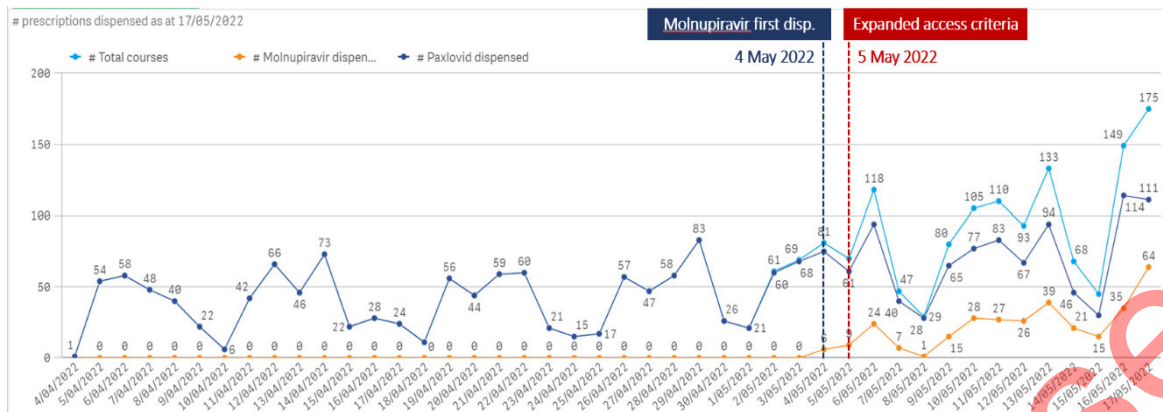
There are reassuring signs that the expanded access criteria and the availability of Molnupiravir are having a positive effect on prescribing rates for COVID-19 therapeutics. This is evident in the chart (overleaf) showing data from 4 April 2022 when Paxlovid™ first became available, and from 5 May 2022 when Molnupiravir became available and the access criteria expanded. An additional week's data is being gathered before the Ministry of Health conduct a complete analysis.

A new report is being created in the COVID-19 Therapeutics Qlik Application, which will describe therapeutics' prescribing rates against age and ethnicity based on the number of active COVID-19 cases. This will give a complete picture rather than simply describing the numbers of courses dispensed for each ethnicity.

The Ministry are working on proactive communications about COVID-19 therapeutics to priority populations, (immunocompromised, Māori and Pacific, and aged care) to raise awareness and promote early testing and upload of positive COVID-19 results.

The Ministry are meeting regularly with Pharmac and the Ministry of Foreign Affairs and Trade (MFAT) to understand how the Ministry of Health can support COVID-19 therapeutics in the Pacific.

COVID-19 Therapeutics Dispensing Rates from 4 April 2022 to 17 May 2022



Evaluation of the Risk Score Tool

Version 1.0 of the Risk Score Tool for call prioritisation (the tool) was deployed on 10 March 2022, as a part of the COVID-19 digital systems to make sure people who were at highest risk of hospitalisation were prioritised for call backs if they did not respond to initial outreach from the National Contact Tracing System. The Ministry have completed an evaluation of the tool, reviewing data from 23 January 2022 to 14 February 2022 to determine the tool’s effectiveness. The completed evaluation showed:

- Māori and Pacific people are automatically assigned higher risk of hospitalisation compared to other ethnicities;
- the tool was very good at identifying higher risk people over 60 years of age, and just below average for people who were unvaccinated.

The findings, along with additional new data sources, are being used to inform version 2.0 of the tool, which will be ready for evaluation from mid-June 2022.

The Ministry of Health is assessing the possibility of using a future iteration of the tool to flag people at high risk of hospitalisation (after they test positive for COVID-19) to hubs and primary care for clinical assessment for therapeutics.

Southern Hubs

The Southern Hubs are supporting whānau and limiting the spread of COVID-19 through the delivery of COVID-19 Care in the Community (ie, supporting people and whānau to isolate safely in the community). Below are several examples of the positive difference the Hubs are making:

- A person in emergency housing who had serious co-morbidities was provided with alternative accommodation during their isolation period. The West Coast Hub liaised with St John’s and the Ministry of Social Development (MSD) to make sure they had a medical alarm, as they were alone during the isolation period. At the end of the isolation period, the individual let us know they would be interested in renting the property if it was available. The accommodation contract with the DHB ended 31 March 2022 and the Hub worked with the landlord and MSD to help the individual rent the property, providing them with permanent housing.
- The West Coast Hub was contacted by someone who had tested positive on the side of the road outside of Fox Glacier while on the way to Queenstown. They had a rental car and accommodation in Queenstown booked for that evening but staying there was no longer feasible, because they had tested positive. The Hub made sure the person could safely drive and helped arrange alternative accommodation that worked with their budget and would provide contactless delivery of any needed supplies. The individual felt very supported and was extremely grateful for the assistance at a stressful time.

- A Southern Hub transport provider assisted a young pregnant mother, who had COVID-19, to get to hospital for assessment and transport her home after an overnight admission. The mother also had a seven-month-old child and didn't have a car seat. The Hub sourced a car seat from a local connector, arranged kai for the whanau, and linked them with Maternity Services.

3.1.3 COVID-19 Health System preparedness

This item provides an update about the COVID-19 therapeutics uptake and usage from last week's HSP Update.

COVID-19 Care in the Community

In response to lower uptake than anticipated for Paxlovid™, Pharmac widened the access criteria for all COVID-19 therapeutics and utilised this for the release of Molnupiravir on 5 May 2022.

Because of predicted constrained supply of oral therapeutics, the initial access criteria were set to ensure availability of therapeutics to those who were at highest risk of progression to severe disease or hospitalisation. At the same time, the Ministry of Health worked to ensure supplies were in the regions and centres with high-risk populations, with enough stock held in reserve to distribute at urgency.

Since 5 May 2022, the widened criteria have enabled an increase in the number of people who qualify for oral therapeutics, resulting in us seeing a steady increase in the number of prescriptions for COVID-19 oral therapeutics.

The Ministry of Health and Pharmac are meeting together twice weekly to review the prescribing rates. Pharmac is prepared to review the access criteria in response to prescribing data and Ministry of Health feedback.

The Ministry of Health's Care in the Community team are conducting a quantitative analysis to compare prescribing rates of Paxlovid™ pre-access criteria change (from 5 April 2022 to 4 May 2022) to post-access criteria change (5 May 2022 to 24 May 2022). The results will be available in the week beginning 30 May 2022 and will be shared in our regular meeting with Pharmac to inform decisions around widening the access criteria further. The Ministry are also comparing rates of prescribing against age and ethnicity. This will enable the Ministry of Health to determine how the widening of the criteria has influenced uptake of oral therapeutics, and how any further changes may alter prescribing.

Recent feedback and data suggest that the lower rates of prescribing and dispensing are not a supply issue, but instead related to:

- hesitancy with prescribing, especially with therapeutics that may cause more harm for some patients in an Omicron setting with a highly vaccinated population;
- clinician unfamiliarity with the therapeutics;
- complexity of the process for assessing a patient against the access criteria;
- complexity of assessment of the multiple drug interactions with Paxlovid™.

The following steps are being undertaken to support prescribers and pharmacists with using these new therapeutics.

- Pharmac has recently published a web-based access criteria assessment tool which simplifies the process for assessing whether their patient is eligible for funded COVID-19 antiviral treatments, and is exploring further options to increase health practitioner confidence.
- Pharmac also contracted He Ako Hiringa to develop an online practice-level audit tool for prescribing Paxlovid™. This went live in May 2022.

Clinical guidance on prescribing COVID-19 therapeutics has been provided in the form of:

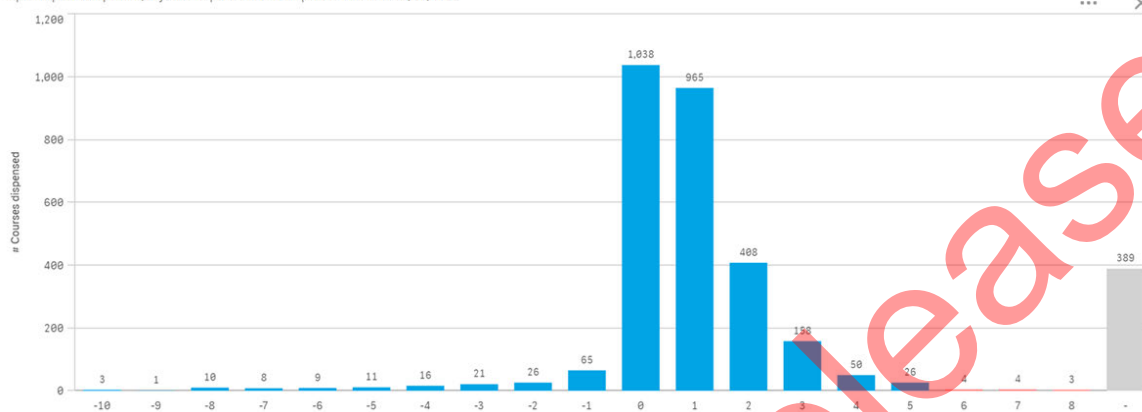
- guidance on the Ministry of Health website;
- updated clinical pathways on the national collaborative COVID-19 HealthPathways;

- He Ako Hiringa prescriber and pharmacist education support website;
- regular monthly webinars to primary care sector (the main audience being General Practice teams and community pharmacy).

There is currently no evidence that indicate concerns around timely access are warranted, as data suggests the vast majority of people access therapeutics within five days of case creation.

Reporting to dispensing days

prescriptions dispensed, days from reported date to dispensed date as at 23/05/2022



COVID-19 Care in the Community has worked towards ensuring equitable access to oral therapeutics with the following systems in place to facilitate the journey from symptoms to therapeutics:

- RAT supplies prioritised to iwi, Pacific, and disability providers to ensure priority populations are supported to get access to testing. The Ministry of Health is exploring how to support RAT Distribution Channels' efforts to improve awareness about therapeutics in the people they distribute RATs to.
- All COVID-19 positive cases are reported to both the patient's enrolled GP, as well as the Coordination Hub (which acts as a safety net for the non-enrolled and those whose COVID-19 care is not being provided by their GP).
- A national risk score (V1.0) has been developed to facilitate call prioritisation at coordination hubs and general practices to those most at risk of severe outcomes from COVID-19. This is used mostly in areas where there is no locally developed score in use. V2.0 is in development and is likely to be more accurate at determining the risk of hospitalisation with COVID-19.
- For those positive cases that the general practice team is not already actively managing, the National Contact Tracing System (NCTS) case assessment process identifies those at increased risk of severe outcomes, and this is visible at coordination hub-level to enable prioritisation for clinical assessment.
- The COVID-19 Health Hub website, the online self-assessment form, and the NCTS assisted assessment channel all direct the COVID-19 positive cases with severe symptoms, or increased risk of poor outcomes, to be prioritised for clinical assessment.
- The Unite Against COVID-19 public communications campaign advises of severe symptoms and a COVID-19 0800 number to call if feeling very unwell.
- Aged residential care (ARC) access has been facilitated locally, by ensuring that the dispensing pharmacies were selected on the basis of their ability to service local ARC facilities promptly with medication review and supply.
- Coordination hubs connect COVID-19 positive cases to providers of clinical care (including assessment for therapeutics), manaaki support, and welfare support as needed.

3.1.4 National Immunisation programme (Week: 16 – 22 May 2022)

Table 1: Vaccinations delivered

| | Vaccines Administered 11 May - 17 May | Vaccines Administered 18 May - 24 May | Change | Cumulative Total |
|---------------------------------------|--|--|----------------|-------------------|
| COVID-19 Vaccinations | | | | |
| First Dose 12+ | 190 | 207 | 8.94% | 4,027,303 |
| Second Dose 12+ | 392 | 278 | -29% | 3,979,246 |
| Third Primary | 206 | 114 | -44.66% | 32,314 |
| Booster | 6,774 | 4,707 | -30.51% | 2,652,745 |
| 16–17-year-old Booster | 861 | 590 | -31.48% | 10,146 |
| Paediatric First Dose | 328 | 233 | -28.96% | 262,597 |
| Paediatric Second Dose | 1,903 | 1,375 | -27.75% | 122,808 |
| Total | 10,654 | 7,504 | -29.56% | 11,077,013 |
| Flu Vaccinations^{1,2} | | | | |
| | Vaccines Administered 7-13 May 2022 | Vaccines Administered 14-20 May 2022 | Change | Cumulative Total |
| Total 65 + | 29,911 | 22,103 | -26.10% | 464,005 |
| 55-64 Māori/Pacific | 2,679 | 2,147 | -19.86% | 124,068 |
| MMR Vaccinations | | | | |
| | Vaccines Administered 7-13 May 2022 | Vaccines Administered 14-20 May 2022 | Change | |
| All MMR doses - Māori | 772 | 635 | -18% | |
| All MMR doses - Pacific | 279 | 299 | 7% | |
| MMR catch up dose - Total | 162 | 125 | -23% | |
| MMR Total Doses | 3,166 | 2,800 | -12% | |

The National Immunisation Register (NIR) application is currently experiencing performance issues, which may mean approximately 30,000 flu records have not yet been entered into the system. The root cause has been identified and a fix is being implemented, with data expected to flow through in next week's report.

COVID-19 Vaccinations

National strategies to increase uptake continue, with the 'Game-On' strategy being rolled out to other regions, and sprint events taking place. Blueprints are being created for DHBs to assist in the roll-out of events where multiple vaccine types are being delivered.

Additional communications will be sent to general practices asking them to continue to focus on boosters for Māori and Pacific people, as well as for those who are immunosuppressed.

5-to-11-year-olds

To date, 35 percent of eligible tamariki Māori aged 5 to 11 years have been partially vaccinated. 48 percent of Pacific children aged 5 to 11 years have been partially vaccinated, equal to last week. Of the 1,608 paediatric vaccinations administered in the last week, 250 were to tamariki Māori and 207 were to Pacific children.

Schools and kura update

The Ministry of Health has worked closely with Capital & Coast and Hutt Valley DHBs (who have had the most success running school-based vaccination clinics). This is to understand in greater detail, the engagement undertaken to facilitate support for COVID-19 vaccination with schools and kura since late

¹ Approximately 20 percent of flu and MMR vaccinations are entered into the NIR or CIR in the weeks following the vaccination being administered. This may result in a difference in week-on-week comparisons.

² Flu vaccinations are recorded in the National Immunisation Register (NIR) and Covid Immunisation Register (CIR). The figures quoted above is based on CIR data as at 11:59pm on 22 May 22 and NIR data as at 11:59pm on 20 May

2021. This week the DHB Regional Area Managers, with supporting collateral detailing the engagement approach, will be driving Northland, Lakes, Whanganui and West Coast DHBs to replicate this process.

Fourth dose

The expedited legislative process to amend the Medicines Act 1981 to enable delegations to the Director-General of Health for an off-label use of Pfizer COVID-19 vaccines is well underway. The programme is working with the Minister's office regarding the nature and timing of an announcement for the fourth dose, which is planned for the end of the week beginning 23 May 2022. In parallel, the programme is completing its preparations to offer the fourth dose to eligible people once the enabling legislation is enacted. The Ministry of Health is also engaging with primary care to encourage them to offer people they are already seeing a fourth dose if they are eligible using a prescription. The Ministry of Health is also working with DHBs to facilitate administering a fourth dose to residents within aged residential care (ARC) facilities boosted over six months ago.

Equity

Māori

As at 22 May 2022, 91 percent of Māori aged 12 years and over have received dose one and 88 percent have received dose two of the COVID-19 vaccine. Fifty-six percent of Māori aged 18 years and over have received their booster. Thirty-five percent of tamariki Māori have received dose one and 12 percent have received dose two of the paediatric COVID-19 vaccine. There have been no significant movement in vaccination rates over the past week.

Māori health providers have largely shifted to an outreach and drive through approach to delivering COVID-19 vaccinations over the past week. Providers are also supporting the wider health needs of whānau by focusing on flu vaccinations across the regions.

Pacific People

As at 22 May 2022, 98 percent of Pacific peoples aged 12 years and over have received dose one and 97 percent have received dose two of the COVID-19 vaccine. Fifty-nine percent of Pacific peoples aged 18 years and over have received their booster. Forty-eight percent of Pacific children aged 5-to-11-years have received dose one and 14 percent have received dose two of the paediatric COVID-19 vaccine.

Communications campaign

Videos are being produced to target a variety of age cohorts across the Pacific community to get immunised.

A pilot survey is being trialled at Pacific vaccination events on 28 May 2022 to capture community members' key motivations for getting vaccinated and key insights about flu and MMR uptake amongst Pacific communities.

Disability and mental health

As at 23 May 2022 86 percent of mental health and Alcohol and Other Drug (AOD) service users aged 12 years and over have received dose one and dose two of the COVID-19 Vaccine. Fifty-Eight percent of eligible mental health and AOD service users aged 18 years and over have received their booster dose.

Peer support fund

All applicants for the COVID-19 Vaccine and Immunisation Peer Support Fund have now been notified of the outcome of their application. Contract negotiations are underway with the 14 successful applicants, with contracts expected to commence in the first week of June 2022.

Outreach

Population groups with lower uptake rates and at greater risk of serious infection are being prioritised, and work with selected DHBs is progressing to increase vaccination rates. Examples of sprint activities in progress are outlined below.

- Northland DHB begins its sprint campaign targeted at Māori and Pacific 55 years and over and tamariki from 23 May 2022. The prime vaccination will be COVID-19; however, influenza and MMR will also be available. Northland DHB has established a new Northland Immunisation Steering Group, with the goal of further aligning local GPs, pharmacies, primary health organisations (PHOs), Māori and Pacific providers.
- Taranaki DHB has a series of sprint events planned over the next six weeks targeting tamariki Māori. Alongside vaccinations, care packages and support services are being offered to Whānau and Hapori by the DHB and its providers.
- Hawke's Bay DHB has finalised its plan for the upcoming Winter Wellness campaign with the focus on increasing influenza and booster vaccinations for the 55 years and over Māori and Pacific populations.
- Southern DHB has identified Māori and Pacific people aged 50 years and over and immunocompromised people as cohorts they need to prioritise reaching before the winter months. Calling of Māori 50 years and over has begun and Pacific and immunocompromised people will begin in the next week to ten days.

Planning with the next tranche of DHB sprints commenced this week, beginning 23 May 2022, with Whanganui, Waikato and West Coast DHBs.

Game On sports strategy continues

As part of a wider strategy with winter sports codes to support vaccination and wellness, the Tāmaki Makaurau 'Game On' campaign continues with tickets to sports games, including the Moana Pasifika match and Mystics Netball game. This coming weekend, the 'Game On' strategy will be implemented in Christchurch. Other DHBs are also waiting to implement this strategy in their region. The Ministry of Health is engaging with New Zealand Rugby and Netball New Zealand to support additional opportunities of promoting vaccination, and winter wellness at these events.

Incidents

For the week 16 May to 22 May 2022, the Ministry of Health was informed of the following new incidents:

- s9(2)(a) [redacted]
[redacted]
- s9(2)(g)(i) [redacted]
[redacted]

Update on previously reported incidents:

Both Southern and Taranaki DHBs continue to engage with remaining consumers and whānau of tamariki who are yet to receive replacement doses. The review into the Southern DHB incident has been accepted by the DHB. The report includes an escalation pathway for a cold chain issue. The report recommendations, with an implementation plan, are being presented to the Audit and Risk committee this month. Once this step is complete, the DHB will make decisions on when to release the report; and who to release the report to.

The outcome of the Taranaki DHB review is due late June 2022. The report is currently being finalised.

Adverse events following immunisation (AEFI)

- s9(2)(k) [redacted]
[redacted]
[redacted]

CV-ISMB update

The COVID-19 Vaccine Independent Monitoring Safety Board (CV-ISMB) had their regular monthly meeting on 18 May 2022. Medsafe presented an updated memo on tinnitus and hearing loss (previously discussed in August 2021) as potential signals for the COVID-19 vaccines. The Board supported Medsafe's recommendation that there was insufficient evidence from New Zealand and internationally for tinnitus and hearing loss with the Pfizer vaccine, and that Medsafe continue routine monitoring this through routine pharma co-vigilance.

An update was also provided to the Board around the post-marketing safety data for the Novavax vaccine. To date, the Ministry of Health has received 46 AEFI, one of these reports is for pericarditis. While use of the Novavax vaccine has been limited in New Zealand, there has been greater uptake in other countries resulting in a greater number of reports of myocarditis and/or pericarditis after the vaccine than would generally be expected from the normal background rate. Because of this, Novavax is currently investigating a potential signal for myocarditis and pericarditis, which is not included on the product label as a side effect of this vaccine. The Board agreed with Medsafe that the limited data did not highlight any concerns and recommended that Medsafe continue to closely monitor the safety of this vaccine.

Regardless of the type of vaccine administered, consumers are being advised of rare but serious side effects at the time of vaccination.

COVID Vaccination Certificates

The release of the phase one was implemented successfully on 24 May 2022. The next release scheduled for 31 May 2022 will make vaccine certificates available for those who have had a recent COVID-19 infection and are unable to get a booster for 90 days.

Assisted channels are in place for consumers who do not use digital self-service.

Novavax as a booster

The Ministry of Health's technical advisory group (CV-TAG) have provided advice that sufficient data now exists to safely use the Novavax vaccine as a booster dose. Medsafe has also advised that they will be considering an application on 1 June to approve Novavax as a booster. Once the Medsafe approval has been completed, the Ministry of Health will provide Ministers with advice on adopting Novavax as a booster into the portfolio. This is expected to be rolled out during June 2022.

COVID-19 Vaccine stock expiry

Table 2: COVID-19 Vaccines currently in stock across the country, and wastage to date.

| COVID-19 Vaccine | Central Storage Stock | Site Stock | Expired to date |
|-------------------|---|--------------|-----------------|
| Paediatric Pfizer | 401,400 doses with an expiry date of 31 October 2022. Three-month shelf-life extension application has been granted and applied. | 68,120 doses | 94,690 doses |
| 12+ Pfizer | 2,376,780 doses. The three-month shelf-life extension from 9 to 12 months at Ultra-low temperatures was approved by Medsafe on 20 May 2022. The updated expiry date is currently being confirmed. | 80,772 doses | 416,010 doses |
| AstraZeneca | 13,200 doses with an expiry date of 22 July 2022 | 4,370 doses | 81,450 doses |
| Novavax | 243,700 doses with a current expiry date of 31 July 2022 | 5,990 doses | 990,380 doses |

Implementing changes to the Medicines Regulations Act 1984 – Vaccinating Health Worker Role

The COVID Vaccinator Working Under Supervision (CVWUS) role was created in response to the urgent need to vaccinate Aotearoa New Zealand against COVID-19. This expanded the vaccinating workforce and reflected Aotearoa New Zealand’s diversity.

Based on sector feedback, a Vaccinating Health Worker (VHW) role is being created. A new regulation ‘44AA Alternative authorisation of vaccinators’ has been added to the Medicines Regulations Act 1984 has now come into force (19 May 2022). This provides for more flexibility in the authorisation of vaccinators and enables the VHW role to be implemented.

The first step will be offering training to people who are already working as CVWUS to expand their skills and administer more vaccines and bridge to VHW. Then Health New Zealand will establish a pathway for people who are not already CVWUS vaccinators to train and be prepared to work as authorised VHWs.

Training programmes and resources are currently being developed, including VHW clinical supervision training module. From June 2022, current authorised CVWUS vaccinators will be able to be train and be authorised as a VHW.

The Ministry of Health has been engaging and will continue to engage in the sector. A series of stakeholder hui via webinars are planned to share information and provide progress updates on implementing the VHW role. The first webinar is planned for 31 May 2022.

3.1.5 Communications update

An announcement of the eligibility and timeframes for a second COVID-19 booster, including preparation by the health sector, is being made at the end of week commencing 23 May 2022. Key messages are being provided to the Ministers office and will be distributed prior to an announcement being made. These messages highlight boosters as important for those most vulnerable as the Ministry of Health prepares for winter with approximately 850,000 people eligible. People will be informed directly when they are due through a variety of channels, such as SMS message and/or email.

The ‘Stay Well This Winter’ visual identity will be rolled out this week to DHBs, Unite Against COVID-19 and other agencies for use in relevant promotional and informational material and campaigns.

A new television commercial has been filmed for the influenza vaccination campaign which is due for release on 6 June 2022, and a new series of targeted digital advertising in a variety of languages aimed at priority audiences will begin the week commencing 23 May 2022. This includes an interactive Q&A used across digital advertising in a variety of locations to address common questions the Ministry has received from Māori and Pacific people.

3.1.6 Technical Advisory Group: update

COVID-19 TAG

The COVID-19 Technical Advisory Group (COVID-19 TAG) met on 20 May 2022 and discussed the following items.

- Variants of Concern Scenario Planning
- Science updates
- Trends and Insights Report.

The next COVID-19 TAG meeting is scheduled for 17 June 2022.

CV TAG

The COVID-19 Vaccine Technical Advisory Group (CV TAG) did not meet in the week commencing 16 May 2022. The next CV TAG meeting is scheduled for 24 May 2022.

Therapeutics TAG

The COVID-19 Therapeutics Technical Advisory Group (Therapeutics TAG) met on 20 May 2022 and discussed the following items:

- Therapeutics
 - Pharmac update
 - Medsafe update
 - STA update
 - Primary Care update.
- Equity considerations
- Future of Therapeutics TAG
- Clinical Management of COVID-19 in Hospitalised Adults (including in pregnancy) Guideline update.

The next Therapeutics TAG meeting is scheduled for 3 June 2022.

CT TAG

COVID-19 Testing Technical Advisory Group (CT TAG) met on 17 May 2022 and discussed the following items:

- Horizon scanning
- Surveillance Plan: Seroprevalence survey
- Serologic testing: persistent infection
- Antibody Health Report on Serology and Immunity Testing
- Update on device applications and approvals (non-RAT)
- RAT and PCR utility - HR Health Report.

The next CT TAG meeting is scheduled for 31 May 2022.

3.1.7 Upcoming communications issues and activities

As at 23 May 2022

| Date | Activity | Lead agency | Comms material | Ministerial Involvement |
|-----------------------------|---|---------------------|---|-------------------------|
| 23/24 May 2022 | Testing, Surveillance and Contact Tracing | MoH | Communications plan tying these workstreams together including new testing plan covering testing settings through to September 2022. This communications plan feeds into Winter Wellness plan | Minister Verrall |
| Week commencing 23 May 2022 | Amendment to, or revoking of, the Required Testing Order 2020 | MoH | Stakeholder communications being prepared for PCBUs, public sector agencies – MBIE, WorkSafe, Customs, Aviation Security Service, MPI, Police. | TBC |
| Ongoing | Reports into the Delta outbreak and PCR testing capacity are being reviewed and once finalised will go over to Minister's office with recommendations | MoH | Full communications plan | Minister Hipkins |
| Ongoing | Omicron community outbreak: daily communications and support for the health sector and public, incl. cases in a number of regions across the country | MoH DPMC | Talking points, key messages, communications, website, stakeholder communications | Optional |
| Ongoing | Testing – who to test / where to test / record results on My Covid Record / Traveller requirements messaging | MoH DPMC MBIE | Key messages, website, stakeholder communications | No |

Proactively Released

4. Managed Isolation and Quarantine Weekly Report

4.1 Transition and Readiness

4.1.1 Workforce

The formal change process for the remaining facilities, and our regional and national offices is ongoing. While most staff will be exiting MIQ, a consultation period started on 10 May which provided affected staff the opportunity to provide feedback on the proposed structure and other aspects of the change proposal around a small residual group. This consultation period closed on 24 May and feedback is now being considered. MBIE expect that decisions will be made in early June and implemented mid-July.

4.1.2 Decommissioning of facilities

A total of 24 facilities have been decommissioned and handed back.

A further two facilities will be decommissioned on 1 June and the final two community facilities will be decommissioned on 30 June.

The decision to bring forward the decommissioning of the Commodore Hotel Christchurch will mean it is de-designated by the end of May and decommissioned by the end of June.

Decommissioning for the final three operational facilities is on track with the proposed date of 31 July for de-designation and 31 August for decommissioning.

Facility decommissioning status

| Facility (by region) | Tranche | Current occupancy | Current phase | Staff on site within last 7 days | Hand-back date | Facility RAG status |
|----------------------------|---------------|-------------------|-------------------|----------------------------------|----------------|---------------------|
| Auckland | | | | | | |
| Crowne Plaza | One | Empty | Decommissioned | | 29/4/22 | |
| Four Points | One | Empty | Decommissioned | | 14/4/22 | |
| Grand Mercure | One | Empty | Decommissioning | | 29/4/22 | |
| Grand Millenium | One | Empty | Decommissioned | | 14/4/22 | |
| Novotel/Ibis Ellerslie | One | Empty | Decommissioned | | 29/4/22 | |
| Sebel | One | Empty | Decommissioned | | 29/4/22 | |
| SO | One | Empty | Decommissioned | | 29/4/22 | |
| Stamford | One | Empty | Decommissioned | | 29/4/22 | |
| Pullman | One | Empty | Decommissioned | | 29/4/22 | |
| Sudima Airport | One | Empty | Decommissioned | | 29/4/22 | |
| Rydges | One | Empty | Decommissioned | | 14/4/22 | |
| Naumi (Afghan/refugees) | Two | Empty | De-designated | | 1/6/22 | |
| M Social (aircrew) | Two | Empty | Decommissioned | | 29/4/22 | |
| Novotel Airport (mariners) | Two | Empty | Decommissioned | | 13/5/22 | |
| Ramada (deportees) | Two | Empty | Decommissioned | | 29/4/22 | |
| Jet Park | Core facility | Occupied (5 pax) | N/A core facility | 78 | N/A | N/A |
| Holiday Inn | Core facility | Occupied (7 pax) | N/A core facility | 55 | N/A | N/A |
| Waipuna Auckland | Core facility | Occupied (22 pax) | N/A core facility | 57 | N/A | N/A |
| Hamilton | | | | | | |
| Distinction | One | Empty | Decommissioned | | 29/4/22 | |
| Ibis Tainui | One | Empty | Decommissioned | | 29/4/22 | |

| Facility (by region) | Tranche | Current occupancy | Current phase | Staff on site within last 7 days | Hand-back date | Facility RAG status |
|----------------------|---------------|-------------------|-------------------|----------------------------------|----------------|---------------------|
| Amohia (Jet Park) | Three | Empty | De-designated | | 30/6/22 | |
| Rotorua | | | | | | |
| Sudima | Three | Empty | De-designated | | 30/6/22 | |
| Rydges | One | Empty | Decommissioned | | 29/4/22 | |
| Ibis | One | Empty | Decommissioned | | 29/4/22 | |
| Wellington | | | | | | |
| Grand Mercure | Three | Empty | De-designated | | 30/6/22 | |
| Christchurch | | | | | | |
| Chateau on the Park | One | Empty | Decommissioned | | 14/4/22 | |
| Crowne Plaza | One | Empty | Decommissioned | | 29/4/22 | |
| Distinction | One | Empty | Decommissioned | | 29/4/22 | |
| Sudima Airport | One | Empty | Decommissioned | | 29/4/22 | |
| Novotel Airport | One | Empty | Decommissioned | | 29/4/22 | |
| The Elms | Two | Empty | Decommissioned | | 29/4/22 | |
| Commodore | Core facility | Unoccupied | N/A core facility | 39 | 30/6/22 | |
| Totals: | | 34 | | 228 Staff | | |

4.2 Operational update

4.2.1 Current occupancy

MIQ has four facilities across New Zealand designated as MIQ facilities. These facilities provide support to community cases (including close contacts) who are unable to safely isolate at home, as well as refugees, evacuees, mariners, and some air crew.

As 25 May 2022 there were 34 people in MIQ.

| Facility | Total People in Facility | People in Quarantine | Community Cases | Mariners/Air Crew: | Border Cases in Q | Evacuees/Refugees: |
|------------------------|--------------------------|----------------------|-----------------|--------------------|-------------------|--------------------|
| Holiday Inn Auckland | 7 | 4 | 4 | 3 | 0 | 0 |
| JetPark Auckland | 5 | 5 | 4 | 0 | 1* | 0 |
| Waipuna Auckland | 22 | 0 | 0 | 0 | 0 | 22 |
| Commodore Christchurch | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 34 | 9 | 8 | 3 | 1 | 22 |

s6(a)

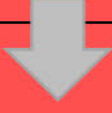
4.2.2 Group Arrivals Update

Summary of approved group arrivals as of 24 May 2022 (to end June 2022)

| Group | Date of Arrival | Allocation Approved | Final number of rooms allocated | Comments |
|----------------------|------------------|---------------------|---------------------------------|---|
| Refugee Quota | 23– 29 May | 31 | 17 (31 pax) | The Refugee Centre is forecasting arrivals of 45 pax (30 rooms) per fortnight until end of June 2022. They are confident they will meet their target of 800 refugees for the fiscal year 21/22. The refugee centre has agreed that the last date for MIQ arrivals is 17 June. |
| | 30 May – 5 June | 9 | 5 (9 pax) | |
| | 6 June – 12 June | 8 | 5 (8 pax) | |
| | May and June TBC | 99 | 40 (99 pax) | |
| Afghanistan Arrivals | 23 – 29 May | 4 | 2 (4 pax) | There are approximately 100 Afghanistan Evacuees to arrive before the end of July. They will arrive sporadically in small groups and not all of them will enter MIQ. MFAT has agreed that the last date for MIQ arrivals is 17 June. |

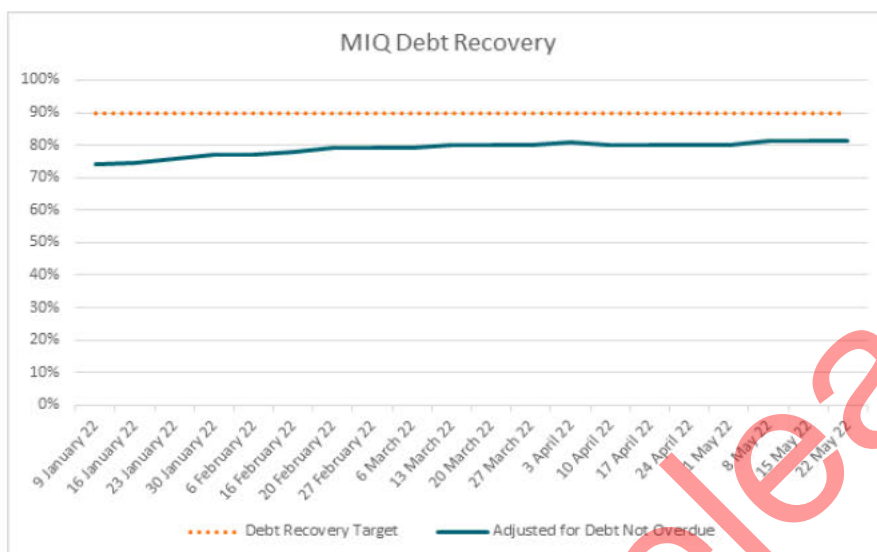
4.2.3 Invoicing

The table below shows the number of invoices issued up to 22 May 2022.

| INVOICES ISSUED | INVOICES PAID | INVOICES ISSUED - NOT YET DUE | INVOICES OVERDUE |
|---|------------------------------------|-----------------------------------|---|
| 58,038 | 38,512 (66% of invoices issued) | 6,876 (12% of invoices issued) | 12,650 (22% of invoices issued) |
| TOTAL VALUE OF INVOICES ISSUED | PAID (BY VALUE) | ISSUED - NOT YET DUE (BY VALUE) | INVOICES OVERDUE (BY VALUE) |
| \$219.3 million | \$166.5M 75.9% | \$14.7M 6.7% | \$38M 17.3% |
| <ul style="list-style-type: none"> Invoicing is up to the period for returnees leaving MIQ from 10 March to 26 March 2022. From mid-March to the end of April there was a dramatic drop in invoicing with only 19 records (not including aircrew, maritime and refugees). With invoicing now largely up to date, MBIE are starting to investigate the 'unmatched data' for the period 25 March 2021 to 28 February 2022 to determine their liability. There are 6,474 of these unmatched records in the database that need to have their liability determined before invoicing. | | |  90+ days overdue <ul style="list-style-type: none"> 7,128 invoices \$25.4M (by value) 11.6% (by value of all invoices issued) |

4.2.4 Debt Recovery

A total of \$2.02m received in the week. The debt recovery percentage is 81.3 percent (against our nominal target recovery of 90%).



As of 22 May 2022, 9,357 invoices worth \$32.6m have been passed to our debt partner. Additionally:

- \$12.1m has now been paid (an increase of \$314k);
- A further \$487k of debt is under instalment and is expected to be converted to payments over coming week;
- Of the invoices sent, 229 customers worth \$742m have now submitted waiver applications. While applications are processed, they stay as outstanding debt.

4.2.5 Fee Waivers

The table below breaks down the waiver application information between 11 August 2020 and 22 May 2022. The numbers below relate to all waiver applications; waivers can be applied for before, during and after an individual has stayed in managed isolation.

| All Waiver Applications Received | Received and not progressed | Total Completed | Approved Waiver Applications | | | Declined Waiver Applications | | |
|----------------------------------|-----------------------------|-----------------|---|-----------------------|------|---|-----------------------|------|
| | | | Financial Hardship | Special Circumstances | BOTH | Financial Hardship | Special Circumstances | BOTH |
| 18,239 | 3,178 | 14,493 | 96 | 9,317 | 89 | 1,853 | 2,533 | 437 |
| | | | Approved 66.5% of completed waivers | | | Declined 33.5% of completed waivers | | |

4.2.6 Reducing the Fee Waiver backlog

| | | Last week (at 15 May) | Two weeks ago (8 May) |
|--------------------------------------|----------------------------------|-----------------------|-----------------------|
| TOTAL BACKLOG AT 22 MAY 2022: | | 568 | 830 |
| Made up of: | i) Processing or to be processed | 287 | 534 |
| | ii) Waiting for Customer | 281 | 296 |

4.3 Ombudsman Complaints

MBIE are currently managing 114 cases, with 79 of those being preliminary enquiries.

There are 15 active cases:

- one is on policy advice
- four are on emergency allocations
- two are on exemptions from managed isolation
- five relate to declined fee waiver decisions
- two are about facilities
- one is the Chief Ombudsman’s self-initiated investigation, of which MIQ MBIE have been advised that a provisional opinion may be sent to MBIE around mid-May.

MBIE closed one case in the week ending 20 May which was a long-standing complaint about an emergency allocation decision, The Office of the Ombudsman advised that the Deputy Secretary apology had resolved the matter.

In the last week MBIE have received 20 new preliminary enquiries from the Ombudsman, of which the majority were fee waiver complaints.

4.4 Upcoming Communications Issues and Activities

4.4.1 As at 24 May 2022

| Date | Activity | Lead agency | Comms material | Ministerial Involvement Y/N |
|--------------|--|---------------|--|-----------------------------|
| 27 May (TBC) | Readiness plan to the Minister | MIQ | MBIE CE foreword, key messages, and reactive messaging | Y |
| 30 May (TBC) | Proactive release of MIQ briefing papers | MIQ | Reactive comms | y |
| June (TBC) | Ombudsman Self-Initiated Investigation findings | MIQ | Reactive comms | Y |
| June (TBC) | Grounded Kiwis judicial review - final declaratory statement | MIQ/Crown Law | TBC | TBC |

5. Border Executive Board Report



5.1 Acting Chair

Christine Stevenson is on leave and travelling during late May and then for part of June 2022. The Chair role will be held by:

- Jamie Bamford, Acting Comptroller for 28 May 2022 – 5 June 2022
- Ray Smith, Director General of the Ministry for Primary Industries for 9 June 2022 – 3 July 2022.

5.2 Border Executive Board meeting

The BEB met on 25 May 2022 with the key matters discussed noted below.

5.2.1 Maritime Pathway – operational readiness for reopening

The Board received the first readiness report to provide assurance reopening is on track and matters of concern are visible. There were no issues to report. The Board supported highlighting to industry that the processes for cruise will not be the same as 2019 as the operating environment has changed.

5.2.2 Border Worker Testing

The Ministry of Health confirmed that testing requirements for border workers will be removed, with the implementation date to be confirmed. The Board were also advised of the intention to seek agreement to remove the requirement for border worker vaccinations. The chief executives indicated an interest in continuing to align health and safety practices, in their PCBU capacity, where border workers from different agencies share the same workspace.

5.2.3 Border sector strategy

The Board reviewed the outline of the first border sector strategy confirming the overall direction was on track and can proceed for further development. The Cabinet paper establishing the BEB outlined the requirement to develop a sector strategy as part of its accountability for strategic border system improvements.

The next meeting is 8 June 2022.

5.3 s9(2)(g)(i)

[Redacted content]

5.4 Vote Customs 2022/23 Estimates Examination

You agreed that the Minister of Customs would submit the response to the Standard Estimates Questionnaire for Vote Customs. The response was provided to the Finance and Expenditure Committee on 20 May 2022.

As part of the examination of the 2022/23 Estimates of Appropriations, on Budget Day the Finance and Expenditure Committee referred Vote Customs to the Foreign Affairs, Defence and Trade (FADT) Committee.

The FADT Committee has invited the Minister of Customs to appear at a hearing on 23 June 2022 and has sent a set of around 180 written pre-hearing questions to the Minister. The majority of the questions ask about agencies funded by the Vote so these answers relate only to the New Zealand Customs Service. The performance of the Border Executive Board falls outside the scope of the Vote Customs 2022/23 Estimates Examination.

Customs will provide draft answers to the Minister of Customs on 10 June 2022 with the response due to the FADT by 5.00 pm on 17 June 2022.

Minister Whaitiri's office will send to your office for approval (before Minister Whaitiri signs the answers out to the FADT Committee) those answers that mention or relate to:

- the Border System Performance appropriation
- the Traveller Declaration System Development appropriation.

It is possible the Border Executive Board will receive questions from the Finance and Expenditure Committee, similar to the 2021 Annual Review.

Proactively Released



6. New Zealand Customs Service Weekly Report

6.1.1 Compliance Checking at the Air Border

As part of Reconnecting New Zealanders, the COVID-19 Public Health Response (Air Border) Order 2021 came into force on 28 February 2022. Customs staff undertake compliance checks for all passengers on arrival for evidence of pre-departure testing or exemption, vaccination verification or exemption or a travel pass.

Travellers who do not provide the required evidence may incur an infringement offence fee between \$500 and \$4,000 depending on the nature of the offence. Non-New Zealand citizens who do not provide the required evidence of vaccination status will be referred to the Ministry of Health officials for further intervention.

For the period 17 to 23 May 2022 (both dates inclusive), a total of 36,452 passengers travelled to New Zealand. Of this number, 86 were considered to not meet the requirements for air travel into New Zealand.

- Eight travellers were issued warning letters, and 78 travellers have been issued with an infringement offence fee for not meeting pre-departure testing requirements.
- No travellers have been issued with an infringement offence fee for not meeting vaccination verification requirements, and no travellers have been referred to the Ministry of Health for further intervention.

Proactively Released

7. COVID-19 Chief Executives Board

7.1 Items to note/updates

The COVID-19 Chief Executives Board will next meet on 31 May 2022. The agenda includes continued discussions on the transitioning to a more sustainable mode of operation across the response and the governance and resource implications. DPMC will update the board on the future COVID-19 Legal Framework and an update on preparedness planning for the variant plan, and an update on Reconnecting New Zealand.

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

8.1 Items to note/updates

The COVID-19 Independent Continuous Review, Improvement and Advice Group met on Tuesday 24 May 2022. In addition to meeting with you, the Group met with officials from DPMC and the Ministry of Health to provide feedback on the post-winter strategy and the Variants of Concern Scenario Planning document respectively. Further to feedback provided through the 24 May meeting, the Group have provided written feedback to you through the DPMC Secretariat.

As the Group's terms of reference end on 1 June 2022, there are no further meetings scheduled.

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 and are next scheduled to meet on Wednesday 1 June 2022. The Group have provided feedback to the Ministry of Health on the Variants of Concern Scenario Planning document. This feedback focussed on immediate gaps or issues and the Group.

10. Business Leaders Forum

10.1 Items to note/updates

The Business Leaders Forum does not currently have a date for its next meeting, although officials will invite their feedback on the Variants of Concern planning.

11. Community Panel

11.1 Items to Note/updates

The Community Panel did not meet this week and are next scheduled to meet on 1 June 2022 to provide feedback on Variants of Concern Scenario Planning. The DPMC Secretariat are still working with your office to arrange a face-to-face meeting during the second half of June 2022.

12. Government Modelling Group

Items to Note/Updates

There are no updates from the Government Modelling Group this week. Future updates will be provided where significant.

Proactively Released

13. Upcoming Cabinet Papers

s9(2)(f)(iv)



Proactively Released

COVID-19 Insights References

- 1 1 NEWS. Covid reinfections - how does immunity fare against other variants? <https://www.1news.co.nz/2022/04/09/covid-reinfections-how-does-immunity-fare-against-other-variants/>. Accessed 9 May
- 2 Centers for Disease Control and Prevention. Reinfections and COVID-19. [https://www.cdc.gov/coronavirus/2019-ncov/your-health/reinfection.html#:~:text=Reinfection%20with%20the%20virus%20that,do%20occur%20after%20COVID%2D19](https://www.cdc.gov/coronavirus/2019-ncov/your-health/reinfection.html#:~:text=Reinfection%20with%20the%20virus%20that,do%20occur%20after%20COVID%2D19.). Accessed 9 May
- 3 Ministry of Health Hot Topic. Evidence on COVID-19 Reinfection Rates. Restricted. Accessed 16 May
- 4 National Library of Medicine. Assessment of protection against reinfection with SARS-CoV-2 among 4 million PCR-tested individuals in Denmark in 2020: a population-level observational study. <https://pubmed.ncbi.nlm.nih.gov/33743221/>. Accessed 12 May
- 5 Unite Against COVID-19. After you have had COVID-19. <https://covid19.govt.nz/isolation-and-care/after-you-have-had-covid-19/>. Accessed 12 May
- 6 United Kingdom Government. COVID-19 daily dashboard amended to include reinfections. <https://www.gov.uk/government/news/covid-19-daily-dashboard-amended-to-include-reinfections>. Accessed 11 May
- 7 The Lancet. Risk of SARS-CoV-2 reinfection and COVID-19 hospitalisation in individuals with natural and hybrid immunity: a retrospective, total population cohort study in Sweden. [https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(22\)00143-8/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00143-8/fulltext). Accessed 9 May
- 8 1 NEWS. Covid reinfections - how does immunity fare against other variants? <https://www.1news.co.nz/2022/04/09/covid-reinfections-how-does-immunity-fare-against-other-variants/>. Accessed 16 May
- 9 Public Health Agency of Sweden. Current weekly report on COVID-19. <https://www.folkhalsomyndigheten.se/folkhalsorapportering-statistik/statistik-a-o/sjukdomsstatistik/covid-19-veckorapporter/senaste-covidrapporten/>. Accessed 16 May
- 10 CP24. 'Infection doesn't protect you': Getting COVID twice is more common as immunity wanes. <https://www.cp24.com/news/infection-doesn-t-protect-you-getting-covid-twice-is-more-common-as-immunity-wanes-1.5856773?cache=qt djrvikpa%3Fclipid%3D104059%3Fclipid%3D104070>. Accessed 16 May
- 11 ABC News. More Australians are reporting catching COVID-19 twice, but there's limited data on reinfections. <https://www.abc.net.au/news/2022-04-06/covid-19-reinfections-increasing-in-australia/100967706>. Accessed 16 May
- 12 Nature. How well can Omicron evade immunity from COVID vaccines? <https://www.nature.com/articles/d41586-022-00283-4>. Accessed 13 May
- 13 medRxiv. Increased risk of SARS-CoV-2 reinfection associated with emergence of the Omicron variant in South Africa. <https://www.medrxiv.org/content/10.1101/2021.11.11.21266068v2>. Accessed 12 May
- 14 Nature. How well can Omicron evade immunity from COVID vaccines? <https://www.nature.com/articles/d41586-022-00283-4>. Accessed 13 May
- 15 Nature. COVID-19 reinfections among naturally infected and vaccinated individuals. <https://www.nature.com/articles/s41598-022-05325-5>. Accessed 9 May
- 16 BioMed Central. Reinfection in patients with COVID-19: a systematic review. <https://ghr.biomedcentral.com/articles/10.1186/s41256-022-00245-3#:~:text=The%20first%20case%20of%20COVID,the%20two%20infections%20%5B8%5D>. Accessed 9 May
- 17 BBC. Covid-19: How many people have been infected more than once? <https://www.bbc.com/news/health-60174478>. Accessed 13 May
- 18 Nature. COVID reinfections surge during Omicron onslaught. <https://www.nature.com/articles/d41586-022-00438-3>. Accessed 13 May
- 19 United Kingdom Health Security Agency. SARS-CoV-2 variants of concern and variants under investigation in England. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1050236/technical-briefing-34-14-january-2022.pdf. Accessed 19 May
- 20 medRxiv. Effectiveness of Primary and Booster COVID-19 mRNA Vaccination against Infection Caused by the SARS-CoV-2 Omicron Variant in People with a Prior SARS-CoV-2 Infection. <https://www.medrxiv.org/content/10.1101/2022.04.19.22274056v2>. Accessed 19 May
- 21 medRxiv. Protection and waning of natural and hybrid COVID-19 immunity. <https://www.medrxiv.org/content/10.1101/2021.12.04.21267114v1>. Accessed 19 May
- 22 medRxiv. Early SARS-CoV-2 reinfections within 60 days highlight need to consider antigenic variations together with duration of immunity in defining retesting policies. <https://www.medrxiv.org/content/10.1101/2022.04.04.22273172v1.full.pdf>. Accessed 17 May
- 23 Reuters. Reinfections with Omicron subvariants are rare, Danish study finds. <https://www.reuters.com/business/healthcare-pharmaceuticals/reinfections-with-omicron-subvariants-are-rare-danish-study-finds-2022-02-22/>. Accessed 9 May
- 24 Ministry of Foreign Affairs and Trade. FORMAL MESSAGE: COVID-19: SOUTH AFRICA: FOLLOWING A THREE MONTH LULL, EARLY EVIDENCE OF A RESURGENCE. Restricted. Accessed 25 May.
- 25 The Guardian. Why are so many people in England getting reinfected with Covid? <https://www.theguardian.com/world/2022/mar/31/why-are-so-many-people-in-england-getting-reinfected-with-covid-omicron>. Accessed 9 May
- 26 Nature. COVID reinfections surge during Omicron onslaught. <https://www.nature.com/articles/d41586-022-00438-3>. Accessed 13 May
- 27 medRxiv. Protection and waning of natural and hybrid COVID-19 immunity. <https://www.medrxiv.org/content/10.1101/2021.12.04.21267114v1>. Accessed 19 May
- 28 MedPage Today. How Concerned Should We Be About Waning Immunity? <https://www.medpagetoday.com/special-reports/exclusives/97676>. Accessed 13 May
- 29 New Zealand Department of the Prime Minister and Cabinet. Countries That Have Removed COVID-19 Restrictions in the Wake of Omicron – Summary. Restricted. Accessed 9 May.
- 30 Ministry of Health Hot Topic. Evidence on COVID-19 Reinfection Rates. Restricted. Accessed 16 May
- 31 BBC. Covid: Woman caught virus twice within record 20 days. <https://www.bbc.com/news/health-61161529>. Accessed 9 May
- 32 European Centre for Disease Prevention and Control. Reinfection with SARS-CoV-2: implementation of a surveillance case definition within the EU/EEA. <https://www.ecdc.europa.eu/sites/default/files/documents/Reinfection-with-SARSCoV2-implementation-of-a-surveillance-case-definition.pdf>. Accessed 12 May

-
- 33 Wiley. SARS-CoV-2 reinfection in a cancer patient with a defective neutralizing humoral response. <https://onlinelibrary.wiley.com/doi/10.1002/jmv.27200>. Accessed 13 May
- 34 BioMed Central. Reinfection in patients with COVID-19: a systematic review. <https://ghr.biomedcentral.com/articles/10.1186/s41256-022-00245-3#:~:text=The%20first%20case%20of%20COVID,the%20two%20infections%20%5B8%5D>. Accessed 9 May
- 35 medRxiv. Protection against Omicron re-infection conferred by prior heterologous SARS-CoV-2 infection, with and without mRNA vaccination. <https://www.medrxiv.org/content/10.1101/2022.04.29.22274455v1>. Accessed 19 May
- 36 medRxiv. Protection conferred by vaccine plus previous infection (hybrid immunity) with vaccines of three different platforms during the Omicron variant period in Brazil. <https://www.medrxiv.org/content/10.1101/2022.04.12.22273752v1?rss=1%22>, Accessed 19 May
- 37 Nature. COVID reinfections surge during Omicron onslaught. <https://www.nature.com/articles/d41586-022-00438-3>. Accessed 13 May
- 38 Ministry of Health Hot Topic. Evidence on COVID-19 Reinfection Rates. Restricted. Accessed 16 May

Proactively Released