



Briefing

POTENTIAL MEASURES TO FURTHER REDUCE RISK OF A COVID-19 OUTBREAK


To: COVID-19 Ministerial Group			
Date	13/09/2021	Priority	High
Deadline	14/09/2021	Briefing Number	DPMC-2021/22-331

Purpose

This briefing provides a preliminary high-level assessment of potential measures before and at the border and in the community to further mitigate the risk of another COVID-19 outbreak before New Zealand's vaccination roll out is complete.

Recommendations

1. **Discuss** the content of this report and attachments at your meeting on Tuesday 14 September and indicate which measures you would like officials to do further work on



Ruth Fairhall
Head of Strategy & Policy

13.9
...../...../2021

Hon Chris Hipkins
Minister for COVID-19 Response

...../...../2021

This briefing was used as a Cabinet Paper and therefore is unsigned

Contact for telephone discussion if required:

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Minister's office comments:

- Noted
- Seen
- Approved
- Needs change
- Withdrawn
- Not seen by Minister
- Overtaken by events
- Referred to

Proactively Released

POTENTIAL MEASURES TO FURTHER REDUCE RISK OF A COVID-19 OUTBREAK

Background

1. On Thursday 9 September, the COVID-19 Ministerial Group (CMG) requested advice on measures to help further prevent and mitigate the risk of another outbreak of COVID-19 before the vaccination programme is complete. There is concern about diminishing social licence for a return to the highest Alert Levels, recognising compliance is key to their effectiveness.
2. A high-level assessment of potential measures is provided at Attachment A. A stocktake of current measures is at Attachment B.
3. Given the prevalence of the Delta variant, there is increased risk of an outbreak until significant levels of vaccination are achieved. Alert Level settings have proven reasonably successful thus far at containing outbreaks. However, their success relies largely on widespread support and compliance with their restrictions. There is scope to consider measures to prevent further outbreaks both at lower Alert Levels and outside of Alert Level settings such as pre-border and at the border.
4. The Ministry of Health is developing advice on refining the Alert Level 1 settings which we understand will be considered by CMG together with this paper on Tuesday 14 September. The Ministry of Health has identified the risk of an undetected super-spreader event as being of the greatest concern in Alert Level 1, and is likely to propose specific requirements to address this risk.
5. This paper is not proposing revisions of higher Alert Levels. In exploring specific measures pre-border, at the border and in the community, including in specific sectors, the focus is primarily on infection prevention and control.
6. Measures assessed in this briefing are primarily new. They were developed following a high-level gaps analysis of current measures, new evidence in controlling new variants, and international examples and precedents. This paper does not include measures about which you have recently received, or will soon receive, advice such as vaccination requirements for non- New Zealand citizens entering New Zealand or the domestic use of vaccine passports.
7. Due to competing priorities, in the time available, the Ministry of Health was unable to provide formal public health advice in relation to the proposals in this briefing. The Ministry is aware of the measures presented and the status of this advice and will provide public health advice in the coming week.
8. We have considered measures across a range of sectors, but note that there are measures which could be explored in the communications and community outreach space (e.g. specific campaigns or resourcing to target specific populations) that are not covered. We could also consider further measures to increase compliance with s70 Orders for people that have tested positive. These areas could be scoped for the next phase of this work.

9.

Objectives and system level risk indicators

Objectives

10. In developing the measures contained in this briefing, we have considered the following objectives:
- reducing the risk of another community outbreak;
 - reducing the risk of having to use higher Alert Levels, and/or the length of time that we need to spend at them (the less time required at Alert Level 3 and Alert Level 4 the better);
 - reducing the time to detect initial cases in the broader community, thereby identifying potential clusters sooner and reducing potential onward infections, (i.e. time to identify Case A);
 - increasing the chance of detecting community transmission earlier, i.e. within the first 48 hours of infection;
 - reducing the risk of infection at large gatherings; and
 - reducing the number of contacts at locations of interest (e.g. entire schools and their families; large numbers of people who have gone to supermarkets), especially those who are at low risk (e.g. those in specific areas in large, multi-space venues), and therefore reducing demand on the contact tracing system.
11. We have sought to identify pressure points and gaps and suggest areas where either existing measures can be strengthened, or new measures may be appropriate. We have done a preliminary high-level assessment of the feasibility, acceptability, cost and social impact of each measure. In particular, we have identified those which could be implemented rapidly in the next few weeks. The inclusion of an option does not necessarily indicate that it would be easily implemented or desirable.

System level indicators

12. The measures have been assessed against the objectives by looking at a series of system level risk factors. These risk factors are quantifiable indicators and would be expected to change positively should any measures attributed to them be implemented. The numerical data points have not been identified in this briefing, however could be provided if further advice is commissioned.
13. Although the risk factors are not exhaustive, they do address some of the primary points at which an outbreak may originate, or are indicators of reduced transmission, such as reducing time spent at higher Alert Levels.
14. In our preliminary assessment, we have identified which risk factor each potential measure would address, thereby mapping measures against this framework. This approach helped us to identify which measures may help in working towards our objectives. Further work could also include cumulative assessments of measures against these indicators, demonstrating their potential impacts when considered across a system of actions.
15. The risk factors used in this assessment include:
- The number of infectious cases arriving at MIQ;
 - The chance of a case escaping MIQ;
 - The number of positive cases arriving at the maritime border;
 - Time to detection of a new community case;

- The median size of an outbreak at detection; and
- The time spent at Alert Levels 3 and 4 to eliminate community transmission.

Next Steps

16. Subject to your discussion of the measures in this paper and direction on which actions you are interested in exploring, officials will develop more detailed advice on specific measures. The measures presented in this paper could be reviewed by the Strategic Public Health Advisory Group and the Prime Minister's Chief Science Advisor in the next phase of work, following your direction.

Financial Implications

17. Should further work be commissioned on any of the measures, appropriately detailed financial assessments would be developed.

Consultation

18. The following agencies contributed to the advice in this paper: the Ministry of Health, the Ministry of Transport, the New Zealand Customs Service, the Treasury, the Ministry of Education, the Ministry of Business, Innovation and Employment, and the Ministry of Foreign Affairs and Trade.

Attachments:	
Attachment A:	Potential measures to reduce future outbreaks
Attachment B:	Stocktake of current actions

ATTACHMENT A

Proactively Released

ATTACHMENT A

Proposed measures to reduce risk of a COVID-19 outbreak

The colour coding is to reflect a traffic light system – green for more positive/possible, yellow for medium and red for higher impact/more challenging measures.

Risk factors

The measures presented in this document have been assessed against the following risk factors:

1. The number of infectious cases arriving at MIQ
2. The chance of a case escaping MIQ
3. The number of positive cases arriving at the maritime border
4. Time to detection of a new community case
5. The median size of an outbreak at detection
6. The time spent at Alert Levels 3 and 4 to eliminate community transmission

The risk factor/s each measure seeks to improve is indicated below.

Measure	Risk factor	Effectiveness	Feasibility	Acceptability	Timeframe	Fiscal cost	Flow on impacts
PRE-BORDER							
1. Significantly reducing the number of arrivals from overseas by reducing MIF/MIQ capacity (e.g Australia reduced the number of international arrivals by 50% for a few weeks)	1, 2	<ul style="list-style-type: none"> Would reduce the likelihood of a positive case arriving in NZ Would reduce the likelihood of a positive case escaping from MIF/MIQ. 	<ul style="list-style-type: none"> Reasonably straightforward to implement, however would require revisions to MIF/MIQ system and staffing. Counter to self-isolation pilot. s9(2)(h) Further scoping required as to whether it would include RSE workers Potential legal ramifications of visa expiries for those overseas Need to consider Realm and international obligations 	<ul style="list-style-type: none"> Impact on those seeking to arrive/return to NZ, particularly over the holiday period. Demand already exceeds MIF/MIQ supply, and with increased need for quarantine facilities for community cases, would further reduce supply for arrivals. May see increased acceptability from within NZ – i.e. for those in NZ consider MIF/MIQ as risk 	<ul style="list-style-type: none"> Would not require much lead in time to implement Would require further policy work on inclusions/exclusions May not be able to reduce immediately because people already hold bookings for September – November, with further voucher releases planned 	<ul style="list-style-type: none"> Low as may reduce the number of MIF/MIQ places Govt pays for – this is dependent on length of reduction 	<ul style="list-style-type: none"> Impact on social license. Risk of impact on long term connectivity and for passengers and freight – operators already withdrawing from NZ due to reduced schedules Impact on labour market and labour and skills shortages – both for returnees and MIQ staff Concerns around ability of NZ staff deployed internationally to return Reported mental health impacts on people trying to enter/return
2. Increase the number of very high-risk countries and / or review process for assessing removal of high-risk countries (which could further reduce arrivals and place additional controls on people who arrive from those countries)	1, 2	<ul style="list-style-type: none"> May increase effectiveness if more countries with higher infection rates added. May not prevent travel if people reroute May only impact small proportion, as NZ citizens can still enter from VHR countries 	<ul style="list-style-type: none"> Reasonably straightforward in terms of undertaking the work. 	<ul style="list-style-type: none"> Low levels of acceptability depending on countries added to list May create further challenges for those who have been trying to enter NZ for some time. Low acceptability for airline operators May involve cancelling MIQ vouchers already held. 	<ul style="list-style-type: none"> May require some time to undertake review and reassess criteria 	<ul style="list-style-type: none"> Low 	<ul style="list-style-type: none"> Would interrupt travel plans in place if changes to high-risk countries Potential impact on bilateral relationships with countries' movement on to/off lists

	Measure	Risk factor	Effectiveness	Feasibility	Acceptability	Timeframe	Fiscal cost	Flow on impacts
AT THE BORDER								
3.	<p>MIF for all seafarers until returned negative test. Could be applied to:</p> <ul style="list-style-type: none"> all seafarers not fully vaccinated Seafarers that have had only had first vaccine dose 	3	<ul style="list-style-type: none"> Would reduce risk of positive case leaking from overseas vessel 	<ul style="list-style-type: none"> Would require revisions to MIF/MIQ system and staffing. Would require increased testing capacity Challenges with unpredictable shipping schedules Would require repatriation programme if positive case onshore and vessel cannot wait for release from MIQ if positive test returned. Could impact MIQ supply and cohorting in facilities. 	<ul style="list-style-type: none"> Likely to be acceptable to community Would potentially be viewed unfavourably by shipping companies and staff if challenging to administer Alternatively, some companies may welcome increased measures to improve safety 	<ul style="list-style-type: none"> Would not require much lead in time to introduce as a measure, however - would need to wait for appropriate MIF space May also be seen as contradictory when considered with other MIF measures 	<ul style="list-style-type: none"> Low if cost of quarantine and put on to companies Additional testing costs may be incurred 	<ul style="list-style-type: none"> Would need to resolve international vaccination certification/evidence Reputational risk to NZ - May impact supply chains if considered harder to ship to NZ. May impact skills/labour, i.e. countries of origin for shipping crews
4.	<p>Testing all seafarers arriving by sea using a rapid test (either PCR or RAT)</p> <p>(This was approved for scoping in BEB paper 11 August 2021)</p>	3	<ul style="list-style-type: none"> May increase exposure as testing staff may need to board vessels in isolation 	<ul style="list-style-type: none"> May not reduce risk if ship staff are already isolating Only a feasible option if the ship can continue loading operations while waiting for test results; test results take 24-48 hours which may be an unacceptable delay for the stressed supply chain Requires the development of an AoG plan to deliver a consistent enduring approach to vessels with potential/active COVID-19 cases 	<ul style="list-style-type: none"> Likely to be accepted 	<ul style="list-style-type: none"> May take time to procure staff and testing equipment 	<ul style="list-style-type: none"> Would require additional resources on arrival at ports over 24/7 schedule 	<ul style="list-style-type: none"> Testing capacity Reputational risk to NZ - May impact supply chains if considered harder to ship to NZ. Rio de la Plata case study (Sep) The 24-48 hour delay while waiting for test results led to a decision by Maersk for the vessel to skip one of its ports of call (Napier) to catch up for the time lost in the testing delay
5.	<p>Require information of vaccination status and other health data for arriving seafarers</p> <p>(This was approved for scoping in BEB paper 11 August 2021)</p>	3	<ul style="list-style-type: none"> Easier to identify those potentially at higher risk of being a positive case, or infectious Build a picture of the vaccination/health status of seafarers to inform future decisions around requirements (i.e. requirements of vaccine status outlined below in measure 6) 	<ul style="list-style-type: none"> Could be added as proposed amendment to the MBO 	<ul style="list-style-type: none"> Likely to be reasonably acceptable May be some issues with origins of crew and vaccine rates/types in originating country 	<ul style="list-style-type: none"> Relatively straightforward change to make As only gathering information, would not likely require significant changes from arrivals 	<ul style="list-style-type: none"> Low – some staff costs associated with processing 	<ul style="list-style-type: none"> Would need to resolve international vaccination certification/evidence Reputational risk to NZ - May impact supply chains if considered harder to ship to NZ. Potential data implications with sharing sensitive information
6.	<p>Require all arriving seafarers to be vaccinated and to have evidence of their vaccination status</p> <p>(This was approved for scoping in BEB paper 11 August 2021)</p>	3	<ul style="list-style-type: none"> Would reduce risk of cases through the maritime border 	<ul style="list-style-type: none"> Difficult to implement as checking options for sea ports are very limited Current limited interactions with seafarers as most stay in isolation Would need to resolve international vaccination certification/evidence and accept vaccines not approved in NZ 	<ul style="list-style-type: none"> May significantly impact supply lines and fishing industry capacity Likely to be reasonably acceptable to public 	<ul style="list-style-type: none"> Needs to be discussed with maritime industry to implement 	<ul style="list-style-type: none"> Depends on the model for checking but could be substantial 	<ul style="list-style-type: none"> Seafarers may have low rates of vaccination so this could dramatically reduce ability to come here Reputational risk to NZ May impact supply chains if considered harder to ship to NZ May curtail New Zealand's fishing industry.

	Measure	Risk factor	Effectiveness	Feasibility	Acceptability	Timeframe	Fiscal cost	Flow on impacts
7.	Surveillance testing in transit (e.g. aircraft or ship wastewater testing)	1, 2, 3	<ul style="list-style-type: none"> Would reduce risk of positive case leaking from overseas vessel/craft Would allow positive case transfer to appropriate facility/isolate on board 	<ul style="list-style-type: none"> May be some challenges with implementation if onus placed on transit company May be challenges with access to testing - as results would not be immediately available, so aircraft and passengers would potentially be stranded Further investigation is needed into the logistics of in transit testing – CSIRC study was done on wastewater testing on planes and cruise ships. 	<ul style="list-style-type: none"> Operators may not agree if there is risk if positive test mid-journey. Would need to be clear where cost of 'turning around' if positive case is detected would lie – operators may not accept if cost falls on them Potential impact on international reputation if vessel is returned to origin 	<ul style="list-style-type: none"> Would need to allow sufficient time for operators to adopt 	<ul style="list-style-type: none"> Low for testing - if cost placed on companies Potentially high if cost of testing and rerouting on govt. 	<ul style="list-style-type: none"> s9(2)(d)
COMMUNITY PROTECTIONS – GENERAL								
8.	Mandatory record keeping extended to more high-risk venues such as supermarkets and other retail	4, 5, 6	<ul style="list-style-type: none"> Reduce strain on initial contact tracing as all contacts readily identifiable. Easily identify and trace onward movements from locations of interest 	<ul style="list-style-type: none"> Check in compliance difficult to monitor as onus is on venue staff 	<ul style="list-style-type: none"> Ongoing privacy and data concerns 	<ul style="list-style-type: none"> Reasonably quick to implement given most businesses require sign-in 	<ul style="list-style-type: none"> Low 	<ul style="list-style-type: none"> May be considered a barrier to entry to some
9.	Mandatory face covering in more areas – at all times outside the home E.g. Victoria has mandated mask use any time outside one's home, except for vigorous outdoor exercise	4, 5, 6	<ul style="list-style-type: none"> Mask use has been demonstrated as effective in reducing transmission May see diminishing returns depending on locations, eg in parks 	<ul style="list-style-type: none"> Reasonably straightforward to implement Challenge in enforcement and monitoring Exemption process would need to be more refined, eg bus drivers with glasses 	<ul style="list-style-type: none"> Increased mask requirements appear generally well received during outbreaks – may see reduced acceptance with fewer community cases Anti-mask rhetoric may increase 	<ul style="list-style-type: none"> Could be implemented quickly 	<ul style="list-style-type: none"> Low – individuals generally wear cost of masks 	<ul style="list-style-type: none"> May impact social licence as community cases drop May lead to reduction in people going out more generally – further scoping work would be needed on the economic impact, if any, of this.
10.	Double masking in poorly ventilated areas and workplaces	4, 5, 6	<ul style="list-style-type: none"> Double masking (surgical mask with cloth mask over the top) can provide added protection in high-risk areas 	<ul style="list-style-type: none"> Reasonably straightforward to implement Difficult to monitor and enforce – even more so than increased mask use 	<ul style="list-style-type: none"> Increased mask requirements appear generally well received during outbreaks – may see reduced acceptance with fewer community cases High risk workplaces may push back as may present challenges for staff Anti-mask rhetoric may increase 	<ul style="list-style-type: none"> Could be implemented quickly 	<ul style="list-style-type: none"> Low as individuals generally wear cost of masks Low if workplaces wear cost 	<ul style="list-style-type: none"> May impact social licence as community cases drop Equity issues if people can't afford surgical masks May need greater education on appropriate double masking practice, including disposal Environmental impacts if leads to significant increase in use of single use masks
11.	Curfews E.g. Victoria introduced a curfew between 9pm-5am Iceland has imposed a curfew of 11pm for nightclubs and dance venues	5	<ul style="list-style-type: none"> Little demonstrated evidence that curfews reduce risk of outbreak At higher alert levels, most high-risk venues would generally be closed during curfew hours 	<ul style="list-style-type: none"> Would require significant investigation into legal issues regarding restriction of movement Further investigation on economic impacts 	<ul style="list-style-type: none"> Likely to see high levels of concern from operators of night-time venues, particularly during lower alert levels Restriction of movement without widespread community transmission would likely be viewed unfavourably. 	<ul style="list-style-type: none"> Would need enough time to work through legal issues 	<ul style="list-style-type: none"> Medium – depending on measure, there may be a need for additional relief payments for hospitality venues 	<ul style="list-style-type: none"> Economic impacts due to reduced numbers of people out at night, i.e. associated spending from people in the city on a Saturday evening Impact on social licence

	Measure	Risk factor	Effectiveness	Feasibility	Acceptability	Timeframe	Fiscal cost	Flow on impacts
12.	<p>Stricter protocols on air quality and ventilation</p> <p>E.g. Belgium has enforced protocols on air quality and ventilation in nightclubs</p>	5, 6	<ul style="list-style-type: none"> Evidence indicates that adequate ventilation decreases transmissibility, particularly with newer, more airborne variants 	<ul style="list-style-type: none"> Unclear how to enforce protocols Would need to develop clear guidance on accepted levels Would likely impact specific sectors – hospitality and retail May require regulatory oversight 	<ul style="list-style-type: none"> Business owners may be unsupportive if cost to make changes is prohibitive 	<ul style="list-style-type: none"> Businesses would need adequate time to introduce any changes or measures to improve – these may be significant structural changes 	<ul style="list-style-type: none"> Medium - there may need to be financial support for businesses to undertake changes if they are significant structural changes 	<ul style="list-style-type: none"> Potential impact on social licence from businesses Potential workforce impact depending on skills/materials required to make changes
13.	<p>Door-to-door vaccinations to target specific communities/groups</p> <p>E.g. Belgium introduce door-to-door vaccinations targeting migrant populations and combatting disinformation</p>	5, 6	<ul style="list-style-type: none"> If there are specific groups where there is increased vaccine hesitancy/lack of uptake, may lead to greater vaccination rates Unlikely to have widespread impact but potentially significant impact in certain areas 	<ul style="list-style-type: none"> Would need to be considered within broader vaccine rollout Logistic challenges with certain vaccines, eg ultra cold storage 	<ul style="list-style-type: none"> May be some equity concerns depending on progress of vaccination programme 	<ul style="list-style-type: none"> Time required to ensure enough staff and infrastructure for highly mobile vaccination 	<ul style="list-style-type: none"> Medium – may require investment in infrastructure Depending on groups targeted, may need to develop additional collateral providing information on vaccination May need to engage interpreters/translators/ social services 	<ul style="list-style-type: none"> Depending on uptake and targeted groups, it might impact vaccination rates in other populations
14.	<p>Increased accessibility to less invasive tests</p>	4, 5	<ul style="list-style-type: none"> Remove barriers to testing, thereby increasing testing rates Increased testing would be effective at identifying asymptomatic cases 	<ul style="list-style-type: none"> Already challenges with procuring sufficient tests Limited supply of non-nasopharyngeal tests in NZ Depending on type of test used, some may require 2 tests to deliver accurate result 	<ul style="list-style-type: none"> Likely to be well received by broader community May be some concerns with testing being done by non-health professionals if done in schools/community halls 	<ul style="list-style-type: none"> Medium term – significant time to procure tests and identify suitable areas and personnel to administer 	<ul style="list-style-type: none"> Largely influenced by duration and reach of programme. 	<ul style="list-style-type: none"> Largely influenced by duration and reach of programme.
15.	<p>Changes to contact tracing advice for exposures, particularly once higher vaccination rates achieved</p> <p>E.g. Canada now identifies if contacts would have been exposed to droplets and tests only if symptoms develop.</p>	5, 6	<ul style="list-style-type: none"> Reduce contacts in system Increases risk of close contacts spreading the disease without having been identified 	<ul style="list-style-type: none"> Reasonably straightforward to alter advice May see challenges in compliance and enforcement in early stages – the more caveats the more room for error Considered in a suite of measures - in Canada, this measure was implemented alongside domestic vaccine passes 	<ul style="list-style-type: none"> Would reduce the number of people required to isolate per location of interest May be some concern from health perspective 	<ul style="list-style-type: none"> Reasonably quick to implement 	<ul style="list-style-type: none"> Low 	<ul style="list-style-type: none"> May increase exposure sites if not considered alongside vaccination rates/passes
16.	<p>Require surveillance testing of employees in high-risk sectors</p> <p>E.g. Singapore has expanded surveillance testing to include food and beverage, gyms, construction and all transport workers among others</p>	4, 5, 6	<ul style="list-style-type: none"> Will reduce likelihood of undetected transmission Will identify asymptomatic cases in high-risk sectors 	<ul style="list-style-type: none"> May be challenging to enforce May reduce staff numbers in certain sectors if viewed as a barrier Would need to develop clear exemption guidelines May require access to rapid antigen tests/forms of testing not yet in NZ 	<ul style="list-style-type: none"> May require changing existing conditions of employment Employers may not be receptive if measure impacts on employees time and ability to work. Information sharing and privacy concerns 	<ul style="list-style-type: none"> Would need to give businesses and staff adequate time to adopt measures 	<ul style="list-style-type: none"> High – If the cost of testing is government funded 	<ul style="list-style-type: none"> Impact on employment levels if viewed as barrier to working

	Measure	Risk factor	Effectiveness	Feasibility	Acceptability	Timeframe	Fiscal cost	Flow on impacts
				<ul style="list-style-type: none"> Would encompass large proportion of workforce 				
17.	Increase wastewater surveillance testing – more frequent and smaller catchment areas	4, 5, 6	<ul style="list-style-type: none"> Would be most effective with smaller catchment areas and greater ability to separate known sources, for instance from MIQ. Smaller catchment areas would allow for narrower pool of potential cases 	<ul style="list-style-type: none"> Would require further work on process to ensure catchment can be narrow enough, yet still provide reasonable testing sample of people Upscaling of testing staff and facilities required 	<ul style="list-style-type: none"> General public acceptance of wastewater testing as detection method 	<ul style="list-style-type: none"> Would largely be dependent on speed at which relevant smaller catchment areas are identified Dependent on time to procure equipment 	<ul style="list-style-type: none"> Medium – would require cost of sampling and testing of more wastewater more often 	<ul style="list-style-type: none"> Low May lead to lower swab testing if wastewater testing becomes considered as sufficient form of detection in community
18.	Randomised temperature checks at large scale gatherings Eg Taiwan has implemented randomised temp checks at gatherings, Singapore has implemented temperature checks, but will phase them out	4, 5	<ul style="list-style-type: none"> Recent studies suggest there is low validity of random temperature checks 	<ul style="list-style-type: none"> Would need to develop clear guidance around acceptable levels Would need to adequately justify given recent evidence on validity of temperature checks 	<ul style="list-style-type: none"> Temperature checks at large scale events overseas are largely accepted Random temperature checks in airports in NZ seem to be accepted 	<ul style="list-style-type: none"> Medium depending on ability to procure equipment 	<ul style="list-style-type: none"> Medium – depending on if cost of equipment and staffing falls on Govt 	<ul style="list-style-type: none"> Impact on social licence, particularly with evidence of low validity
19.	Reprioritisation of vaccination rollout to focus on specific at-risk groups eg greater focus on high-density communities, Pacific peoples and second-degree contacts of frontline workers	5, 6	<ul style="list-style-type: none"> Minimal impact in isolation now vaccination is open to all groups, however if paired with specific outreach measures may assist in areas with low vaccination rates May not have significant impact if unable to be implemented before end of rollout 	<ul style="list-style-type: none"> Would need prompt refocus of vaccination programme Most effective in conjunction with additional outreach/support 	<ul style="list-style-type: none"> May raise equity concerns May be seen as divisive Positive response in people supportive of vaccinations 	<ul style="list-style-type: none"> Would likely take significant time to change comms around vaccine eligibility May take time to reprioritise vaccine supplies to particular areas 	<ul style="list-style-type: none"> Medium – when considering additional redirection of resourcing, i.e. vaccinators and support staff Would likely require comms campaign 	<ul style="list-style-type: none"> May create questions around equity May create public confusion
COMMUNITY PROTECTIONS – EDUCATION								
20.	Ensuring that changes to high risk indoor gatherings where eating, drinking, singing, dancing, and mingling are involved, would apply to any gatherings at Education entities (early learning services, schools, universities and other Tertiary Education Organisations, and hostels) when not related to the provision of education services e.g. concerts, plays, dinners, sporting events etc.	5	<ul style="list-style-type: none"> Will reduce potential high spreader events 	<ul style="list-style-type: none"> Would require Public Health Order, and changes to education guidance 	<ul style="list-style-type: none"> Requires changes to overall gathering rules and must be consistent 	<ul style="list-style-type: none"> Would not require much lead in time 	<ul style="list-style-type: none"> Low, if responsibility is put on companies May be some cost in deposits for events already planned 	<ul style="list-style-type: none"> Potential impact on social license Impacts on providers of goods and services at these events, i.e. events providers, caterers
21.	Introduce an initial one-day pre-cautionary closure if risk assessment is still being completed following positive case identification. This could enable messages to get to parents earlier, and potentially to enable students to take devices and learning resources home with them if case is identified early enough.	5	<ul style="list-style-type: none"> Will enable Public Health to make a call on closing a school or early learning service faster 	<ul style="list-style-type: none"> Would require changes to education guidance 	<ul style="list-style-type: none"> In some cases children and young people may lose one day's learning with impacts on parent's work 	<ul style="list-style-type: none"> Would not require much lead in time 	<ul style="list-style-type: none"> Low 	<ul style="list-style-type: none"> Potential impact on social license if it has to be used frequently
22.	Add Alert level 2 expectation for Tertiary Education Organisations ensure (to the greatest extent practicable) that each person entering the facility scans	5	<ul style="list-style-type: none"> Will increase likelihood of tertiary students and staff maintain contact records 	<ul style="list-style-type: none"> Would require changes to education guidance 	<ul style="list-style-type: none"> TEOs may be concerned about resourcing implications. This could be focused on controlled 	<ul style="list-style-type: none"> Is currently in place as an AL2 measure, but could be implemented longer term 	<ul style="list-style-type: none"> Some resourcing implications for TEOs 	<ul style="list-style-type: none"> Effort may reduce over time if no outbreaks

	Measure	Risk factor	Effectiveness	Feasibility	Acceptability	Timeframe	Fiscal cost	Flow on impacts
	the QR code or provides details to enable contact tracing in guidance			<ul style="list-style-type: none"> Some resourcing implications for TEOs 	learning spaces, and other controlled environments (e.g. student accommodation)			
23.	<p>For Tertiary institutions add physical distancing or capacity limits on numbers in large teaching spaces, hubs and/or libraries</p> <p>Note: Public Health advice would be needed on the specific capacity limits or distancing requirements.</p> <p>Maintain level 2 recommendation to manage exits and entry points</p> <p>Face coverings encouraged</p>	5	<ul style="list-style-type: none"> Will limit potential spread within large group Most likely to impact first year students who are more likely to interact with larger numbers of students (larger lectures, shared accommodation and more socialising) 	<ul style="list-style-type: none"> Changes to guidance Online learning is currently provided and could continue Public Health rationale will be needed for specific limit or distancing and consistency with rules on public gatherings Mixed evidence about education outcomes from online learning Temporary nature of these new restrictions (i.e. Alert Level 1.5) would need to be communicated to TEOs and students (and the more we can communicate to TEOs about the threshold for removing them, the better). 	<ul style="list-style-type: none"> Requires changes to gathering rules to be consistent (e.g. education gathering limits at Alert Level 1 should not be lower than TEO Alert Level 2 capacity recommendations (100 max)). Likely to be concerns from TEOs particularly about risk of disengagement and poor learning outcomes, but this could be mitigated with consultation (e.g. with peak body representatives). 	<ul style="list-style-type: none"> Is currently in place at Alert level 2, but could be implemented longer term Would require some lead-in work with TEOs Would need public health rationale for specific limit or distancing 	<ul style="list-style-type: none"> Low 	<ul style="list-style-type: none"> Potential impact on social license Potential longer-term costs in student outcomes Potential capital investment implications

We also identified some alternative ways (not public health measures) of improving rapid contact tracing and reducing transmission in schools and early learning services:

- Pre-prepared translated template material to close a school (or other education entity) in Pacific languages, Chinese, Arabic and Hindi, that explain household obligations to test and self-isolate with gaps for dates and pop up testing site material (these could be used by all DHBs and education entities)
- Pre-prepared letters to schools about what they need to do if they have a case
- Pop-up dedicated testing sites for all students and household contacts related to a case.

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ATTACHMENT B

Current Measures at Alert Level 1

Pre-border

Measure	Effective date	Status
<p>Pre-departure tests to enter New Zealand</p> <ul style="list-style-type: none"> Most travellers legally must have a negative COVID-19 test result returned within 72 hours of first international departure. Travellers from Australia are required to get PCR or RT-PCR pre-departure tests. Some people are exempt from the pre-departure testing requirements. <p>COVID-19 Public Health Response (Air Border) Act, Part 2, Section 8(2A) provides for the general obligations for those persons arriving by air to New Zealand.</p>	in place	100% PDT checks on arrival. Checks of pre-departure test documentation carried out by Customs Officers on arrival; some checks carried out by airlines pre-departure.
<p>High risk countries</p> <ul style="list-style-type: none"> All travellers from very high risk countries (except Fiji) must have evidence of negative nasopharyngeal RT-PCR (PCR) test result from a government-approved laboratory within 72 hours of departure. There is an ongoing process to conduct regular country health assessments <p>Travellers to New Zealand from very high risk countries are temporarily restricted to:</p> <ul style="list-style-type: none"> New Zealand citizens partners and dependent children of New Zealand citizens, 	Travel restrictions for very high risk countries, UAC19 website 15/08/21	Fiji and Indonesia from 15/08/21 Brazil, India, Pakistan and Papua New Guinea
<p>Quarantine-free travel (QFT)</p> <ul style="list-style-type: none"> QFT with Australia is suspended at the moment. It was opened April 2021. Limited red flights are occurring. QFT with Cook Islands is paused (from NZ to Cooks), and open from Cooks to NZ (if you have not been at a NZ location of interest and no symptoms). QFT with Niue (one way from Niue to NZ). 	in place	A Cabinet paper to continue the TTQFT suspension is going to CBC on 15 September
Advice on requiring vaccination of non-New Zealand citizens travelling to New Zealand	Advice progressing, to implement by 1 November 2021	Cabinet paper is currently being drafted

At the Border

Measure	Effective date	Status
<p>All people entering NZ by air There are requirements for people who enter. They must be isolated/quarantined via MIQ in government managed facilities for 14 days</p> <ul style="list-style-type: none"> Except for 2-way QFT (noted below) and must meet the low-risk indicators (e.g. have a negative COVID-19 test) before they can leave. 	in place	
<p>All people entering NZ by sea Maritime restrictions on which ships may arrive in NZ, and continuing isolation/quarantine requirements for those arriving by sea. This includes the requirement to:</p> <ul style="list-style-type: none"> MIQ in their vessel for 14 days or MIQ in a government managed facility for 14 days (transfer only if needed to manage public health risk or isolate/quarantine person safely) and requires every person on board the ship to meet the low-risk indicators (including a negative COVID-19 test) before any person may enter the New Zealand community. 	in place	

Measure	Effective date	Status
Requirements for Border Workers to be tested and vaccinated: <ul style="list-style-type: none"> • either on a 7 day or 14 day testing cycle • vaccination is mandatory for all work done at the border, including those who handle affected items. 	In place	
Rapid testing on arrival	Late 2021	Understand that from RNZ discussions, there is a pilot due later this year
High infringement fees for people who arrive and are found not to be vaccinated / in breach of rules		SOP to the COVID-19 Amendment Bill to increase infringement fees; Cabinet paper due in next couple of weeks.

MIQ Facilities

Measure	Effective date	Status
Arrivals to NZ must stay at MIQ for 14 days and undergo 3 tests at Day 0, 3, 12.	In place	Self-isolation trial is being progressed.
All returnees on a floor with a positive day 0/1 or 3 case get an extra day 6 nasopharyngeal swab.	In place	
Day 6/7 test for all returnees	Likely end-September	Reconnecting NZ (RNZ) Ministers agreed to add a day 6 test to MIQ. Briefing going to the minister now to implement this for all returnees.
Saliva testing for returnees	Advice to come	Ministry of Health providing advice on saliva testing in MIQFs.
People are restricted to their rooms (no access to activities like fresh air, exercise or smoking) until negative day 0/1 test returned.	In place	
Cohorting means that flights arriving within a 96 hour period go into one facility, to prevent transmission to people who are at the end of their stay.	In place	
Positive cases in the MIQ facility are isolated before being transferred to a quarantine facility (or floor if dual use).	In place	
People who become symptomatic during their stay are restricted to their rooms until they return a negative test	In place	
All staff are required to wear PPE and social distance while in a MIQF	In place	Work is underway to supply P2/N95 particulate respirators for non-health workers. Health workers are already using these.
All returnees must wear PPE and social distance while outside of their rooms, or opening their room door for any reason.		
Requirements for MIQ workers to be tested and vaccinated: <ul style="list-style-type: none"> • either on a 7 day or 14 day testing cycle • vaccination is mandatory for all work done in a Managed Isolation and Quarantine Facility. 	In place	Daily saliva testing is strongly encouraged for staff in quarantine facilities. This is under review given the current outbreak, and advice is being provided to the Minister
Ventilation reviews and remediation of facilities, including the addition of HEPA filters and other mitigations to reduce the risk of aerosol spread.	In place	

Measure	Effective date	Status
Infringement offences for those who contravene certain measures (e.g. room restrictions, failure to wear correct PPE or social distance)		The COVID-19 Amendment Bill will set higher fees (being considered by Cabinet next week). New infringement regime to be in place by end of the year.

Community Protections

Measure	Effective date	Status
<p>Mandatory Record keeping</p> <ul style="list-style-type: none"> Many businesses and locations will be required to take steps to ensure a people can easily make an electronic or paper-based record when they visit. NZ COVID Tracer QR codes issued by the NZ Government legally must be displayed in workplaces and on public transport. <p>In all other settings you are encouraged to maintain a record of where you have been including turning Bluetooth on and scanning.</p>	From 11:59pm Tuesday 7 September 2021	
<p>Face coverings</p> <ul style="list-style-type: none"> Face coverings are mandatory on public transport/domestic flights Mandatory for taxi and ride-share drivers —not compulsory for passengers to wear them. <p>Exemptions for some people and services, including not inter-island ferries and school buses. Children under 12, passengers in taxis or ride-share services, and people with disabilities or mental health conditions do not have to wear face coverings.</p>	Live since mid-2020	From 8 September 2021, AL2 includes requirements additionally to wear masks inside retail businesses, visiting public areas, and visiting health care facilities, and working at these places.
<p>Wastewater testing</p> <ul style="list-style-type: none"> Currently 12 primary sites being sampled at least once weekly in NZ Testing from an additional 12 sites being put in place Currently sampling sites include Hamilton, Christchurch, Rotorua, Wellington and seven sites in Auckland. 	In place	Live since July 2020 – began with testing Jetpark wastewater first
<p>Good hygiene measures</p> <ul style="list-style-type: none"> Keep up good handwashing practices, using soap and water for at least 20 seconds, and drying thoroughly. Cough and sneeze into your elbow. Keep surfaces clean. 		
<p>Staying at home if you are sick and get tested</p> <p>If you have cold, flu or COVID-19 symptoms, stay home and call your doctor or Healthline to see if you need a test.</p>		Rollouts of saliva testing for border workers and an ongoing programme to consider its feasibility for further use
<p>Keep your distance</p> <ul style="list-style-type: none"> No physical distancing requirements at Alert Level 1, Recommended to keep a safe distance from people you do not know. This will help to minimise the spread of COVID-19 if it reappears in our community. Wear a face covering when physical distancing is harder. 		

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COVID-19 Ministerial Group

Minute of Decision

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Potential Measures to Further Reduce the Risk of a COVID-19 Outbreak

Portfolio **COVID-19 Response**

On 14 September 2021, following discussions with officials, the COVID-19 Ministerial Group [CAB-21-MIN-0353]:

- 1 **noted** the preliminary high-level assessment of potential measures to further mitigate the risk of another COVID-19 outbreak before the vaccination roll out is complete, as outlined in the briefing paper under CMG-21-SUB-0025;
- 2 **noted** that officials will develop more detailed advice for Ministers on the specific measures identified at the meeting.

Janine Harvey
Cabinet Office
