



Proactive Release

The following documents have been proactively released by the Department of the Prime Minister and Cabinet (DPMC), on behalf of Minister for COVID-19 Response, Hon Dr Ayesha Verrall:

COVID-19 Response Weekly Reports – July 2022

The following documents have been included in this release:

Title of paper: COVID-19 Response Weekly Report 1 July 2022

Title of paper: COVID-19 Response Weekly Report 8 July 2022

Title of paper: COVID-19 Response Weekly Report 15 July 2022

Title of paper: COVID-19 Response Weekly Report 22 July 2022

Title of paper: COVID-19 Response Weekly Report 29 July 2022

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MINISTRY OF BUSINESS,
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HĪKINA WHAKATUTUKI



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



Te Whatu Ora
Health New Zealand



NEW ZEALAND
FOREIGN AFFAIRS & TRADE
MANATŪ AORERE



BORDER EXECUTIVE BOARD

COVID-19 Response Weekly Report

15 July 2022

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Proactively Released

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 and International Connections	Te Whatu Ora			<ul style="list-style-type: none"> The Amendment Order to the Maritime Border Order was gazetted during the week ending 15 July. The Amendment Order gives effect to earlier policy decisions to fully re-open the maritime border to foreign vessels on 31 July and apply certain health setting requirements to persons arriving at the maritime border. There is a continued focus on engaging with the cruise industry in the lead up to the opening of ports to foreign flagged vessels from 31 July.
	BEB			<p>Air border implementation</p> <ul style="list-style-type: none"> As of 4 July 2022, applications opened for all work visas including the Accredited Employer Work Visa (AEWV), partners and dependent children of AEWV applicants. Flow of applications has been relatively slow and there is a processing delay before there is an impact on the border. Readiness for Step 5 on 31 July is on track; visitor visa applications are open to Pacific Island Forum countries. Substantial numbers of applications are expected from the remaining student and non-visa waiver visitor visa categories.
	BEB			<p>Maritime border programme</p> <ul style="list-style-type: none"> The amended Maritime Border Order has been signed by you, gazetted 11 July 2022 and will come into force 31 July 2022. Work by the Ministry of Health is underway to provide additional options to manage Pratique. Communications on the amended Maritime Border Order are drafted and engagement with industry is ongoing leading up to 31 July 2022 re-opening. Preparedness for re-opening the maritime border on 31 July is on track; s9(2)(f)(iv)
Pacific Travel	MFAT			<ul style="list-style-type: none"> Tonga: As infection rate continues to decline, the Government of Tonga is now aiming to progressively open borders to quarantine-free travel (b)(i) Republic of Marshall Islands (RMI): Government plans to reopen borders in October 2022. RMI has seen an increase in COVID border cases since removing the Honolulu quarantine requirement in April however the community remains COVID-free.

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Isolation and Quarantine

	Agency	Last Week	This Week	Agency Comment
Managed Isolation	MBIE	●	●	<p><i>Decommissioning of Facilities</i></p> <ul style="list-style-type: none"> To date a total of 29 facilities have been decommissioned and handed back. The 'make good' work on these facilities continues. The final three facilities (Waipuna, Jet Park Auckland and Holiday Inn) have now closed to guests and will be handed back on the 29th of July. Decommissioning of the three regional offices is now also underway and on track to be completed by mid-August. <p><i>MIQ Readiness Programme</i></p> <ul style="list-style-type: none"> MBIE remains on track to deliver Version 2 of the Readiness Plan by 29 July 2022.

*No update was received on Self-isolation from Te Whatu Ora.

Community Protection

	Agency	Last Week	This Week	Agency Comment
Surveillance and Testing	Te Whatu Ora	●	●	<ul style="list-style-type: none"> On 12 July, 3,887 PCR tests were processed, with a total of 23,096 tests completed over the last seven days to 12 July. The rolling seven-day average is 3,299. Currently, 97 percent of PCRs have a turnaround time under 24 hours. As part of surveillance activity, Te Whatu Ora is closely monitoring the Whole Genome Sequencing process for positive PCR samples across the border, hospitals and community. Work is underway with ESR to identify community/regional targets to ensure there is good representation from all regions based on population.
Care in the Community	Te Whatu Ora	●	●	<ul style="list-style-type: none"> The alternative isolation accommodation (AIA) service is currently pressured due to hoteliers/moteliors preferring to supply rooms to incoming visitors rather than COVID-19 positive cases. Rising numbers of COVID-19 positive cases also puts pressure on the AIA. The Draft Gazette Notice enabling reclassification of oral COVID-19 therapeutics to enable pharmacist supply and increase access for eligible patients is in progress.
Technology updates	Te Whatu Ora	●	●	<ul style="list-style-type: none"> As of 7 July, Healthpoint shows 510 sites offering RAT collection and/or testing. This includes 355 community collection sites, 89 Community Testing Centres, and 107 providers supporting priority population groups. 9 RAT devices are now authorised by the Director-General of Health, plus six rapid molecular/NAAT POC (1 self-test) devices. In total, on 13 July 22, 30 POCT applications are open.

*No update was received on Contact Tracing from Te Whatu Ora.

Vaccination

Agency	Last Week	This Week	
Te Whatu Ora			<ul style="list-style-type: none"> As at 11.59pm 12 July, 120,651 second booster doses have been administered, with a further 15,341 doses booked in BookMyVaccine. Uptake of first boosters remains stable, with 5,874 first boosters administered in the week up to 11 July 22. 2,300 paediatric second doses have been administered, with 618 doses administered on Monday 11 July. Outbound calls for those eligible for their second booster commenced on 8 July. It targeted Māori and Pacific peoples aged 55 years and over, and all of the population aged 65 years and over. Email and SMS were deployed on Friday 8 July to 93,000 people, followed by an outreach call programme which commenced on Monday 11 July. Early indicators have seen strong engagement with a 59.5% open rate, 12.7 percent response rate and 11,000 vaccinations administered. All health districts have commenced second booster vaccinations in Aged Care facilities, 13 percent have received second booster dose visits to date. Vaccination events using mobile and pop-up clinics continue across the motu, with the weekend being a popular option for whānau. Te Whatu Ora Waikato continues to explore settings where mobile vaccination clinics can be held. Planning focusses on sites include supermarket and shopping settings, churches and community hubs as examples. When determining locations, remainder data on those yet to be fully vaccinated in that geographical area and where people might be frequenting have been considered. As at 10 July COVID-19 vaccination rates for disabled people aged 12 years and over who are supported by Disability Support Services (DSS) funding remains at 90 percent. Booster uptake among this cohort remains at 78%. Vaccination rates for children aged 5-11 who receive DSS funding has increased slightly with 28 percent now fully vaccinated which is the same for all 5-11-year-olds, with a further 24 percent partially vaccinated, compared to 55 percent of all 5-11-year-olds. The programme is working with Whaikaha – Ministry of Disabled People and health districts, along with schools and kura to ensure vaccinations remain accessible and available for disabled tamariki aged 5-11. As an example, there is an event in Hamilton next week which has a focus on tamariki Māori, at which Whaikaha – Ministry of Disabled People will be attending. As at 10 July, 86 percent of mental health and Alcohol and Other Drug (AOD) service users aged 12 years and over are fully vaccinated. 58 percent of this cohort eligible for a booster dose have received one. Te Whatu Ora and Te Matakahui have been working together to hold vaccination clinics within Kura Kaupapa, Kura-a-iwi, Kohanga Reo and Wānanga across Aotearoa. Vaccination clinics have also been held at various kura based events across the motu. These clinics have been held in collaboration with Māori health providers and health districts, with most clinics providing all vaccinations for tamariki and their whānau. Work is continuing with education, school and kura Kaupapa. Ngāhere Communities launched a website and video promoting conversations with Māori parents and guardians about tamariki vaccinations, with a focus on COVID-19. This will be supported by in-school resources in term three.

Implementation and operation

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System Readiness & Planning

	Agency	Last Week	This Week	Agency Comment on Status of Focus Area
System Readiness	Te Whatu Ora	●	●	<ul style="list-style-type: none"> Overall supply and distribution of RATs is very steady, with good volumes of RATs in stock and being distributed. Existing stock volumes are surge ready. For the week ending 7 July, Te Whatu Ora had 46.6M RATs in stock on hand, representing 38 weeks' supply at current demand and five weeks' supply at Omicron peak demand levels. (Note, dispatch during Omicron peak does not reflect predicted levels during future waves, as there are now good levels of stock in the community. 41.5M RATs are on order to 30 September.) Approximately 2.2M RATs were sent from the warehouse in the last seven days to 7 July, which partly balances out the previous week's 100K dispatches (lower due to significant stock in the community, the public holiday, and focus on stocktake). There were 29K orders placed in the RAT Requestor system, representing 105K people. There were 48 delivery orders for those unable to collect RATs, covering 112 people, including Targeted Rural Service, immunocompromised, aged, and disability sectors. As of 7 July, Healthpoint shows 510 sites offering RAT collection and/or testing. This includes 355 community collection sites, 89 Community Testing Centres, and 107 providers supporting priority population groups. 19 RAT devices are now authorised by the Director-General of Health, plus six rapid molecular/NAAT POC (1 self-test) devices. In total, on 13 July 22, 30 POCT applications are open.
	DPMC	●	●	<ul style="list-style-type: none"> s9(2)(f)(iv) Fortnightly NRG meetings remain in place to maintain oversight and integration across the AoG system, however this may reduce to monthly dependent on assessed need. Ad-hoc working groups and meetings will be called as necessary to resolve system problems.
Planning for Next Phase	DPMC	●	●	<ul style="list-style-type: none"> The National Management Approach Q2 has been released and distributed. Commissioning of the planning for the Q3 National Management Plan has been done and initial working group notification has been made.
	Te Whatu Ora	●	●	<ul style="list-style-type: none"> The Chair of the COVID-19 Assessment Committee (CAC) is currently reviewing the membership to ensure it has the appropriate representation from across the health system. The CAC met during the week ending 15 July, to review the red setting public health measures of the COVID-19 Protection Framework (CPF) to ensure they are based on the latest evidence about effectiveness in reducing spread of COVID-19. The CAC also reviewed mask requirements across both the red and orange settings. Due to the CAC's review of the public health measures, the next review of the CPF traffic light settings by the CAC has shifted out from 15 July to 27 July.

*No update was received on System Readiness from Te Whatu Ora.

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2. Insight of Note by the Department of the Prime Minister and Cabinet

2.1 Scan of COVID-19 Surveillance Approaches Overseas

Introduction

The Insights and Reporting Team in DPMC's COVID-19 group have analysed how some comparator countries are approaching COVID-19 surveillance given their respective transitions from pandemic response to endemic management. This includes analysis of approaches in Denmark, the United States, and the United Kingdomⁱ.

All of these countries have scaled back data collection, surveillance tools, and reporting methods, adapting these to monitor particular indicators on the impacts of COVID-19 on communities. The indicators include COVID-19 prevalence across high-risk populations, monitoring new variants, assessing hospital capacity, mortality, immunity levels, and re-infection rates. While there are similarities in the types of indicators countries are continuing to monitor, there are variations in the way these are collected and reported, how these translate into varying levels of community risk, and how these may trigger the reintroduction of public health measures, as set out below. A notable approach includes the COVID-19 Infection Survey in the United Kingdom, which involves routine PCR swabs of randomly selected households, to monitor prevalence, variants, and whether certain regions or age groups are at higher risk.

Country Analysis

Denmark:

In February 2022, Denmark implemented their new 'corona-strategy' to monitor and manage COVID-19 after the nation no longer deemed the virus a 'critical threat to society', reducing many testing requirements and public health restrictionsⁱⁱ. Set in place until March 2023, the strategy offers a scaled-back surveillance plan to monitor COVID-19 impacts across parts of the community, while allowing for a rapid escalation of efforts in the event of a worsening situation.¹ This involves regular assessments of risk levels that identify the 'disease burden' of COVID-19 on society for an upcoming period, measured through a combination of key indicators.²

The Danish government is monitoring new and existing COVID-19 infections in the community through a combination of PCR testing for target groups and expanded wastewater surveillance. Under the 'corona-strategy', the Danish government has significantly scaled back COVID-19 testing, recommending a PCR test at official testing centres only if an individual is symptomatic and at increased risk of severe diseaseⁱⁱⁱ.^{3 4} Though rapid antigen tests (RATs) are available to purchase at pharmacies for personal use, these are not used for diagnostic or surveillance purposes. While COVID-19 rates from testing target groups are significant for epidemic monitoring, these are used in conjunction with other surveillance measures such as wastewater analysis during periods of reduced testing.⁵ Denmark has been expanding its COVID-19 wastewater surveillance infrastructure since its initial rollout across 19 sites in July 2021.⁶ The current wastewater testing program can provide approximate data of COVID-19 levels in sewage across 230 sites in Denmark, covering up to 70 percent of the population, with results published every week.⁷ Wastewater data also enables the monitoring of prevalence of variants across the country. If spikes of COVID-19 in wastewater are observed, PCR testing can be expanded to corroborate evidence of increased infections and new variants.

During periods of low testing, the Danish government is monitoring the risk of new variants, re-infection and immunity through the whole genome sequencing of available positive PCR samples, and through emerging international data. Denmark currently has capacity to sequence 4,000 positive PCR test samples

ⁱ These countries have all transitioned their COVID-19 response towards a COVID-19 management model at the start of 2022, and have also established surveillance plans. These countries also have one or more comparable features to New Zealand, such as population size, geography, cultural and political similarities, GDP, vaccination levels, and more.

ⁱⁱ These include assessing new Variants of Concern, immunity levels, positive cases, excess mortality, and hospital capacity.

ⁱⁱⁱ This includes those over the age of 65, pregnant women, those in hospital, immunocompromised people, and those who have not been vaccinated.

per week for a population of approximately 5.8 million, providing information to identify risks and trends arising from new variants.⁸ While government information on Denmark's 'corona-strategy' does mention that existing PCR testing allows for monitoring of reinfection rates and waning immunity levels, the strategy also depends on 'international signals' or data emerging around new variants to escalate their response.⁹

Hospital capacity and excess mortality are additional metrics used by Denmark to re-assess COVID-19 risk levels, and potentially escalate the government response. Denmark's 'corona-strategy' involves regular reassessments of the risk level posed by COVID-19. This is assessed to determine which of five levels are applicable, ranging from very low to very high.¹⁰ In addition to positive COVID-19 case rates and new variants, hospital capacity, and excess mortality, are key metrics used to establish the threat COVID-19 poses to Danish society, and subsequently inform escalation measures.¹¹ In Denmark, COVID-19 hospitalisation and ICU numbers include those who are in hospital due to COVID-19 and those who are in hospital for another reason, but test positive.¹² In addition to monitoring an increasing number of COVID-19 related admissions, the metric also takes into consideration hospitalisation rates as a result of other infectious diseases that may limit capacity, such as seasonal influenza.¹³ Excess mortality is also listed as key metric, counting deaths that are directly caused by COVID-19 infections, and those indirectly related to the pandemic, such as resulting from overburdened health care systems.¹⁴

United States:

In March 2022, the United States Centers for Disease Control and Prevention (CDC) rolled out 'COVID-19 Community Levels' (Community Levels), a federal-led monitoring system that provides a risk assessment about COVID-19 at the county level. The tool uses three metrics to determine the overall risk of COVID-19 in a particular area, which corresponds to a traffic light setting of low (green), medium (yellow), and high (red), and is overlaid onto a map. Each setting level has a corresponding set of health-based recommendations for county and state level policy makers to mitigate COVID-19. The tool is also intended to be used by individuals, particularly those most vulnerable^{iv} to COVID-19 infection. This enables people to be informed of the level of risk caused by COVID-19 at a particular point in time, supporting individuals to make better informed personal decisions around exposure, when possible.¹⁵

The rolling seven-day average of new COVID-19 cases per 100,000 is a key metric used for the CDC Community Levels, however, is it likely this figure is substantially lower than actual case counts. According to the CDC Community Levels, the key threshold for case numbers to escalate risk levels is having a seven-day average new case level above 200 per 100,000 people in a particular county. The level of new COVID-19 cases being reported, however, is likely undercounted due to a greater reliance on at-home RAT's, with no requirement to report results to health authorities. The US government has reduced the availability of free RATs^v, which may also result in underreporting of cases.¹⁶ Data from April 2022 suggests that as little as seven percent of positive cases are being reported, with actual rates an estimated 14.5 times higher than official counts.¹⁷ Additionally, different states are reporting new COVID-19 cases at various frequencies.¹⁸ This makes establishing a rolling seven-day average of case numbers comparable across all states and counties more difficult.

The CDC Community Levels use indicators that assess hospital capacity as a key metric for COVID-19 risk. Strain on the healthcare system is measured by two indicators, which are the rolling seven-day averages of new COVID-19 admissions to the hospital, as well as the percentage of staffed in-patient beds occupied by COVID-19 patients.¹⁹ New hospital admissions reflect the amount of severe COVID-19 disease in the community, while staffed in-patient beds represents local healthcare usage and capacity. Whichever of the two indicators is higher is then measured with the seven-day average of new COVID-19 cases to determine a corresponding risk level, and subsequent public health guidelines. Both measures include patients who are in the hospital with COVID-19, regardless of whether they are there due to another reason.²⁰

Several indicators were assessed and rejected for use with the CDC Community Levels tool, due to limitations on data availability and reporting frequency. Monitoring the percent of emergency department visits due to COVID-19 was also considered an important early warning indicator, however data is incomplete for 29 percent of emergency departments across the United States. The CDC does recommend if county data on this indicator is available, it should be used alongside the hospital capacity

^{iv} This includes older populations, immunocompromised people, and those with disabilities.

^v The US federal government occasionally offers limited amounts of RAT tests per household during surges in infection rates, with the most recent being in May 2022.

metrics.²¹ The percent of ICU beds occupied with COVID-19 was also eliminated due to limitations from data in rural hospitals, the fact that it is a lagging indicator of severe disease, and the potential for bias due to small numbers.²² Test positivity was also removed, given the widespread use of at-home tests and underreporting of results.²³

The National Institute of Health (NIH) and the CDC host an online dashboard that collates and monitors studies that measure the prevalence of COVID-19 antibodies across the United States.^{24 25} The dashboard currently collates over 4,500 studies that use blood tests to identify the proportion of people in the population who possess antibodies for COVID-19 across varying demographics over time.²⁶ This information is intended to help researchers and policymakers monitor studies and trends around COVID-19.

Although the United States has wastewater surveillance infrastructure to monitor early signs of COVID-19 trends, wastewater measurements are not considered robust enough to produce official infection estimates across the community. In September 2020, the CDC launched the National Wastewater Surveillance System (NWSS), which measures changes in virus levels across 1,401 sites in the United States, with updates on weekdays.^{27 28} Data from NWSS is intended as an early warning or indication signal and provides insights into longer term trends around COVID-19 estimates, rather than being used for precise measurement for new and existing COVID-19 infections. This is due to several logistical and technical challenges^{vi} associated with testing COVID-19 levels in wastewater, which make interpretation difficult.²⁹ ³⁰ Wastewater analysis is intended to be used in conjunction with other surveillance strategies, including clinical testing for COVID-19.³¹

United Kingdom:

Throughout the pandemic, the United Kingdom Health Security Agency (UKHSA) and the Office for National Statistics (ONS) created several world-leading surveys, including the COVID-19 Infection Survey (CIS), providing weekly routine surveillance of COVID-19 prevalence across the country. These large-scale surveys also provided valuable scientific insights about the nature of the virus. In February 2022, the United Kingdom moved towards a 'living with COVID' model, managing COVID-19 in line with other endemic infectious diseases. The reasons given were high vaccination rates, and existing immunity from prior infection reducing incidences of severe disease, allowing a return to 'normal' with the end of all public health restrictions, testing and isolation requirements. In particular, the end of free community COVID-19 testing in April 2022 also significantly reduced COVID-19 surveillance capability. While many surveillance measures have been downscaled, some key surveys will continue.

The CIS will continue to be published on a weekly basis to monitor prevalence and variants of COVID-19 across the general population of the United Kingdom. The CIS is a large-scale surveillance survey that collects fortnightly PCR swabs across randomly selected households in the United Kingdom and has been a key tool used to monitor prevalence of COVID-19 and variants, and whether certain regions or age groups are at high risk.^{32 33 34} A proportion of participants are asked to come forward with a blood sample, which undergoes serology testing for antibody levels and other markers of immunity and previous exposure. This can help better understand how COVID-19 infection and vaccination can impact disease severity, the development of long-COVID, and likelihood of re-infection.³⁵ On 1 July, the UKHSA announced that the CIS will continue as the United Kingdom progresses its COVID-19 management strategy, reducing the size of the survey from an average of 13,000 to 9,000 swabs per day, which is a monthly reduction of approximately 100,000 swabs (from 400,000 to just under 300,000).^{36 37 38} Approximately 120,000 blood samples per month across the United Kingdom will be taken to continue the serology section of the study.³⁹ The CIS will continue to publish weekly survey results that show the percentage of people testing positive for COVID-19 (by region and demographic), as well as variant prevalence.⁴⁰ It will also continue weekly mortality data, as well as antibody and vaccination reports.⁴¹

The United Kingdom will be continuing studies that monitor the spread of COVID-19 across high-risk settings, including healthcare workers and rest homes. The UKHSA-led SARS-CoV-2 Immunity & Reinfection Evaluation (SIREN) study assesses COVID-19 prevalence across 44,000 National Health Service (NHS) workers across 135 hospitals.⁴² Participants undergo regular PCR and antibody testing, with data

^{vi} Results of testing for COVID-19 levels in wastewater can be impacted by several variables: Periods of heavy rainfall can impact test results by diluting the virus in sewage, different samples may contain different amounts of viral particles, the way in which samples are handled, stored and processed may impact results – particularly given the large range of sites across the United States processing samples.

providing information about immunity and reinfection levels with emerging variants, while also providing prevalence data for healthcare sector. The Vivaldi study collects similar data on staff and resident of rest homes across 330 sites in England.⁴³ This study continues to provide valuable insight into COVID-19 related hospitalisations, deaths, and vaccine efficacy for high-risk groups.⁴⁴

The UKHSA COVID-19 dashboard that provides data on several key indicators is reducing the frequency of its reporting. The dashboard has provided daily updates on key indicators that have been crucial data points on local and national COVID-19 related trends. As of 1 July 2022, the dashboard will reduce data updates to a weekly basis, and will still include data on COVID-19 case rates (by region and age), hospitalisations and capacity, mortality, re-infection numbers, vaccinations, and variant prevalence.⁴⁵

The United Kingdom maintains contingency measures in the event a severe COVID-19 variant emerges that results in high mortality, evades immunity and vaccination, and places pressure on the NHS. The government indicated that due to the high vaccination rate, high levels of existing immunity, and suite of pharmaceutical treatments for severe COVID-19 disease, public health restrictions are unlikely to be reintroduced.⁴⁶ However, the government has indicated monitoring case rates, mortality, hospital capacity, immunity levels, and use of genomic sequencing to better understand the evolution of COVID-19 will allow for appropriate surveillance of the virus while they progress a living with COVID-19 strategy.⁴⁷ Contingency plans are in place including local outbreak management plans, pharmaceutical interventions, access to updated vaccinations, enhanced testing capability, and prospective border measures in the event that NHS capacity becomes overwhelmed with a future COVID-19 outbreak.⁴⁸

While England has paused its COVID-19 wastewater surveillance program, Wales, Northern Ireland, and Scotland have maintained wastewater reporting as of 1 July 2022. In March 2022, England paused reporting of its COVID-19 wastewater surveillance data, which monitored COVID-19 levels across 302 sewage treatment works, covering 74 percent of the population.⁴⁹ Of particular concern was the uncertainty around wastewater data, and subsequent interpretation of results, though the data did provide an indication of COVID-19 prevalence across England, when used in conjunction with other measurement tools. Wales, Northern Ireland, and Scotland, however, continue to provide weekly updates on COVID-19 wastewater surveillance data.^{50 51 52}

Thank you to the following teams which contributed to this insight: the Ministry of Health and the Ministry of Foreign Affairs and Trade.

References for this Insight of Note report are at the end of this document.

3. Ministry of Health

3.1 Policy/Programme Updates

This section is temporarily shortened while the Ministry of Health and Te Whatu Ora are in transition. Substantive updates have already been provided to your office via other reporting. Updates on the Technical Advisory Groups and Communications are provided below.

3.1.1 Technical Advisory Group: update

COVID-19 TAG

The COVID-19 Technical Advisory Group (COVID-19 TAG) did not meet this week, with the next COVID-19 TAG meeting scheduled for 15 July 2022.

CV TAG

The COVID-19 Vaccine Technical Advisory Group (CV TAG) did not meet this week, with the next CV TAG meeting scheduled for 19 July 2022.

Therapeutics TAG

The COVID-19 Therapeutics Technical Advisory Group (Therapeutics TAG) met on Friday 8 July 2022 and discussed the following items.

- Equity considerations
- Update on hospitalisation and mortality data
- Query about change in access criteria to primary care
- Fully vaccinated definition and access criteria
- Guideline update
- New structure of Manatū Hauora / Public Health Agency
- Monkeypox update

The next Therapeutics TAG meeting is scheduled for 5 August 2022.

CT TAG

The COVID-19 Testing Technical Advisory Group (CT TAG) did not meet this week, with the next CT TAG meeting scheduled for 12 July 2022.

3.1.2 Communications Issues and Activities

As at 14 July 2022

Date	Activity	Lead agency	Comms material	Ministerial Involvement
14 July 2022	'Winter Push:' package of measures to reduce COVID/influenza transmission, likely to include: <ol style="list-style-type: none">1. Antivirals (access via pharmacies)2. More RATs and masks made available for businesses and community groups3. Encouraging self-testing before attending indoor events4. Messaging about influenza and the second booster of the COVID-19 vaccine5. Messaging about the importance of good ventilation for spaces managed by private businesses6. Airborne transmission/the importance of following infection, prevention and control (IPC) guidance7. Hospital occupancy levels (ongoing)	Manatū Hauora	Communications support with media release and reactives	Minister Verrall
Week commencing 25 July 2022	Possible announcement re the reopening of the maritime border (Maritime Border Order signed and gazetted 11 July 2022; original announcement for the same day was postponed)	Manatū Hauora	Press release and reactives	Minister Verrall

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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 continues. The decision for the new operating model was announced on June 15 and following the expression of interest the Leadership team has been appointed and the Ministry are moving to appoint people into the wider team. The new operating model is expected to be in place by 01 August.

4.1.2 Decommissioning of Facilities

A total of 29 facilities have been decommissioned and handed back.

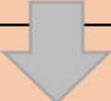
The final three in-use facilities (The Waipuna, Jet Park Auckland and Holiday Inn) closed to guests on 27 June and will be handed back on the 29 of July.

Decommissioning of the three regional offices is also underway and on track. The Central office will be decommissioned on 31 July, the Auckland office on 12 August, and the Christchurch office on 15 August.

4.2 Operational Update

4.2.1 Invoicing

The table below shows the number of invoices issued up to 10 July 2022.

INVOICES ISSUED 57,293	INVOICES PAID 42,792 (74% of invoices issued)	INVOICES ISSUED - NOT YET DUE 1,692 (3% of invoices issued)	INVOICES OVERDUE 9,858 (18% of invoices issued)
TOTAL VALUE OF INVOICES ISSUED \$217M	PAID (BY VALUE) \$179M 82%	ISSUED - NOT YET DUE (BY VALUE) \$131K 0.6%	INVOICES OVERDUE (BY VALUE) \$27M 12%
<ul style="list-style-type: none"> With invoicing up to date, the Ministry are investigating the 'unmatched data' for the period 25 March 2021 to 28 February 2022 to determine their liability. There are 11,659 of these unmatched records in the database that need to have their liability determined before invoicing. 2,951 invoices (5%) worth \$10,506,426 (4.8%) have been written off. 			 90+ days overdue 5,153 invoices \$15.7M (by value) 7% (by value of all invoices issued)

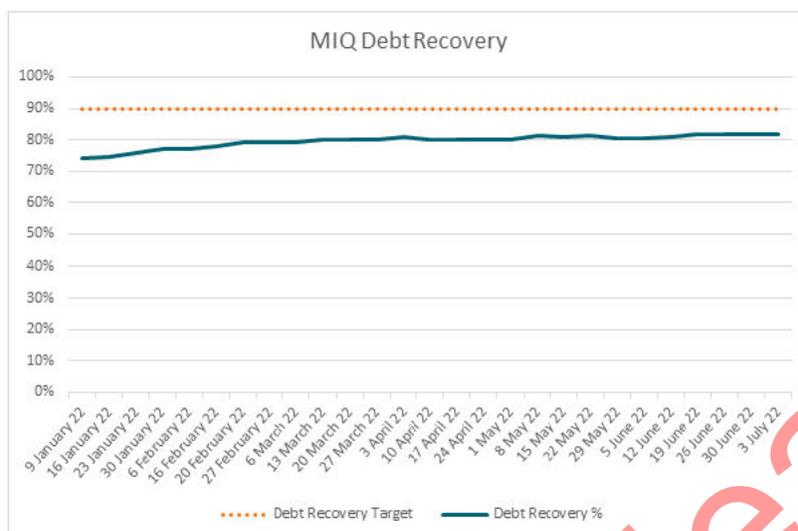
4.2.2 Debt Recovery

The debt recovery percentage remains at 83 percent (against MBIE's nominal target recovery of 90 percent).

As of 10 July, 13,609 invoices worth \$41.8m have been passed to our debt partner.

- \$15.6m has now been paid (an increase of \$543k).
- A further \$627k of debt is under instalment and is expected to be converted to payments over coming weeks.
- Of the invoices sent, 426 customers worth \$1m have now submitted waiver applications. While applications are processed, they are recorded as outstanding debt.

The following chart shows the weekly MIQ debt recovery percentage since 9 January compared against MBIE’s nominal recovery target.



4.2.3 Fee Waivers

The table below breaks down the waiver application information between 11 August 2020 and 10 July 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
19,203	3,412	15,410	103	9,826	115	2,023	2,822	521
Overall Approved 66.5% (of completed applications)						Overall Declined 33.5% (of completed applications)		

4.2.4 Reducing the Fee Waiver backlog

The table below shows the total number of backlogs for Fee Waivers, comparing numbers from the current week with the week prior.

	Fee Waiver Backlog as at 10 July 2022	Fee Waiver Backlog as at 3 July 2022
Total Fee Waiver backlog	381	379
Fee Waiver processing or to be processed	306	289
Waiting for customer	76	90

4.3 Ombudsman Complaints

As at 11 July there are 11 active investigations:

- one is on policy advice;
- four are on emergency allocations;
- two are on exemptions from managed isolation;
- two relate to declined fee waiver decisions;
- one is about facilities; and

- one is the Chief Ombudsman's self-initiated investigation.

There are 59 preliminary enquiries. Preliminary enquiries are cases where the Ombudsman requests the file to assess the complaint and determine next steps.

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5. Border Executive Board Report

5.1 Items to Note/Update

5.1.1 Border Executive Board Meeting

The Board met on 13 July 2022.

Maritime pathway – operational readiness

The Board received assurance that work is on track for the successful reopening of the maritime pathway to foreign flagged vessels and cruise from 31 July 2022.

s9(2)(f)(iv)

[Redacted]

[Redacted]

[Redacted]

Reconnecting New Zealanders air border implementation

The Board received assurance that Step 4 has been successfully implemented. Agencies are on track to implement the final 5th step on 31 July 2022. The next meeting is 20 July 2022.

The Border Executive Board will work with your office to confirm a new date for you to meet with the Board.

5.1.2 Reconnecting New Zealanders Programme

Following the implementation of Step 4 of the Reconnecting New Zealanders Programme, applications for the Accredited Employer Work Visa (EAWV) are being received at a relatively slow rate to date. Applications are expected from both onshore and offshore based clients.

As part of Step 5 implementation, visitor visa applications are currently open to Pacific Island Forum countries.

Total border crossings in May 2022 were 344,800, up from 266,700 in April 2022, with provisional data from June 2022 showing further increases in both arrivals and departures.

6. New Zealand Customs Service Weekly Report

6.1 Items to Note/Updates

6.1.1 Foreign Affairs, Defence and Trade Committee: 2022//23 Estimates post-hearing NZTD question

Customs have sent you a briefing including answers to the relevant post-hearing question and sub-questions relating to the New Zealand Traveller Declaration and the Traveller Declaration System Development appropriation.

The answers to the questions are due to the Foreign Affairs, Defence and Trade Committee by 4pm on Monday 18 July 2022, with sign off/approval asked for by noon on Monday 18 July.

6.1.2 Compliance Checking at the Air Border

This information will now be reported monthly with the next update on 5 August 2022.

6.1.3 New Zealand Traveller Declaration - Maritime

s9(2)(f)(iv)



6.1.4 New Zealand Traveller Declaration system – enduring enabling legislation

s9(2)(f)(iv)



7. Advisory Groups, Forums, and Panels

There are no updates from the COVID-19 Chief Executive Board; Strategic COVID-19 Public Health Advisory Group; or the Business Leaders Forum this week.

Proactively Released

8. Upcoming Cabinet Papers

s9(2)(f)(iv)



Proactively Released

s9(2)(f)(iv)

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