



**MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT**
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**DEPARTMENT OF THE
PRIME MINISTER AND CABINET**
TE TARI O TE PIRIMIA ME TE KOMITI MATUA



BORDER EXECUTIVE BOARD



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



COVID-19 Response Weekly Report

4 February 2022

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1 Status Summary

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

Border

Agency	Last Week	This Week	Agency Comment
Border measures	●	●	<ul style="list-style-type: none"> Cabinet has agreed to change the medium-risk pathway settings against operational changes required to respond to Omicron in the community. The day 0/1 PCR testing at airports that was initially proposed will be replaced with day 0/1 self-administered rapid antigen testing (RATs), with a requirement for PCR testing in a community testing centre if tested positive, for the three phases of the Omicron response. There will be an increase in the period of self-isolation from 7 to 10 days for Phase One of the Omicron response. This will revert back to 7 days for Phase Two and Three of the response. The series of at least three self-administered RATs before leaving self-isolation will be replaced with a day 5/6 self-administered RAT and, if a positive result is returned, a PCR at a Community Testing Centre for all three phases of the Omicron response. The Ministry's advice is that international arrivals are considered similar in COVID-19 risk profile to close contacts and should be required to meet broadly similar testing and isolation requirements to close contacts of domestic cases. The programme is working towards a start time and date of 11.59pm, 27 February 2022 (Step 1 of Reconnecting New Zealanders).
Testing and vaccination of border workforce	●	●	<p><i>Staff Testing</i></p> <ul style="list-style-type: none"> Compliance is at 89% (down 3% from last week) for staff who worked in the week of 24-30 January 2022. 11% of workers on site that week are showing in the BWTR as overdue (509 workers). Testing compliance for MIQF workers decreased 3% in the past week. This is believed to be a result of IT issues with the laboratories' app required for dropping off saliva samples. Work is underway to understand and fix the issues. MBIE are following up with workers who are overdue for tests to remind them of the testing requirements. As at 31 January 2022, 5,080 MIQ workers have opted-in to saliva testing (up from 4,931 at 24 January 2021). <p><i>Vaccinations</i></p> <ul style="list-style-type: none"> The BWTR shows, of the workforce on site for the week of 24-31 January 2022, 98.9% have had two doses of the vaccine, 0.1% had one dose and 0.9% have vaccination status 'unknown'. Vaccination assurance follow-ups for those with an 'unknown' status in BWTR on site between 17-23 January 2022 did not identify any breaches of the Vaccination Order. Vaccination boosters were available from 29 November for anyone who had their primary course of the vaccination at least 6 months ago. More information on the status of MIQ workers with boosters is detailed in the body of this report. There were no vaccine exemptions granted last week. This indicator is at amber as testing compliance is down due to the November 2021 Required Testing Order changes (as previously reported). MBIE will continue to educate workers on the new requirements and will move to green when compliance returns to expected levels.
	●	●	<ul style="list-style-type: none"> Since June 2021, a total of 341 directive letters have been sent. These letters direct workers to get tested and provide support and assistance to comply, including: providing opportunities to be tested, reminders to be tested and testing times, as well as formal warnings if opportunities to be tested were not followed through with. Forty eight percent of workers got tested after receiving a directive letter. Workers who are still not compliant with testing after receiving the directive letter, went on to be issued an infringement penalty notice. Since 2021, a total of 106 infringement penalty notices have been issued. These penalty notices are issued when an individual breaches clause 7 of the COVID-19 Public Health Response (Required Testing) Order 2020 and do not respond to directive letters. They are also issued a fine of up to \$12,000. In the week 19 to 25 January 2022, 20 PCBU's were contacted by the Ministry of Health (MoH) and 180 individuals were contacted by MoH. Six directive letters were sent. Testing compliance remains high with the number of workers who are 11 days + overdue for their tests, continuing to decrease. As at 26 January 2022, the number of active workers in MIQF that were more than four days overdue for testing was 210 (four percent). The number of workers 11+ days overdue for testing was 336, only two percent of these have worked in the past 28 days. The number of active air/maritime workers that were more than four days overdue for testing was 247 (four percent). The number of workers 11+ days overdue for testing was 161, only two percent of these have worked in the past 28 days.

Border Cont'd

	Agency	Last Week	This Week	Agency Comment
Two-way QFT QFT Niue	MFAT	●	●	<ul style="list-style-type: none"> s6(a), s6(b)(i)
Two-way QFT Pacific Islands	MFAT	●	●	<ul style="list-style-type: none"> Following Cabinet's decision to expand the low-risk Pacific pathway on 27 February, MFAT posts have advised current and new QFT partner governments ahead of the public announcement. The Solomon Islands and Kiribati have been informed they will be included on the medium-risk pathway as they no longer meet the criteria for the low-risk pathway. Fiji has been notified that RSE workers will be eligible to travel on the medium-risk pathway. Relevant airlines have also been notified. s6(a)
Reconnecting NZ	MBIE	●	●	<p><i>Self-isolation for opening the border with Australia</i></p> <p>On 13 December 2021, MBIE MIQ was appointed to oversee the operationalisation of the self-isolation for Step 1 of RNZ. Progress for each workstream is detailed below:</p> <ul style="list-style-type: none"> Testing: MBIE are awaiting a decision from Cabinet regarding a shift to Day 0/1 testing and Day 5/6 testing. The proposed change would see these tests be conducted using a RAT. Policy: Work continues across agencies to draft changes to the respective orders to support self-isolation with the Air Border Order (ABO) and the Isolation and Quarantine Order (IQO) being a priority. MoH and MIQ policy continue to work together on self-isolation guidance for travellers. Communications: DPMC, as the lead agency on communications to travellers (which includes the Welcome Pack for travellers) continues to work on updates to communications and ensuring all are cohesive. Nau Mai Ra: Customs will work closely with MoH to ensure compliance checks take place at the border whilst NMR is in use. Distribution of tests & welcome pack: A suitable process for distribution of the RAT's and the Welcome Pack has been determined, with slight changes required depending on Day 0/1 testing being conducted either land or air side. Establishment of in-airport testing centres: Confirmation for commercial space for Day 0/1 testing rests on a decision by Cabinet. Construction has been put on hold pending the announcement. Risks/Issues: Drafting yet to be finalised for the IQO and ABO.

Managed Isolation and Quarantine and Return to the Community

	Agency	Last Week	This Week	Agency Comment
Place and conditions of stay	MBIE	●	●	<p><i>Ventilation Systems</i></p> <ul style="list-style-type: none"> Ventilation remediation work has been completed at 31 of our 33 facilities, with 24 of those facilities fully signed off (an increase of one). The Ventilation Team is on standby to install Air Filtration Units in additional quarantine rooms as required.
	MBIE/ MOH	●	●	<p><i>Health workforce supporting MIQ</i></p> <ul style="list-style-type: none"> As reported last week, the difficulty in recruiting and retaining the health workforce continues to have implications for the MIQ system. The large number of Omicron cases at the border and the increase of quarantine capacity needed is placing pressure on MIQ staff. As community cases of Omicron grow, there will be increased pressure on the health workforce throughout New Zealand, which will be exacerbated by staff sickness and stand down required as close contacts. MoH is working with DHB's and MBIE to identify where the operating model can be tightened as policy settings change.

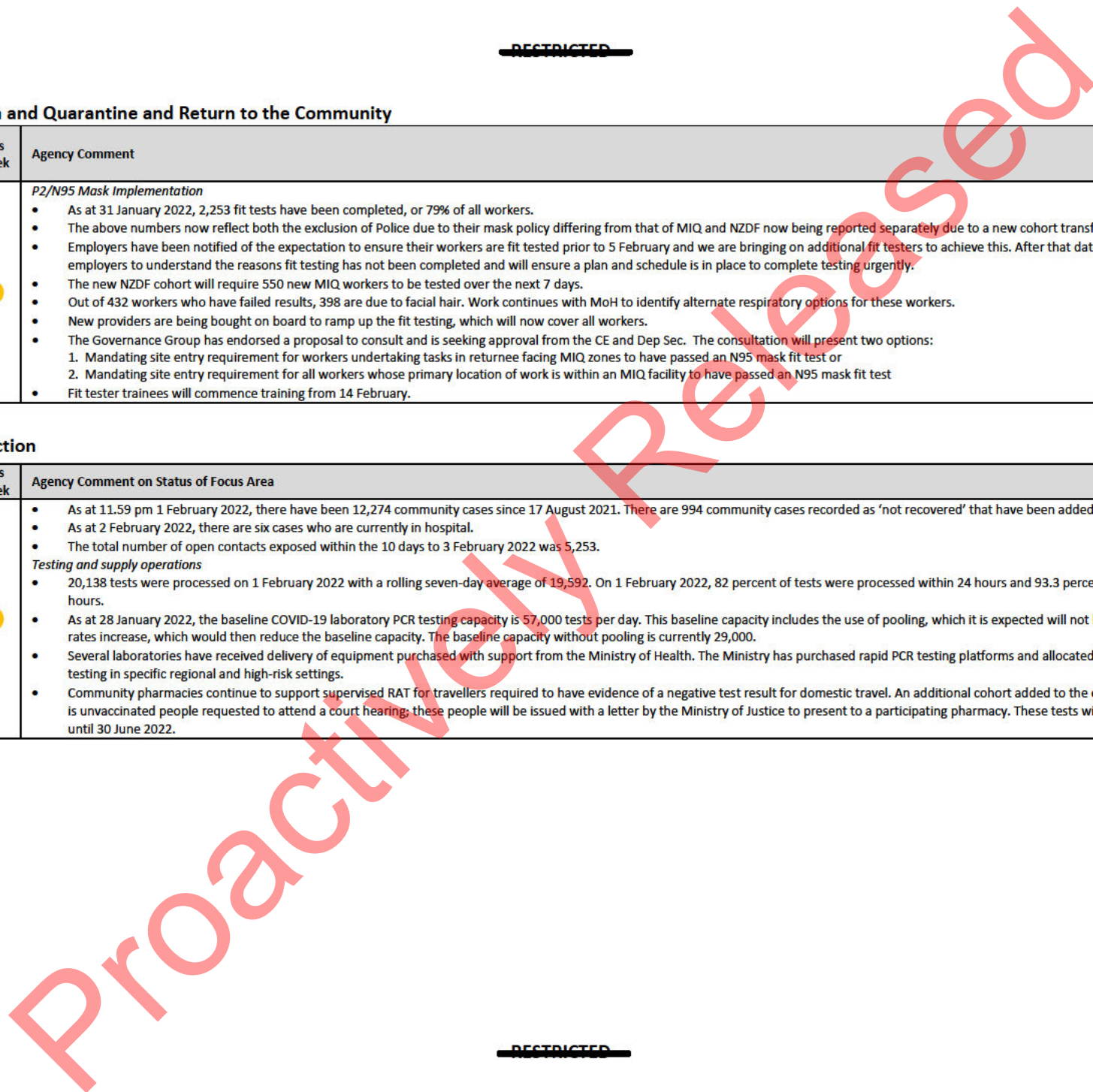
Managed Isolation and Quarantine and Return to the Community

Agency	Last Week	This Week	Agency Comment
MBIE	●	●	<p><i>P2/N95 Mask Implementation</i></p> <ul style="list-style-type: none"> As at 31 January 2022, 2,253 fit tests have been completed, or 79% of all workers. The above numbers now reflect both the exclusion of Police due to their mask policy differing from that of MIQ and NZDF now being reported separately due to a new cohort transferring in on 1 February 2022. Employers have been notified of the expectation to ensure their workers are fit tested prior to 5 February and we are bringing on additional fit testers to achieve this. After that date MBIE will work closely with employers to understand the reasons fit testing has not been completed and will ensure a plan and schedule is in place to complete testing urgently. The new NZDF cohort will require 550 new MIQ workers to be tested over the next 7 days. Out of 432 workers who have failed results, 398 are due to facial hair. Work continues with MoH to identify alternate respiratory options for these workers. New providers are being brought on board to ramp up the fit testing, which will now cover all workers. The Governance Group has endorsed a proposal to consult and is seeking approval from the CE and Dep Sec. The consultation will present two options: <ol style="list-style-type: none"> Mandating site entry requirement for workers undertaking tasks in returnee facing MIQ zones to have passed an N95 mask fit test or Mandating site entry requirement for all workers whose primary location of work is within an MIQ facility to have passed an N95 mask fit test Fit tester trainees will commence training from 14 February.

Community Protection

Agency	Last Week	This Week	Agency Comment on Status of Focus Area
MOH	●	●	<ul style="list-style-type: none"> As at 11.59 pm 1 February 2022, there have been 12,274 community cases since 17 August 2021. There are 994 community cases recorded as 'not recovered' that have been added in the past 21 days. As at 2 February 2022, there are six cases who are currently in hospital. The total number of open contacts exposed within the 10 days to 3 February 2022 was 5,253. <p><i>Testing and supply operations</i></p> <ul style="list-style-type: none"> 20,138 tests were processed on 1 February 2022 with a rolling seven-day average of 19,592. On 1 February 2022, 82 percent of tests were processed within 24 hours and 93.3 percent of tests were processed within 30 hours. As at 28 January 2022, the baseline COVID-19 laboratory PCR testing capacity is 57,000 tests per day. This baseline capacity includes the use of pooling, which it is expected will not be used as frequently when positivity rates increase, which would then reduce the baseline capacity. The baseline capacity without pooling is currently 29,000. Several laboratories have received delivery of equipment purchased with support from the Ministry of Health. The Ministry has purchased rapid PCR testing platforms and allocated these to DHBs and regions to support testing in specific regional and high-risk settings. Community pharmacies continue to support supervised RAT for travellers required to have evidence of a negative test result for domestic travel. An additional cohort added to the eligibility criteria from 1 February 2022 is unvaccinated people requested to attend a court hearing; these people will be issued with a letter by the Ministry of Justice to present to a participating pharmacy. These tests will continue to be done free of charge until 30 June 2022.

Case investigation, surveillance and testing



Vaccination

	Agency	Last Week	This Week	Agency Comment on Status of Focus Area
Implementation and operation	MoH	●	●	<p><i>As at 11:59 pm on 1 February 2022:</i></p> <ul style="list-style-type: none"> 9,511,530 vaccinations have been delivered, including 3,927,812 people who are fully vaccinated. 90 percent of the eligible 5+ population has now received at least one dose. 85 percent of the eligible population is now fully vaccinated. 96 percent of the eligible 12+ population has now received at least one dose, and 94 percent is now fully vaccinated. 6,651 doses of AstraZeneca have been administered. 177,978 Pfizer Paediatric doses have been administered, with 40 percent of children aged 5-to-11-years having either booked or received their first dose of vaccine. 1,361,791 booster doses have been administered. 5,013,989 My Vaccine Passes have been issued. Nineteen DHBs have hit or passed 90 percent first doses, and Northland is 427 first doses from reaching 90 percent. Seventeen DHBs have reached 90 percent fully vaccinated. Auckland, Capital & Coast, and Canterbury DHBs have also achieved 90 percent fully vaccinated for Māori. Booster campaigns for residents in aged residential care facilities are well advanced, with all visits expected to be completed by 5 February 2022. Medsafe is now completing their review of the application from Novavax for their vaccine. The approval process is expected to take approximately two weeks to complete. Workers included in the Vaccination order are now also required to have booster doses, in addition to their primary vaccine course, with eligible Health and Disability workers required to receive theirs by 15 February 2022, and other mandated workers by 1 March 2022. DHBs are providing priority access to mandated workers, running pop-up vaccination clinics, and liaising with employers to facilitate booster doses through community clinics, pharmacies, and GPS.

Resurgence Planning and Response

	Agency	Last Week	This Week	Agency Comment on Status of Focus Area
Resurgence planning including review of the response	DPMC	●	●	<ul style="list-style-type: none"> The country is now at the Red CPF setting and a confirmed community outbreak of omicron is being managed. Phase 2 of the Omicron Strategy is being prepared for implementation. The AOG system is activated to support the response. The AOG system is refining its plan to support the three phase Omicron strategy, with a workshop next week on planning for Phase 3. DPMC is supporting the identification of critical workers within PSC, business and industry. The identified thresholds will support the demand and supply for the Test-to-Return strategy. The Test-to-Return strategy seeks to minimise implications on critical services and lifeline utilities. Engagement with Regional Leadership and agencies continues. AOG Winter planning is now underway. MOH winter planning will provide core input to system-wide winter planning.
Readiness planning	MoH	●	●	<ul style="list-style-type: none"> The Ministry of Health has developed a new testing plan to respond to an outbreak of the Omicron variant of COVID-19. Based on this plan, the majority of RATs will be unsupervised tests for the community and workforces. Supervised tests are likely to be a much smaller proportion of the testing and focused on those who need support with a test, or where there is a requirement for the test to be observed. The use and supply of RATs will be prioritised around protecting our priority populations from severe disease and/or death. This will ensure equity, limiting the impact on society through the protection of critical workers and critical infrastructure. RATs will be prioritised for use based on the outbreak stage and where they will contribute most to the public health response, and prioritising these for supply in the event that supply is constrained. The Ministry has also been supplying DHBs and community providers (Māori, Pacific, disability, mental health and addiction, aged residential care, rural/remote) with RATs to ensure supplies are available when needed. The Ministry has developed a mixed distribution model for distributing RATs that supports the public health response, and equitable access to free testing that will ensure the tests reach those who need them most. This includes those who are symptomatic, priority populations and workers carrying out critical activities. This model is focussed on creating a self-service capability for rapid antigen tests for most people, so that even in the high outbreak scenario the Ministry's distribution channels do not become overloaded.

Resurgence Planning and Response Cont'd

Agency	Last Week	This Week	Agency Comment on Status of Focus Area
MBIE	●	●	<p><i>MIQ's Response to the Delta Outbreak (community cases) and the increase number of Omicron cases (border)</i></p> <ul style="list-style-type: none">• MBIE continue to run three quarantine facilities in Auckland to support the high number of border returnees testing positive for Omicron. The number of referrals from ARPHS has remained constant over the week with few numbers coming to MIQ and majority of cases being cared for by Care in the Community.• The Amohia (Distinction Hamilton) has been converted from community quarantine to a Managed Isolation Facility with Jet Park Hamilton being converted to a Managed Quarantine Facility for community cases.• Across the regions MBIE are seeing an increasing number of Omicron in the community however, they are not coming into MIQ as MBIE are preserving the rooms for border returnees that test positive.• As MBIE begin to see Omicron in the community, conversations continue with various stakeholders across the regions to see how more isolation capacity can be acquired. Options include converting facilities to dual facilities.

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2 COVID-19 Insights

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

2.1.1 Comparing Responses to Omicron on Critical Workforces Overseas

Introduction

The Insights and Reporting Team in DPMC's COVID-19 Group has analysed how selected countries overseas have responded to minimise the impact of the Omicron variant on their critical workforce¹. This report examines the responses to critical workforce absences in Canada, Australia, and Germany, who have all grappled with significant Omicron outbreaks since late December 2021. The countries selected have all faced surges in Omicron infections in January 2022, however they are in unique geographic regions. These nations offer comparability to the New Zealand context, allowing for lessons to be gleaned around how to best prepare our critical workforce for a prospective Omicron outbreak. Each of the countries analysed have adapted to increasing strain on their critical workforce by implementing agency based contingency plans around absenteeism, as well as strategically reshaping isolation and testing guidelines for critical workers and the general population.

Key Points

The rapid spread of the Omicron variant has produced critical worker shortages, pushing agencies to develop and use contingency measures to redeploy staff and reprioritise work.

Canada - New cases of COVID-19 in Canada surged by mid-January, peaking on 13 January with a rolling seven-day average of 41,622 new cases, an all-time pandemic high, despite 79% of the total population being fully vaccinated.^{1 2} The prior rolling seven-day average peak in Canada was 8,678 new cases during the Alpha variant outbreak on 17 April 2021.³ As at 31 January, there were 229,994 active cases of COVID-19 in Canada, with a test positivity rate of 20%.^{4 5} As a result of high case levels, emergency services across Canada were hit with staffing shortfalls in early January. High levels of absences were identified across police, fire and paramedic services due to COVID-19 infection and isolation, with many regions declaring a state of emergency.^{6 7} In Victoria, Calgary and Toronto, police staff have faced mandatory redeployment to cover frontline absences, as well as perform basic paramedic services.^{8 9 10} Emergency services workstreams have had to significantly reprioritise work, focusing on core functions only, while postponing training and non-emergency activities.¹¹ Some regions across the province of Ontario have faced critical ambulance shortages, with several instances of a 'code black', which is when one or no ambulances are available.¹² Several provinces have also stopped all non-urgent surgeries as hospitals reprioritise resourcing following a surge in COVID-19 hospitalisations.^{13 14} Ontario also allowed retired teachers to work more days amid staff shortages due to Omicron infection rates across the education sector.¹⁵ Transport, essential retail and agricultural sectors all have experienced significant staff shortages, with classes cancelled at short notice, train, bus and flight schedule cancellations, and difficulties in restocking food supplies at grocery stores.^{17 18 19 20 21 22 23}

Australia - Australia has seen a significant rise in COVID-19 cases since the arrival of the Omicron variant, with a new rolling seven-day average record of 109,214 new cases on 13 January, 47 times higher than the prior peak of 2,307 new cases observed during the Delta outbreak on 14 October 2021.²⁴ This is despite a vaccination rate of 78% of the total population.²⁵ As of 31 January there were 379,746 active cases in Australia, with a test positivity rate of 42%.^{26 27} Australia is facing similar disruptions to critical workstreams, as Omicron surges have forced numerous business operations to shut down or scale back as workforce absenteeism continues with staff falling ill or isolating.²⁸ One estimate suggests that up to 50 percent of truck drivers are off work due to Omicron, impacting the cross national movement of goods, resulting in food and fuel shortages across the country.²⁹ Omicron infections are also pushing Australia's healthcare system to capacity, as COVID-19 related hospitalisations increase while staffing levels are reduced due to isolation requirements. A state-wide 'code

¹ The critical workforce refers to those working in a role that provides an essential function for the community. The critical workforce encompasses several sectors including healthcare, education, emergency services, defence, transportation, essential retail, food and agriculture, communications, energy, government functions, and more.

brown' was recently declared in Victoria hospitals after record COVID-19 admissions and the widespread furloughing of staff. The code brown allows for hospitals to call their workers back from leave to address large staff shortages in emergencies.³⁰ In Queensland it is estimated that 5 percent of healthcare staff are off work due to COVID-19 related isolation, with many large hospitals in Brisbane having to postpone all surgeries except urgent and emergency procedures.^{31 32} Emergency services are facing similar staff shortages, with paramedics being particularly hard-hit. In Sydney, paramedics are working 13-plus hour shifts to cover absences, while police in South Australia have been redeployed to act as paramedics, ferrying patients with minor injuries to hospital.^{33 34}

Germany - In Germany, COVID-19 case numbers have been growing significantly, reaching a record rolling seven-day average of 153,286 cases on 30 January, nearly three times higher than the peak of 58,134 new cases observed during the Delta outbreak on 30 November 2021.³⁵ This is despite 73% of the total population being fully vaccinated.³⁶ As of 28 January it was estimated that Germany had 1,817,900 active COVID-19 cases, with a test positivity rate of 32%.³⁷ The record volume of cases, driven by Omicron's transmissibility, have led to employee shortages across several sectors including healthcare and freight services.³⁸ The German Hospital Federation reported that three-quarters of hospitals were reporting higher than typical levels of staff on sick leave, with four out of five hospitals reporting staffing problems.^{39 40} Staff absences with Lufthansa cargo have left the company unable to sort loose freight from the United States, Canada and Europe, resulting in delays on 15 percent of cargo.⁴¹ With Omicron cases expected to peak at 400,000 per day in February, essential services including police, fire, telecommunications and utility companies have been required to prepare contingency plans to account for large employee absences.⁴²

Countries have either exempted critical workers from isolating as close contacts of COVID-19 cases, or eliminated the isolation requirement for the general population, if the individual is fully vaccinated or asymptomatic.

Canada - In January 2022, several Canadian provinces amended isolation requirements for both critical workers and the general population to ease impacts of absenteeism. The Nova Scotian provincial government is allowing close contacts working in critical industries an exemption from the typical seven day isolation period, provided they are fully vaccinated, asymptomatic and wearing proper PPE.⁴³ In late-January 2022, the provincial government of British Columbia introduced a blanket removal of isolation requirements for asymptomatic close contacts of COVID-19 cases, regardless of vaccination status.⁴⁴ Similar steps have been implemented in Ontario, removing the need for fully vaccinated, asymptomatic close contacts to isolate if they employ proper mask use and avoid high risk settings, such as aged-care facilities for 10 days.⁴⁵ Unvaccinated close contacts in Ontario require isolation for 10 days, regardless of symptoms.⁴⁶ The government of Alberta has introduced a critical worker exemption to isolation, allowing some essential employees to return to work, even if the individual is a close contact or a confirmed COVID-19 case.⁴⁷

Australia - Australia has begun implementing exemptions for close contacts working in critical industries. In early January, the Australian federal government announced the removal of isolation requirements for asymptomatic close contacts of confirmed COVID-19 cases employed in critical supply chains.⁴⁸ By mid-January 2022, the South Australian government announced a close contact critical workers category (CCWC), which extends the exemption of critical workers isolation requirements as COVID-19 contacts to all sectors, including healthcare, transportation and emergency services.⁴⁹ Those in the CCWC must be fully vaccinated, asymptomatic, present routine negative Polymerase Chain Reaction (PCR) and Rapid Antigen Tests (RAT), as well as employ proper use of appropriate PPE.^{50 51} Queensland has also allowed for similar exemptions of fully vaccinated, asymptomatic critical workers across all sectors, including education, essential retail, manufacturing, and more.⁵²

Germany - Though not specifically geared towards essential industries, the German federal and state governments removed any isolation requirements of close contacts of COVID-19 cases for those who have received booster vaccinations, regardless of symptoms.^{53 54} The exemption is also extended to those who received their second vaccination or have recovered from COVID-19 infection, so long as both occurred within three months of exposure.⁵⁵ Contacts and positive cases who are unvaccinated, or fall outside of this requirement must isolate for a minimum of seven days, and provide proof of a negative PCR test or RAT.⁵⁶

All countries have reduced isolation periods for those infected with COVID-19 to alleviate workplace absences.

Canada - In Nova Scotia, Canada, positive COVID-19 cases who are fully vaccinated must isolate for seven days, and can leave once asymptomatic without proof of a negative test.⁵⁷ Between December 2021 and January 2022, Ontario, British Columbia, Quebec and Alberta all reduced isolation requirements for COVID-19 positive cases who are fully vaccinated from 10 days to five, with no negative test required at the end of this period.⁵⁸
⁵⁹ ⁶⁰ ⁶¹ This is based on growing evidence that the height of the infectious period for Omicron begins two days before the onset of symptoms, and for three days after, making subsequent periods of long isolation unnecessary.⁶² ⁶³ ⁶⁴

Australia - In January, Australia updated its federal guidelines around minimum isolation times for positive COVID-19 cases, reducing the period of isolation from 10 days to seven if asymptomatic, without the need for a negative test.⁶⁵ While many states including New South Wales, Victoria and Queensland have implemented this reduced timeframe, South Australia has maintained a minimum isolation period for 10 days for positive COVID-19 cases, regardless of vaccination status.⁶⁶ ⁶⁷ ⁶⁸

Germany - On 7 January 2022 the German federal and provincial authorities agreed to shorten isolation requirements for COVID-19 positive cases to ease impacts on the critical workforce. Those infected with COVID-19 can end isolation after seven days with proof of a negative PCR test or RAT, regardless of vaccination status.⁶⁹ For those working in critical services dealing with vulnerable people like healthcare and aged-care facilities, cases must also be symptom free for 48 hours before ending isolation in addition to the negative tests after seven days.⁷⁰ Proof of a negative test is not required after completing 10 full days of isolation.⁷¹ In Bavaria, the state has introduced isolation exceptions for nursing staff who test positive for COVID-19. Nurses can end their isolation to return to work after five days, with the proof of a negative RAT.⁷²

The pace of infection of Omicron has pushed countries to prioritise use of RATs that provide fast results, while limiting the use of PCR testing for particular groups and circumstances.

Canada - To alleviate pressure on PCR testing infrastructure from the surge in Omicron cases, countries have shifted towards use of RAT's, particularly as a way to quickly screen essential workers. In Canada, many provinces including Ontario, British Columbia and Alberta have changed eligibility criteria for COVID-19 PCR testing to help ease pressure on the testing infrastructure and use the resource more strategically. PCR tests are only recommended for symptomatic people who are working in high-risk settings as first responders, and healthcare, as well as people who are more vulnerable to severe disease.⁷³ ⁷⁴ ⁷⁵ Use of RATs has replaced PCR testing to screen asymptomatic people, practice 'test-to-work' programmes, and for the general population displaying COVID-19 symptoms.⁷⁶ The Ontario government has introduced routine use of RATs in conjunction with PCR testing as a way to quickly screen workers in high risk settings, as well as screening those who are exempted from isolation due to working in an essential capacity.⁷⁷ The government is also introducing a minimum of two RATs per week for unvaccinated staff working in hospitals and long-term care facilities.⁷⁸ Similar initiatives have been rolled out in other Canadian provinces.

Australia - In January 2022, Australia amended its COVID-19 testing guidelines after a surge in Omicron cases, and after a shortage of RATs placed extreme pressure on PCR testing infrastructure, limiting the speed and volume of testing. As a response to this, the government has removed the requirement for those testing positive on a RAT to receive a subsequent PCR.⁷⁹ Routine testing for truck drivers, second tests for international arrivals, and pre-arrival tests in hospitals have all been removed to help alleviate strain on testing.⁸⁰ The government has indicated it is prioritising RAT and PCR tests for those who are symptomatic, at risk of severe disease, or are working in an essential capacity.⁸¹ For the critical workforce, South Australia and Queensland have both routine RAT and PCR testing requirements for critical workers leaving isolation early, who were close contacts of positive cases.⁸² ⁸³ ⁸⁴ In Victoria, critical workers exempted from the contact isolation requirements have to undergo a daily RAT for five days, and must obtain a negative result prior to attending work each day.⁸⁵

Germany - As Omicron numbers continue to rise across Germany, testing labs reached 86% capacity by the end of January, placing considerable strain on the ability of the country to keep up with testing demand. Those who test positive for COVID-19 but show no symptoms, and close contacts of positive cases, are being advised

to use 'high quality' RAT's, while PCR testing is reserved for high risk staff working in healthcare, and vulnerable groups.⁸⁶ RAT's have also been approved as proof of a negative test for those looking to release themselves from isolation and quarantine in accordance with public health guidelines.⁸⁷

Thank you to the following teams that assisted with this report: the Ministry of Foreign Affairs and Trade, the New Zealand Police, the New Zealand Transport Agency, and the Ministry of Business, Innovation, and Employment.

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3 Ministry of Health



3.1 Policy/Programme Updates

3.1.1 Health system preparedness programme: Update

COVID-19 Care in the Community in light of Omicron

New functionality across key digital platforms supporting the delivery of COVID-19 Care in the Community is under active development.

- The Patient Self-Service Form is now being piloted through Reach Aotearoa. DHBs have been informed of the pilot. This function enables low risk COVID-19 positive individuals isolating in the community to provide contact tracing and household information, as well as high level clinical and welfare needs.
- The Patient Self-Service Portal is going live on 14 February 2022. This full portal will enable individuals with low clinical needs to self-manage, freeing health system resources to focus on isolating individuals, whānau and households with higher clinical needs.
- A range of health services is available to care for people with COVID-19, depending on the need of a person, including telehealth services, Care in the Community, and hospital-level care. A risk stratification framework is being developed to allow the sector to understand their population profiles and manage limited resources, to ensure that people who can independently isolate are enabled to do so, freeing up high touch resources for those who need it most.

Metrics

As per advice dated 26 January 2022, the COVID-19 Care in the Community weekly dashboard is in development. Although originally agreed for 31 January 2022, a first iteration of a dashboard with 12 out of 15 metrics will be presented on 16 February 2022.

Four key challenges have resulted in this delay: Border Clinical Management System (BCMS) access to data, responding to Omicron, BCMS adoption, and the overall data quality.

Several measures are being reviewed following changes to the Care in the Community model in response to Omicron.

The Ministry of Health is working on BCMS updates to ensure data access and training of the sector in the use of BCMS is ongoing.

Engagement with Iwi and Pacific communities

Feedback, provided by Iwi and Pacific communities through our Māori Directorate and Pacific Health team regarding their variable experiences with COVID-19 welfare support, has prompted further engagement and identified the need for refinement. The Ministry of Health has initiated a lessons learned and alignment discussion with its welfare partners, including the Ministry of Social Development.

Next steps

The Ministry of Health is working with the Ministry of Social Development to get assurance that the welfare referral pathway will be able to provide the support required with the expected higher numbers of cases.

3.1.2 COVID-19 Vaccine and Immunisation Programme

As at 11.59 pm on 1 February 2022, 9,511,530 vaccinations have been delivered, including 4,005,825 first doses, 3,927,812 second doses, 38,109 third primary doses, and 1,361,791 booster doses.

- 6,651 doses of AstraZeneca have been administered.
- 177,978 paediatric first doses have been administered to 5-to-11-year-old children.
- 90 percent of the eligible population 5 years and older has now received at least one dose, and 85 percent of this population are fully vaccinated. Of those fully vaccinated, 12.3 percent are Māori and 6.8 percent are Pasifika.

- 37 percent of the eligible population aged 5-to-11-years has now received their first dose.
- 781 vaccination sites were active on 1 February 2022.

Driving uptake

Nineteen DHBs have hit or passed 90 percent first doses for their eligible population over the age of 12. As at 11.59pm on 1 February 2022, Northland is 427 doses from reaching the 90 percent first dose milestone. Seventeen DHBs have reached 90 percent second doses. Auckland, Capital & Coast, and Canterbury DHBs have reached 90 percent fully vaccinated for Māori.

All DHBs have increased capacity at their vaccination sites to accommodate the increase in demand for booster doses and paediatric vaccines. This has included operating sites with extended hours, opening additional drive-through clinics, and deploying additional staff to community clinics.

The Ministry of Health is proactively working to increase uptake by essential workers and services who are not included in the Vaccination Order:

- The Ministry of Health has engaged with the supermarket industry and arranged for onsite booster clinics at all distribution centres.
- Work is also underway to identify businesses and workforces considered to be critical from a resilience point of view, in order to provide support regarding boosters for their workers.

In response to the emergence of the Omicron variant in the community, the programme is working with DHBs to increase booster dose and paediatric vaccination uptake, ensuring that all campaigns are able to be safely conducted under the “red” setting.

5-to-11-year-olds

Strong uptake of the paediatric vaccine continues, with 40 percent of children aged 5-to-11-years old having either booked or received their first dose as at 11.59pm on 1 February 2022.

All DHBs have provided their implementation plans to the Ministry of Health, with DHBs rolling out the paediatric vaccine through Māori and Pacific health providers and working with disability support services to reach priority populations.

DHBs are taking a whānau-orientated approach to the rollout to encourage uptake of the vaccine among other age cohorts, including booster doses. This also provides opportunities to improve delivery and uptake of the COVID-19 vaccine among Māori adults, as well as uptake of the wider National Immunisation Schedule.

A judicial review to challenge Medsafe’s decision to approve the Pfizer vaccination for 5-to-11-year-olds, and Cabinet’s decision to use the vaccine for 5-to-11-year-olds has been lodged in the High Court by a group of parents. An interim hearing took place on 27 January 2022, with a decision expected soon.

Booster Doses

Demand for booster doses has been strong. As at 1 February 2022, 1,361,791 people have received a booster dose. This represents 68.9 percent of the 1,974,656 people who are currently eligible for a booster.

Anyone aged 18 and over who has completed their primary course of vaccine is being urged to get their booster as soon as possible. From Friday 4 February 2022, the interval between completion of the primary vaccine course and eligibility for a booster dose will reduce to three months. The booster roll-out has been accelerated as one of several measures to protect New Zealand against the Omicron variant.

Whakarongorau has commenced a call campaign to reach consumers at higher risk, including Māori, Pasifika, people aged 65 and over, and those with pre-existing conditions. The Ministry of Health continue to run active outreach programmes to those who have not yet received their booster or made a booking in Book My Vaccine. This includes automated reminders as soon as someone becomes eligible, as well as localised campaigns within the regions led by the DHB teams.

Administration of booster doses for residents in Aged Residential Care (ARC) is well advanced. All ARC facilities were scheduled to receive booster dose visits before the end of January 2022. There are rare instances where some ARC facilities have been rescheduled to early February 2022. This has been as a result of medical or other logistical challenges (for example, one facility that has been dealing with an outbreak of gastroenteritis). All remaining facilities will have received visits by 6 February 2022.

Vaccination Order

Workers included in the Vaccination Order are now required to have boosters in addition to their primary course. Managed Isolation and Quarantine, health, and disability workers are required to have their booster dose by 15 February 2022. All other workers included in the Order must receive their booster dose by 1 March 2022. Workers included in the order who were only recently vaccinated must receive their booster dose no more than six months after completing their primary course.

DHBs are providing priority access to mandated workforces, running pop-up vaccination clinics and liaising with employers to facilitate booster doses through community clinics, pharmacies, and general practitioners (GPs).

Equity

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

DHBs are utilising and building on successful strategies from 2021 to provide an equitable rollout of boosters and paediatric vaccines, and to continue engaging with those yet to complete a primary course of vaccination.

All regions have events planned to raise uptake among Māori, with a particular focus on tamariki Māori. Discussions are organised with school principals and with agencies to plan for the outreach to schools with support from Hauora providers and DHBs.

The rollout of the paediatric vaccine to tamariki Māori will be complemented by the Māori tamaiti vaccination programme. This programme has been co-designed with Māori paediatricians, doctors, nurses, teachers, principals, tamariki and specialists, and puts tamariki Māori and whānau at the forefront of the development, design, and implementation.

DHBs have in place a range of vaccination strategies to support vaccination delivery to 5-to-11-year-olds, including provision of community events, drive-through clinics with dedicated priority lines, clinics in paediatric hospital clinics, and home vaccinations. DHBs are also working with providers of residential disability support services to deliver outreach, when requested for eligible clients.

Novavax

Medsafe has received the awaited data from Novavax and are now working to complete the approval process, with a decision expected in the near future.

If approved, the Ministry of Health will provide advice to Cabinet to inform any decision on the use of Novavax as part of New Zealand's COVID-19 vaccination programme.

Technology

As at 11.59 pm on 1 February 2022, 5,013,989 My COVID Passes have been issued to 3,834,167 individuals. This represents 96.7 percent of the fully vaccinated population. The total number of passes generated is higher due to the ability for consumers to request a new pass be generated if, for example, they have lost the original pass they downloaded and need to replace it. At this time, booster doses are not required for vaccine passes. The conditions and validity periods of vaccine passes will be reviewed in coming weeks.

New Zealand support for vaccine roll-out in the Pacific

Niue continues to administer booster vaccines. Planning is well underway for paediatric doses to be delivered mid-February 2022.

The Cook Islands have fully vaccinated 76 percent of their eligible 12-to-15-year-olds and continue to vaccinate those who missed out in previous vaccination rounds. This includes completing the booster roll out in Rarotonga and Aitutaki. Paediatric doses are scheduled to be delivered 3 February 2022.

Tokelau has completed dose one of their 12-to-15-year-old roll out with approximately 100 percent coverage in this population group at 27 January 2022. Dose two for this age group and boosters for the adult population are scheduled to be delivered on 5 February 2022. Planning has begun for delivery of paediatric doses in mid-February 2022.

Samoa's vaccine rollout to the 12-to-17-year-old cohort is nearing completion with an estimated 4,500 doses remaining. s6(a)

The 4,500 doses are scheduled to be delivered on the next available flight.

Planning for Tonga's vaccine rollout to their 12-to-17-year-olds and pregnant women has been slightly delayed due to the recent volcanic eruption and tsunami. A delivery of 2,250 doses to complete this rollout was made on 26 January 2022, via a cargo flight.

Planning is underway for the provision of paediatric doses to Samoa, Tonga and Tuvalu.

3.1.3 Technical Advisory Group: update

COVID-19 TAG

The COVID-19 Technical Advisory Group (COVID-19 TAG) met on 28 January 2022 and discussed the following items.

- Ministry of Health Update on COVID-19 Outbreak Response
- Traffic Light System Implementation
- Response Strategy

The next COVID-19 TAG meeting is scheduled for 25 February 2022 and an update will follow in a future report.

CV TAG

The COVID-19 Vaccine Technical Advisory Group (CV TAG) meet on 25 January 2022 and discussed the following items.

- Interval for boosters
- Heterologous Schedules for Booster Doses
- Booster doses for pregnant people at 4 months
- Fourth dose (first booster) for severely immunocompromised people
- Fourth dose (second booster) for high-risk populations
- 5-11-year-olds safety data

CV TAG met on 1 February 2022, and an update on this meeting will be included in a future report.

Therapeutics TAG

The COVID-19 Therapeutics Technical Advisory Group (Therapeutics TAG) met on 28 January 2022 and discussed the following items.

- Therapeutics
 - Pharmac update
 - Medsafe update
 - Airfinity/STA update

- Paxlovid in the context of Omicron
- Remdesivir use in immunocompromised
- Covid Care in the Community/Ministry update
- Equity considerations
- Guideline update
 - 21 January 2022 update
 - Planned update 4 March
 - Remdesivir

The next Therapeutics TAG meeting is scheduled for 11 February 2022 and an update will follow in a future report.

CT TAG

The COVID-19 Testing Technical Advisory Group (CT TAG) did not meet in the week commencing 24 January 2022. The next CT TAG meeting has not been scheduled as of yet.

Proactively Released

3.1.4 Upcoming communications issues and activities

As at 25 January 2022

Date	Activity	Lead agency	Comms material	Ministerial Involvement
1/02/22 ongoing	Omicron planning: updating public messaging and guidance for the three phases to manage Omicron in the community.	MoH/DPMC	Communications, key messages, website, stakeholder engagement	Yes
1/02/22 ongoing	COVID-19 Contact Tracing Form: Pilot with Reach Aotearoa to provide low risk cases the ability to self-service by completing contact tracing online instead of undertaking a case interview with a contact tracer.	MoH	Key messages, website, stakeholder communications	No
1/02/22	Omicron Strategy Webinar: Royal New Zealand College of General Practitioners (RNZCGP).	MoH	Webinar	No
1/02/22 ongoing	Health System Preparedness: Stakeholder communications around Omicron planning for the Care in the Community Framework - detailed operational plans for the three phases.	MoH	Website, health stakeholders	No
1/02/22 ongoing	Omicron community outbreak: daily communications and support for the health sector and public, including cases in a number of regions across the country. Delta cases continue in various regions. Locations of interest and updated health advice.	MoH/DPMC	Talking points, key messages, communications, website, stakeholder communications	Optional
1/02/22 ongoing	Testing: update on rapid antigen tests (RATs) supply and distribution. Guides for use prepared - community providers, critical workers.	MoH	Press release, stakeholder engagement	Yes
3/02/22	Reconnecting New Zealand announcement.	MBIE/MoH/ DPMC	Talking points, Q&As, stakeholder engagement	Yes

4 Managed Isolation and Quarantine Weekly Report



4.1 Items to Note/Updates

4.1.1 MIQ Response to the COVID-19 Outbreak

Isolation pressures continue to put strain on MIQ capacity and due to these pressures, MBIE are currently operating without contingency. Options are being looked at to determine how to build back contingency and ensure facilities are not overloaded.

The conversion of the Amohia (Distinction Hotel) in Hamilton from a Community Quarantine Facility to a Managed Isolation Facility provides additional rooms for border returnees. In order to support positive community cases, MBIE are working with stakeholders on the conversion of Jetpark Hamilton from a Managed Isolation Facility to a Community Quarantine Facility.

Though there has been a significant increase in community cases, these are not being referred to MIQ and instead are being cared for via Care in the Community unless there is an inability for people to safely self-isolate.

Policy decisions on how to manage the strain on capacity are being worked through with agencies and Ministers.

4.1.2 MIQ Workforce Booster update

Now that MBIE has access to the BWTR (Border Worker Testing Register), MBIE are working with the Ministry of Health in relation to the data and reporting for boosters in order to ensure reporting going forward is an accurate representation of progress for MIQ. A further update, once available, will be provided to your office.

MBIE continue to use all communications channels to encourage workers to get their booster shot when they are eligible. MBIE also is informing workers of the requirement per the updated Order to have their booster by 15 February if it has been six months since the completion of their primary course to continue working at an MIQF site.

4.1.3 s9(2)(h)

[Redacted]

[Redacted]

[Redacted]

4.2 Operational Update

4.2.1 MIQ's Role in Afghanistan Evacuation

A total of 1,120 evacuees from Afghanistan have arrived in New Zealand. The table below shows the MIQ status of the Afghanistan evacuation programme as at 10.00 am Wednesday 2 February 2022:

TOTAL Evacuees from Afghanistan that are Currently in MI	24
TOTAL Evacuees from Afghanistan that have Departed MI	1,096: 1,005 Afghan Nationals (excludes births after arrival), NZ National: 1, AoG staff: 90
TOTAL Expected Arrivals (through to end of Feb 2022)	220 (estimated)

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

4.2.2 Ventilation

Remediation work completed (total number of facilities = 33)	Facilities yet to complete remediation	% of rooms complete within the portfolio of facilities fully signed off
31 completed (24 of which are fully signed off)	2	73% (4,240 rooms)

Remediation work for all but two facilities (Chateau on the Park Christchurch and Stamford Plaza Auckland) has been completed and the total number of facilities fully signed off is currently 24.

Remediation work at the final two facilities has been delayed due to supply chain issues. Completion is now expected by the end of February 2022 with retesting to follow.

Last week, a final signoff was obtained for Sudima Rotorua, with all 226 rooms achieving MIQ preferred conditions.

The final signoff for IBIS Hamilton is expected later this week.

4.2.3 Air Filtration Units (AFU)

10 AFU's were sent to each of the five Christchurch isolation facilities last week to be used in the rooms of returnees testing positive, prior to them being transferred to a quarantine facility. This leaves 397 units in stock with the supplier and allocated to MBIE. The team is on standby to install AFU's in additional quarantine rooms as required.

There are still approximately 1,800 units in stock with the supplier that are unallocated.

With the Amohia/Distinction Hamilton reverting back to isolation only, and Jet Park Hamilton becoming a quarantine facility, AFU's currently in rooms at the Amohia will be redeployed to quarantine rooms at Jet Park.

4.2.4 Vaccination of Frontline Staff

For workers on site for the week 17-23 January 2022, BWTR shows that 98.9% had two doses of the vaccine, 0.1% had one dose, and the remaining 0.9% (44 workers) had the vaccine status 'unknown'.

Of the 44 workers with an 'unknown' vaccination status, 23 still require an NHI match. The Workforce Testing Team is investigating the remaining 21 workers to confirm their vaccination status.

Vaccination assurance follow-ups for those with an 'unknown' status in BWTR did not identify any breaches of the Vaccination Order.

All of the 29 workers who were NHI-matched but showing vaccination status 'unknown' between 17-23 January 2022 have been confirmed as being compliant with the Vaccination Order (two were duplicate BWTR profiles).

4.2.5 Staff Testing

Reporting from the BWTR shows that 4,627 people undertook work in our facilities last week. The table below shows how many of those workers were either compliant with the Testing Order, overdue for a test or still needed to be NHI-matched.

Workers on site 24-31 Jan 2022	Workers on nasal testing regime	Workers on saliva testing regime	Total	Percentage of total NHI-matched workers on site
Compliant NHI-matched workers	2,004	2,097	4,101	89%
Overdue NHI-matched workers	190	319	509	11%
Need NHI-match	23	0	23	
Workers on site	2,217	2,416	4,633	

Of the 509 tests that are overdue, 405 of those are less than 4 days overdue (80% of the total), 90 (18%) are 4-10 days overdue and 14 (2.7%) are 11+ days overdue. The Workforce Testing and Vaccination team will follow up with these workers to make sure they get tested as required.

Of the 23 that still need a NHI-match, 20 were created in BWTR in the last 7 days.

In the week ending 23 January 2022, 13 workers were showing as '11+ days overdue' in BWTR. Of those 13 workers, 5 workers have a swab confirmed, 4 have been contacted and we are awaiting a response, 1 has been instructed to be swabbed and 3 have been escalated to MOH for further action.

4.2.6 Saliva Testing

As at 31 January 2022, 5,080 MIQ workers have opted-in to saliva testing across all active MIQF sites (up from 4,931 at 24 January 2022).

4.3 Judicial Reviews, Dispute Resolution, Ombudsman and OPCAT

4.3.1 Grounded Kiwis Judicial Review

The Grounded Kiwis judicial review remains rescheduled to be heard in the High Court on 14-15 February.

4.3.2 s9(2)(a) v CE Ministry of Business, Innovation and Employment & Ors

This proceeding was settled ahead of the scheduled hearing. s9(2)(a) applied for an exemption under clause 12 of the Isolation and Quarantine Order to isolate at home by himself, at a secure residence. This was initially declined by a Medical Officer of Health and s9(2)(a) sought judicial review of that decision. s9(2)(a) was required to enter a managed isolation facility pending the hearing. With the lapse of time, a Medical Officer of Health subsequently concluded that s9(2)(a) met the public health criteria for early release from the facility under clause 14 of the Order. In reaching that view, the Medical Officer of Health considered a range of factors and determined that at the time the public health risk was low and could be mitigated.

4.3.3 Disputes Tribunal case

The Disputes Tribunal is set to hear a claim on 4 February relating to a returnee refusing to pay their invoice. This date was changed from 2 February on the basis that the claimant was based outside of New Zealand. MBIE's assessment remains the same, which is that the Disputes Tribunal does not have jurisdiction over this matter.

4.3.4 Ombudsman Complaints

MBIE are currently managing 36 cases, with 25 of these being preliminary enquiries. Of the 11 active requests; two are on emergency allocations, three are on fee waivers; two are on exemptions from managed isolation,

two are on undue financial hardship, one is on access to fresh air in a facility, and one is on unlawful detention. MBIE are seeking Crown Law advice on some opinions to support our responses.

4.3.5 OPCAT

MBIE provided our response to The Pullman Hotel Auckland provisional report on Friday 28th January 2022.

MBIE also provided additional evidence to the Economic Development, Science and Innovation Committee as requested, relating to the Ombudsman’s Thematic Report on inspections of MIQ Facilities under OPCAT which he presented to the committee late last year.

4.4 Invoicing

The table below shows the number of invoices issued up to **30 January 2022**.

Invoices have various repayment terms depending on whether they are a sports group (10 days), critical worker (30 days) or standard returnee/maritime crew/aircrew (90 days).

Grouping	Invoices issued (net of credit notes)	Paid	Issued not due	Issued over due	Invoices issued (\$)	Paid (\$)	Issued not due (\$)	Issued overdue (\$)	90+ days over due	90+ days overdue (\$)
Groups /Temp Visa	7,178	4,671	616	1,891	\$65,729,654	\$52,946,583	\$2,035,598	\$10,747,474	750	\$4,201,776
Maritime	643	516	66	61	\$3,178,097	\$2,796,047	\$141,061	\$240,989	19	\$61,879
Aircrew	229	218	1	10	\$2,179,635	\$2,063,574	-\$433	\$116,494	8	\$101,437
Other	31,378	20,190	2,506	8,682	\$105,604,340	\$71,853,863	\$5,430,290	\$28,320,187	4,702	\$15,280,697
Total	39,428	25,595	3,189	10,644	\$176,691,726	\$129,660,066	\$7,606,516	\$39,425,144	5,479	\$19,645,789

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

4.4.1 Fees Collection

MBIE usually allow 2-3 weeks from when someone leaves MIQ to invoice, as this time allows us to gather all of the information needed to determine liability and contact details. MBIE are currently around six weeks behind our normal processing timeframes due to implementing changes for 7 day MIQ stays, a MOH data issue and the Christmas holidays. Invoicing is now up to the returnees leaving MIQ on 19-22 November.

The process to email the backlog of returnees from August 2020 to 24 March 2021 has sent emails to returnees up to 08 February 2021. This has led to 2,123 invoices sent so far, valued at \$7.0m.

4.4.2 Debt Recovery

Of the now 1,801 invoices worth \$5.858m sent to a debt collection agency:

- \$1.240m (up \$119k) - 21% - has been paid (or is being paid through instalment).
- \$856k is currently awaiting information from customers or has been credited due to an error.
- A further \$2.509m (this includes the no address/gone overseas category and passive collection) requires more detailed tracing.
- \$310k currently have waiver applications under assessment.
- The remaining \$943k debt continues to be a work in progress.

4.4.3 Collections Partner Update

5,510 invoices worth \$20.691m have been passed to our collection partner. For the week ended 30/01/2022, \$3,398k has now been paid (Up \$780k).

An additional \$759k of debt is under instalment and is expected to convert to payments received over the coming weeks.

4.4.4 Weekly Average Invoicing and Debt Recovery at 77%

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

Recent Weeks	Average invoicing per week (\$)
Past week	1,582,389
2-4 weeks	*288,810
5-8 weeks	1,440,288
9+ weeks	2,268,024

*2-4 weeks is low due to the MOH invoicing data issue causing a pause to invoicing and the processing of credit notes related to waivers being approved two weeks ago.

The debt recovery percentage is tracking under the FY22 target at 77%.

4.4.5 Reducing the fee waiver backlog

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

- New applications received from 24 to 30 January 2022 is now 186.
- The net reduction from 13 December 2021 to 30 January 2022 is 673.
- The weekly net reduction from 24 January 2022 to 30 January 2022 is 131.

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

Status	Backlog at 13 Dec 2021	New Applications Received since 13 Dec 2021	Backlog at 30 Jan 2022
Processing or to be processed	3979	1166	3674
Waiting for Customer	1108		740
Total	5087	1166	4414

System actions by Waivers Officers 24 Jan – 30 Jan 2022. (Decision Maker activities are excluded)

Actions	Applications Triaged	Assessments Completed	RFI's Sent	Outcomes Sent	Total
Total	161	362	106	236	865

We continue to re-focus resources onto an ongoing large influx of exemption and emergency allocation applications, so although the team have actioned a considerable number of items the backlog is not reducing as quickly as we had anticipated. We are currently recruiting further resources to support all application processes.

4.5 Upcoming Communications Issues and Activities

4.5.1 As at 1 February 2022:

Date	Activity	Lead agency	Comms material	Ministerial Involvement Y/N
3 Feb TBC	RNZ Border announcement	Ministerial announcement	Supporting material for workforce, partners, and media	Y
3 Feb	Rydges 90-day contract notice	MIQ	Proactive comms across all MIQ facilities and employers	N

4.6 Large Group Arrivals Update

Summary of approved group arrivals as of 25 January 2022 (to March 2022)

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Construction Sector Accord	Jan 2022	60	37(48 pax)	Arrivals are spread across the month. Arrivals for the first half of February are allocated.
	Feb 2022		26 (41 pax)	
Refugee Quota	10-16 Jan	36	17 (36 pax)	

	24-30 Jan	39	21 (39 pax)	The original planned intake arrival windows have been replaced with a forecast of 45 pax every second week (90 pax per month).
	31 Jan-6 Feb	28	17 (28 pax)	
	7-13 Feb	18	10 (18 pax)	
	14-20 Feb	42	21 (42 pax)	
	28 Feb-6 Mar	30	20 (30 pax)	
	14-20 Mar	40	25 (40 pax)	
	Late Mar – Jun tbc	180	120 (180 pax)	
Afghanistan Arrivals	17-23 Jan	26	10 (26 pax)	<p>s6(a) This poses a severe risk to the MIQ system which is already pressurised across February.</p> <p>Travellers from the INZ Judicial Review (91 pax) will be managed separately through the emergency allocations system.</p> <p>MFAT projects 281 pax will remain in Afghanistan from mid-March. Given the room constraints they have extended their projections from end of March to end of April.</p>
	24-30 Jan	6	3 (6 pax)	
	31 Jan-6 Feb	25	14 (25 pax)	
	7-13 Feb	18	8 (18 pax)	
	14-20 Feb	78	33 (78 pax)	
	21-27 Feb	151	69 (151 pax)	
	28 Feb-6 Mar	99	45 (99 pax)	
	7-13 Mar	85	39 (85 pax)	
	14-20 Mar	37	17 (37 pax)	
	21-27 Mar	19	9 (19 pax)	
	28 Mar - Apr	51	23 (51 pax)	
Apr tbc	281	127 (281 pax) tbc		
EXPO	27 Jan	16	7 (7 pax)	For the flight due to arrive on 5 February 2022, 10 people have tested positive and need to reschedule. This number might increase with further PCR testing this week.
	29 Jan		21 (31 pax)	
	3 Feb	45	45 tbc	
	5 Feb	75	75 tbc	
	26 Feb	44	44 tbc	
	12 March	25	25 tbc	
Exporters	Jan	30	7(7pax)	Arrivals are spread across the month. Further vouchers will be requested for March.
	Feb	90	44(58 pax)	
	March	150	24 (25 pax)	
NZDF	23 Feb	80	80 tbc	
Antarctic Programme	4 Feb	13	13	The Antarctic season is now winding down, however there is an outstanding request from USAP awaiting Ministerial approval for an additional 70 pax to arrive in March.
	7 Feb	25	25 (25pax)	
	14 Feb	12	12	
Cricket: South Africa Men's	4 Feb	35	30	<p>Planning with NZC is underway. An exemption to train has been applied for. NZC have chartered a flight from South Africa to Christchurch for the team in an attempt to reduce the team's risk of exposure to Omicron.</p> <p>There is an increased media interest in the Black Caps and Managed Isolation because of their cancelled Australia tour. This has led to an increased interest in the inbound South African team too.</p> <p>MIQ officials are increasingly concerned about the team's compliance and behaviour while in MIQ. This has been raised locally in Christchurch and additional measures will be available if needed.</p> <p>A new process for managing close contacts of a positive case within the team has been established by MoH as of Saturday 29 January. The impact of this on MIQ staff and Health staff is being rapidly worked through and operational processes are being developed. The last-</p>

				minute nature of this change in process brings with it some degree of uncertainty and complexity. Officials are doing their best to mitigate the risks associated with the new process. The team will be accommodated at the Chateau on the Park in Christchurch.
Winter Olympics	7 Feb	1	1	
	18 Feb	7	7	
	21 Feb	2	2	
	22 Feb	33 tbc	28	
	23 Feb	10	10	
Winter Paralympics	15 Mar	19	17 (18 pax)	
Ministerial Travel	Feb	20	TBC	
Sports and Culture	Jan	40	8(11 Pax)	
	Feb	40	39	
Critical health workers	1 – 14 Feb	150	95 (129pax)	Arrivals are spread across the month.
	15-28 Feb	150	123 (164pax)	
	Mar	300	TBC	
Cricket: Women's Cricket World Cup				
Non-playing personnel	Jan/Feb	405	TBC	The final number of non-playing personnel is expected to be up to 300, with the bulk arriving in mid-February.
India	26 Jan	31	31	India has had an exemption to train approved. As per the exemption, the team is able to train on receipt of a negative day 5/6 test in a single bubble. This team is accommodated at the Chateau on the Park in Christchurch. Other teams will be accommodated in Auckland and Christchurch. No other teams will have an exemption to train.
South Africa	9 Feb	31	31	
Pakistan	10 Feb	28	28	
Bangladesh	4 Feb	26	26	
West Indies	10 Feb	27	27	
England	10 Feb	31	31	
Australia	10 Feb	31	31	
Cricket: Netherlands Men	4 Mar	35	TBC	

Time Sensitive Travel (TST)

The expected arrivals for January 2022 are 103 rooms. Expected arrivals for February are 111 rooms.

The Time Sensitive Travel application window for arrivals in March/April 2022 closed on 21 January 2022. 614 valid applications for 733 pax were received, against an allocation of 800 rooms.

4.7 Emergency Allocation Applications

9,388 applications have been processed since 30 October 2020. 561 applications were received in the week ending 30 January 2022 and 355 applications were processed. Of the 355 applications processed in the week ending 30 January 2022, 62.5% were approved.

Emergency Allocation Applications	Weekly Totals 23 - 30 January 2022	Year to Date Totals 30 October 2020 to 30 January 2022
Approved	222	5,727
Declined	133	3,661
Applications processed	355	9,388

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

Total Rooms Approved Under Emergency Allocation from 16 January to 23 January 2022	233
Rooms allocated in MIAS	151
Awaiting flight details or MIAS registrations from the applicants to complete the room allocation process	82

Given the cancellation of the 20 January lobby, the EA system is being used by applicants more than had been anticipated as EAs are the only available option for access to MIQs. This causes significant pressure on the Operations teams to provide timely responses as they assess each application.

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5 Border Executive Board Report



5.1 Key Issues Being Considered

5.1.1 Border Executive Board

The Border Executive Board governance board met on 2 February 2022.

The Board discussed preparation for reopening the border for Step 1 on 28 February 2022, noting work was progressing. No longer requiring testing of arriving passengers at airports has removed the configuration and capacity challenge with airports. The Board received a verbal update on the New Zealand Traveller Declaration. A series of trial pilot groups will commence next week with incoming flights, in preparation for go-live by 31 March 2022. Preparation and operational planning are well developed, and a more detailed discussion will take place at the next meeting to obtain assurance that all agencies are prepared for the Step 1 reopening.

The Board raised the challenge of Managed Isolation and Quarantine capacity for primary sector workers coming to New Zealand. Noting the urgent need in the sector, MBIE will consider what, if any, action can be taken to accommodate these primary sector workers before the border reopens with self-isolation settings.

The Ministry of Transport is working with the aviation sector on vulnerability points and will be hosting a workshop to understand the implications of managing workforce capacity and continuity of services in the Omicron context. Consideration will be given to hosting a similar workshop with maritime.

The Board received the Managed Isolation and Quarantine Quarter 2 Report 2021-22. There were no unexpected risks and no matters for the Board to address.

Board members provided an update on progress of their eligible border staff receiving the COVID-19 booster vaccination. Overall, agencies are progressing towards the target and deadline of 15 February. A progress update will be provided to you in these weekly reports.

The next Board meeting is 16 February 2022.

Border worker booster mandate

The boosting of border workers is generally going well. Ample vaccination appointments and walk-in slots are available and DHBs have been responsive to requests to establish pop-up sites at Auckland Airport and ports.

The Ministry of Health estimates that 94% of active border workers, who had their second dose more than 6 months before 15 February 2022, have received their booster. However, this number does fluctuate due to the nature of the active workforce, with agencies confirming their own workforces. Agencies are focused on ensuring that all workers who may become active at the border are boosted.

As required under the Order, all border workers are required to be boosted within six months of their second dose, with this requirement coming into effect on 15 February 2022.

A technical change to the Border Worker Testing Register (BWTR) earlier this week means that PCBUs are now able to use the BWTR to identify which workers have not been boosted, and therefore target support accordingly.

6 New Zealand Customs Service Weekly Report



6.1 Items to Note/Updates

6.1.1 Maritime

Maersk Bogor

The Singapore-flagged *Maersk Bogor* is a 223-metre-long container ship with 25 crew on board. As reported in last week's report, Customs received information while the vessel was en-route to the Port of Tauranga, that three crew members were presenting COVID-19 symptoms. All crew members were tested after coming into the port on 30 January 2022. Testing identified six crew as COVID-19 positive who remained on board.

In response, Customs led an all-of-government operational response and developed a contactless cargo plan to safely and efficiently unload and load the vessel whilst under quarantine. This involved collating information on the ship's crew and cargo, as well as engaging with Maritime New Zealand, Public Health Officials, Port of Tauranga management and Maersk, the shipping company. On 30 January 2022, the vessel was successfully unloaded and loaded with cargo. Due to the ship being under quarantine the ship had a minimal delay of 24 hours.

This is the first time that contactless cargo operations have taken place at a New Zealand port, proving that they can be done safely and efficiently. Contactless cargo operations are intended to keep New Zealand's supply chains open and mitigate any disruptions, while preventing the spread of COVID-19. All relevant stakeholders welcomed Customs developing the new process, including Maersk who have requested the contactless cargo plan details for wider distribution to other international ports.

Maersk Inverness

The *Maersk Inverness* is another container ship sailing under the flag of Singapore, with 25 crew on board. The vessel is set to arrive at the Port of Tauranga on 4 February 2022 and scheduled to depart for Sydney, Australia on the same day. On 28 January 2022, Customs received information that three crew on board the vessel were showing symptoms of COVID-19. The intention is to withhold the vessel's pratique (quarantine clearance).

Once the vessel arrives, the plan is to proceed with a contactless cargo plan while the crew are simultaneously being tested for COVID-19. This will reduce the amount of time the vessel is at the Port and help keep supply chains open. Having successfully piloted this contactless operation with the *Maersk Bogor*, Customs will mirror that same process and is just awaiting confirmation of cargo details.

7 COVID-19 Chief Executives Board

7.1 Items to Note/Updates

The Chief Executives' Board did not meet this week, and will hold its next meeting on Tuesday, 8 February. The discussions will focus on key Omicron risks and its impact on Māori and Pacific communities.

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 1 February. The purpose of the meeting was to prepare the key points to raise with you in your meeting with the Group held on Thursday 3 February. The Group also met with DPMC's Head of System Readiness and Planning to gain an overview of the whole-of-system preparedness for Omicron. As agreed with you, the Group will shift to a weekly meeting and advice cycle for the next six to eight weeks.

9 Strategic COVID-19 Public Health Advisory Group

9.1 Items to Note/Updates

The Strategic Public Health Advisory Group will meet next on Wednesday, 9 February. The Group's two Special Advisors, Rodney Jones and Professor Shaun Hendy, are both attending this meeting to provide an update on modelling for the Omicron variant of COVID-19.

10 Business Leaders Forum

10.1 Items to Note/Updates

You are meeting with the Business Leaders Forum via zoom on Thursday 10 February, 2022 from 3.30 pm to 4.30 pm. An agenda for this meeting has been provided to your office. Proposed topics for discussion include testing, MIQ and border settings, essential businesses and exemptions, contact definitions and home isolation requirements.

11 Community Panels

11.1 Items to Note/Updates

The Community Panel met on 2 February, 2022. Discussions were held with the Ministry of Education on their COVID-19 related planning, the Ministry of Social Development on the Care in the Community programme, the Ministry of Business, Innovation & Employment on the Reconnecting New Zealanders programme and the Department of Prime Minister & Cabinet on measures to manage COVID-19 given the likely spread of the Omicron variant in the community.

12 Government Modelling Group

12.1 Items to Note/Updates

While we are still in the early stages of an outbreak, COVID-19 case numbers have risen significantly over the last week. Initial modelling results from Te Pūnaha Matatini (TPM) indicates for a large wave of Omicron infections, the stringency of public health measures will reduce the overall impact:

- For minimal public health response (similar to New York), daily cases are modelled to peak in the 10,000-20,000 range (or higher) around two months after the outbreak begins. Hospital utilisation peaks shortly after at around 2,000-4,000 beds. Cumulative deaths over the outbreak are estimated to be in the 750 – 1,500 range, and peak in months three and four of the outbreak.
- For a stronger public health response (similar to South Australia), daily cases are modelled to peak in the 6,000 – 10,000 range around three months after the outbreak begins. Hospital utilisation peaks shortly after at around 700 – 1,000 beds. Cumulative deaths over the outbreak are estimated to be in the 400 – 600 range, and peak in months three to five of the outbreak. This scenario is more akin to New Zealand's likely response than the first one. But there is significant uncertainty around the extent to which New Zealand's public health and social measures and Test-Trace-Isolate-Quarantine policies would reduce transmission of Omicron (and impact hospitalisation and death rates).

This initial modelling is subject to variance, but early indications suggest that we are tracking between these two scenarios. Each additional day is providing valuable information, and will improve confidence in the model parameters used, narrowing the uncertainty of the outputs

13 Upcoming Cabinet Papers

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14 Appendix – Audit

14.1 Appendix One – Weekly Updates on Infection Prevention and Control (IPC) at the Border

	Audit summary
Managed Isolation and Quarantine Facilities (MIQFs)	<ul style="list-style-type: none">• IPC audits being undertaken in Auckland MIQFs week beginning 31 January 2022 including Stamford Plaza, with no high-risk findings identified. Round 6 IPC audits due for completion by 10 February 2022.• Continued findings of non-compliance with IPC processes are observed for transport of returnees.• Out-of-phase IPC audit completed at Quality Hotel Elms Christchurch as requested, following possible in-MIQF transmission. No high-risk findings identified.• A number of findings remain unclosed in Christchurch MIQFs from December 2021 audits. Follow-up is occurring to encourage action on these findings.
Airports	<ul style="list-style-type: none">• No audit activity at airports week beginning 31 January 2022. However, MIQF audits continue to identify a significant number of returnees wearing non-medical masks arriving on buses from Auckland airport. Wording changes defining PPE for Section 8 (4) (b) of the Air Border Order as meaning a medical mask, have previously been proposed to the group undertaking legislation update.
Maritime/Ports	<ul style="list-style-type: none">• No audit activity at ports week beginning 31 January 2022.

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