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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

19 November 2021

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1. Status Summary

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

Border

	Agency	Last Week	This Week	Agency Comment
Border Measures	MoH	●	●	<p>Saliva testing at boundary</p> <ul style="list-style-type: none"> As at 17 November 2021, 30,404 individuals and 1,736 businesses had registered with Asia Pacific Healthcare Group (APHG), the saliva testing provider engaged by the Ministry for saliva testing to meet testing requirements to cross Alert Level boundaries. As at 17 November 2021, a total of 125,031 saliva tests for permitted workers crossing the boundary have been completed by APHG. <p>Boundary testing compliance</p> <ul style="list-style-type: none"> As at 11 November 2021, at the land border, a total of 1,291,102 vehicles have been stopped at the checkpoints on Auckland's northern and southern boundaries, with a total of 13,528 vehicles turned around (1.1 percent of total vehicles). On 15 November 2021, at the air border, 399 passengers attempted to travel out of Auckland. Of these, 84 were refused travel: seven had no evidence of a test and one did not have an exemption. <p>Self-Isolation Pilot</p> <ul style="list-style-type: none"> As at 17 November 2021, 34 participants have arrived in New Zealand since the commencement of the Self-Isolation Pilot, 20 are in Auckland and 14 are in Christchurch. By 15 November 2021, the first seven arrivals were able to exit self-isolation having met all health requirements: four in Auckland and three in Christchurch. The Health components of the Self-Isolation Pilot continue to work as expected.
	MBIE	●	●	<p>Staff Testing</p> <ul style="list-style-type: none"> Compliance reporting is at 85%, (down 7% from last week), for staff who worked in the week of 8-14 November 2021. 15% on site in the week of 8-14 November 2021 are showing in the BWTR as overdue (752 workers). As of 15 November, 3314 MIQ workers have opted-in to saliva testing (up from 2,704 this time last week). The two main reasons for the reported drop in compliance (down 7%) is the shift to more frequent nasal testing of workers (Isolation facilities have gone from one test a fortnight to four); and as raised in last week's report, the switch from nasal to saliva testing regimes for many workers. These issues are covered more fully in the body of this report. We will continue to follow up with workers overdue for tests to make sure they understand the new requirements. <p>Vaccinations</p> <ul style="list-style-type: none"> The BWTR shows, of the workforce on site for the week of 8-14 November, 98% have had two doses of the vaccine, 0.6% had one dose and 1.4% have vaccination status 'unknown'. Vaccination assurance follow-ups for those with an 'unknown' status in BWTR did not identify any breaches of the Vaccination Order. However, on the ground checks found one bus driver had entered a site to use the bathroom. Further information on this incident is contained in the body of the report. There were no vaccine exemptions granted last week.
Two-way QFT with border workforce	MoH	●	●	<ul style="list-style-type: none"> QFT to Australia from anywhere in New Zealand began on 1 November 2021, depending on requirements of individual states and territories which have their own rules and guidance. QFT from Australia remains suspended.
	MoH	●	●	<ul style="list-style-type: none"> Response planning for Niue is being reviewed and refreshed in light of the current Delta outbreak in New Zealand. Discussions with Niue on two-way QFT have recommenced in light of recent changes to MIQ and testing protocols as part of recent repatriation flights. s6(a) the programme will recommence work on health system readiness. There are no further updates at this stage.
Two-way QFT with Pacific Islands	MoH	●	●	<ul style="list-style-type: none"> One-way QFT from Samoa, Tokelau, Tonga and Vanuatu is progressing without any major concerns. MOH engagement with Samoa and Tonga is focussing on specific matters following implementation of one-way (confirmation of 14 days in country, management of historical cases respectively). In addition, minor issues around confirming compliance with Nau Mai Rā completion are being resolved through discussion and engagement with all stakeholders. Two-way QFT is due to recommence with the Cook Islands under revised entry restrictions from 13 January 2022. s9(2)(g)(i) . An interagency cabinet paper will be sent for ministerial consultation on 30 November 2021.

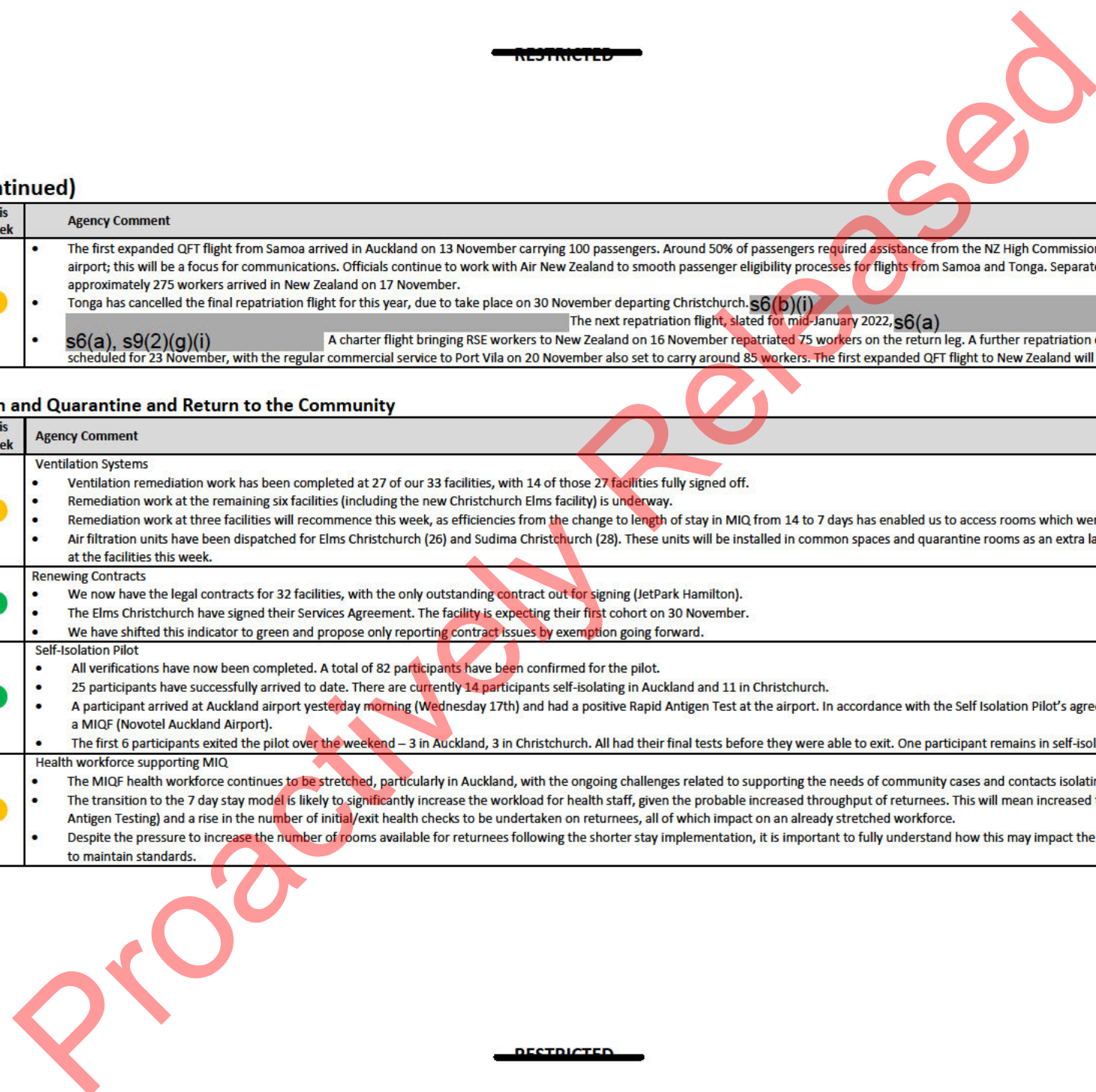
Border (Continued)

Agency	Last Week	This Week	Agency Comment
MFAT	●	●	<ul style="list-style-type: none"> The first expanded QFT flight from Samoa arrived in Auckland on 13 November carrying 100 passengers. Around 50% of passengers required assistance from the NZ High Commission to complete Nau Mai Ra at the airport; this will be a focus for communications. Officials continue to work with Air New Zealand to smooth passenger eligibility processes for flights from Samoa and Tonga. Separately, an RSE charter carrying approximately 275 workers arrived in New Zealand on 17 November. Tonga has cancelled the final repatriation flight for this year, due to take place on 30 November departing Christchurch. s6(b)(i) s6(a), s9(2)(g)(i) The next repatriation flight, slated for mid-January 2022, s6(a) A charter flight bringing RSE workers to New Zealand on 16 November repatriated 75 workers on the return leg. A further repatriation charter flight for 100 RSE workers is scheduled for 23 November, with the regular commercial service to Port Vila on 20 November also set to carry around 85 workers. The first expanded QFT flight to New Zealand will take place on 20 November.

Managed Isolation and Quarantine and Return to the Community

Agency	Last Week	This Week	Agency Comment
MBIE	●	●	<p>Ventilation Systems</p> <ul style="list-style-type: none"> Ventilation remediation work has been completed at 27 of our 33 facilities, with 14 of those 27 facilities fully signed off. Remediation work at the remaining six facilities (including the new Christchurch Elms facility) is underway. Remediation work at three facilities will recommence this week, as efficiencies from the change to length of stay in MIQ from 14 to 7 days has enabled us to access rooms which were previously occupied. Air filtration units have been dispatched for Elms Christchurch (26) and Sudima Christchurch (28). These units will be installed in common spaces and quarantine rooms as an extra layer of protection and are due to arrive at the facilities this week.
MBIE	●	●	<p>Renewing Contracts</p> <ul style="list-style-type: none"> We now have the legal contracts for 32 facilities, with the only outstanding contract out for signing (JetPark Hamilton). The Elms Christchurch have signed their Services Agreement. The facility is expecting their first cohort on 30 November. We have shifted this indicator to green and propose only reporting contract issues by exemption going forward.
MBIE	●	●	<p>Self-Isolation Pilot</p> <ul style="list-style-type: none"> All verifications have now been completed. A total of 82 participants have been confirmed for the pilot. 25 participants have successfully arrived to date. There are currently 14 participants self-isolating in Auckland and 11 in Christchurch. A participant arrived at Auckland airport yesterday morning (Wednesday 17th) and had a positive Rapid Antigen Test at the airport. In accordance with the Self Isolation Pilot's agreed processes, they were transferred to a MIQF (Novotel Auckland Airport). The first 6 participants exited the pilot over the weekend – 3 in Auckland, 3 in Christchurch. All had their final tests before they were able to exit. One participant remains in self-isolation while awaiting test results.
MBIE	●	●	<p>Health workforce supporting MIQ</p> <ul style="list-style-type: none"> The MIQF health workforce continues to be stretched, particularly in Auckland, with the ongoing challenges related to supporting the needs of community cases and contacts isolating/quarantining in MIQFs. The transition to the 7 day stay model is likely to significantly increase the workload for health staff, given the probable increased throughput of returnees. This will mean increased testing (including the use of Rapid Antigen Testing) and a rise in the number of initial/exit health checks to be undertaken on returnees, all of which impact on an already stretched workforce. Despite the pressure to increase the number of rooms available for returnees following the shorter stay implementation, it is important to fully understand how this may impact the workforce and to ensure they are able to maintain standards.

Place and conditions of stay





Managed Isolation and Quarantine and Return to the Community (Continued)

Agency	Last Week	→ This Week	Agency Comment
MBIE	●	●	<p>Fees collection:</p> <ul style="list-style-type: none"> Invoicing is now up to those returnees leaving MIQ on 25 October. We allow for 2-3 weeks from when someone leaves MIQ to invoice as it allows us to gather all the information we need to determine liability and contact details. Work is being finalised on the invoice process for returnees staying 7 days starting from 14 November. This process will follow the current automated process and will be adjusted for people staying 8-13 days in the transition period that will be released from MIQ on 14 November. We are working on invoicing returnees in the self-isolation trial, which will be manual until a longer-term process can be built. \$1.5m in credit card payments have been processed since going live on Friday 15 October. (We will only report credit card payment issues by exception going forward). The process to email returnees from August 2020 has begun with emails sent to returnees up to 16 November 2020. This has led to 733 invoices sent so far valued at \$2.3m. <p>Debt Recovery:</p> <ul style="list-style-type: none"> Of the now 1,327 invoices worth \$4.266m sent to a debt collection agency: <ul style="list-style-type: none"> \$568k (up \$65k, 13%) has been paid (or will be paid through instalment) \$475k is currently awaiting information from customers or has been credited due to an error a further \$1,397k (this includes the Gone no address/overseas category) requires more detailed tracing \$224k currently have waiver applications under assessment the remaining \$1,602k debt continues to be a work in progress. 1,898 invoices worth \$6.669m have now been passed to MBIE's partner firm for active management. For the week ended 14/11/2021, \$838k has now been paid (up \$270k from last week). Of the invoices sent, 466 customers worth \$1.553m have now submitted waiver applications and while applications are being processed, they add to the outstanding debt. This indicator will remain amber while working through the backlog of invoices and while we continue to make progress on debt recovery.
MBIE	●	●	<p>P2/N95 Mask Implementation</p> <ul style="list-style-type: none"> It is now mandatory for MIQ workers to wear a fit checked P2/N95 mask in defined areas of MIQFs. Fit testing commenced on 11 November in a couple of facilities. The rollout plan will also include how MIQ staff will be trained to complete fit testing on an on-going basis. The indicator will remain amber until the full rollout commencing the week of 22 November is sufficiently progressed.

Community Protection





Agency	Last Week	→ This Week	Agency Comment
MoH	●	●	<ul style="list-style-type: none"> As at 9.00am 18 November 2021: <ul style="list-style-type: none"> There have been 6,334 community cases associated with the Delta Community Outbreak. Of these, 4,163 are active cases, 2,162 are recovered and nine deaths. There are 85 cases linked to the Auckland Community outbreak who are currently in hospital. There are 5,866 open contacts. Of these 27 are Close Plus contacts and 790 are Close contacts. Rapid Antigen Testing <ul style="list-style-type: none"> The business sector trial with MBIE is still under way and due to be completed by the end of November 2021. The Ministry is working closely with MBIE to assess findings from the trial and consider further rollout to other businesses, the management of which will be handed back to the Ministry. The Ministry is taking a phased approach to the roll-out of rapid antigen testing to ensure that public health surveillance and business health and safety measures through testing are appropriate. There is also need to ensure that infrastructure related to reporting of rapid antigen tests is in place across settings. The approach will need to be supported by clinical and public health advice. Saliva Testing <ul style="list-style-type: none"> As at 17 November 2021: <ul style="list-style-type: none"> 5,608 border workers have opted into saliva testing. This number will fluctuate due to the dynamic nature of our border workforce. Of the 3,606 active workers who are undertaking saliva testing, approximately 86.2 percent are compliant in meeting their testing requirements. 40 education business/schools and 2,010 individuals in the education sector have now registered for saliva testing.

Vaccination

Agency	Last Week	This Week	Agency Comment on Status of Focus Area
MoH			<ul style="list-style-type: none"> As at 11.59 pm on 16 November 2021, 7,260,084 vaccinations have been delivered, including 3,442,340 people who are fully vaccinated. 91% of people aged 12+ are booked or have been vaccinated with at least one dose. This figure is over 97% for the 65+ age group. Eight DHBs (Waitematā, Auckland, Counties Manukau, Capital and Coast, Hutt Valley, Canterbury, Wairarapa and Southern) have hit or passed 90 percent first doses, and a number of others are very close. All DHBs continue to focus on vaccinating hesitant and under-vaccinated populations, using a combination of small, targeted events and initiatives, mobile vaccine clinics, and onboarding additional Primary Care and community pharmacies as vaccination sites. My Vaccine Pass was officially launched on 17 November 2021. Planning is progressing for implementation of the AstraZeneca vaccine as an alternative for those unable or unwilling to get the Pfizer vaccine. Booster doses of Pfizer vaccine will be available from 29 November 2021 to people who have received their second vaccine dose at least six months previously. Medsafe received Pfizer's data submission for 5–11-year-olds on 5 November 2021. A timeline for the assessment is expected to be available once the extent of the data is assessed.

Implementation and operation

Resurgence Planning and Response

Agency	Last Week	This Week	Agency Comment on Status of Focus Area
DPMC			<ul style="list-style-type: none"> Proactive release of the National Response Plan Q4 is anticipated this week. COVID-19 Protection Framework system workshops were held this week on national decision making, the role of the Regional Leadership Group and end-to-end mapping of managing COVID-19 in the community, case management, and wrap around clinical and welfare support arrangements.
MBIE			<p>MIQ's Response to the Delta Outbreak: Community cases</p> <ul style="list-style-type: none"> We continue to run three quarantine facilities in Auckland and with more community cases self-isolating at home, the pressure on these rooms remains steady. Future demand for quarantine rooms is difficult to predict due to uncertainty about the forecasted cases that will require MIQ and those that will be under community care and we consider there are opportunities to improve the referral process between Health and MIQ. The Amohia in Hamilton is a community isolation and quarantine facility. It is being used as a quarantine facility and for a small number of community cases who are unable to isolate at home. We continue to consider options for increased quarantine capacity in Auckland and across the regions (where we already have facilities) as positive cases appear south of the Waikato border. With the now implemented 7 day stay for border returnees we expect to have a better understanding shortly of how this will affect our capacity. Serious incidents involving community cases and community close contacts are continuing, this includes domestic violence within bubbles that require separation, drug-related incidents and bubble breaches which are placing further pressure on staff in these facilities in both Auckland and Hamilton.

Resurgence planning including Response

Proactively Released

2. COVID-19 Insights

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

2.1.1 Countries Approaches to Vaccine Mandates

Introduction

The Insights and Reporting Team, in the DPMC's COVID-19 group have analysed the impact of COVID-19 vaccine mandates across various countries. The analysis considers the impact of COVID-19 vaccine mandates on staffing levels and public opinion, as well as enforcement of vaccine mandates, and alternatives to vaccine mandates.

Impacts of COVID-19 Vaccine Mandates in Various Countries

COVID-19 vaccine mandates have had impacts on staffing levels and public opinion in various countries, as set out below.

Impact of the COVID-19 Vaccine Mandate on Staffing Levels in Various Countries

Based on an analysis of a number of countries it appears that the impact of the COVID-19 vaccine mandate on staffing levels has been varied, with some isolated or temporary staffing issues reported, but overall increases in COVID-19 vaccine uptake. To highlight this, the examples of France, the United States, Italy and Singapore are given below.

The French government implemented a COVID-19 vaccine mandate for all hospital staff, ambulance drivers, retirement home workers, private doctors and fire service members. Workers in these sectors were given until 15 September 2021 to get vaccinated, or they would be suspended without pay and eventually terminated. On 15 September, it was estimated that 12% of hospital staff, 6% of private doctors and 13% of members of the national federation of ambulance workers remained unvaccinated. In the first few weeks after the mandate came into force some hospitals had staffing issues and had to cancel services. Overall, the impact was limited, with 99% of health staff taking the vaccine within a month of the mandate being implemented. Approximately 15,000 staff were suspended, 0.6% of the workforce, with an estimated 1,500 – 2,000 employees expected to eventually resign. Unvaccinated workers cannot be fired outright according to France's constitutional court.^{1 2}

In the United States it remains unclear to what extent people refused the COVID-19 vaccine. COVID-19 vaccine mandates apply to all Federal Government workers and health workers who work in facilities that participate in Medicare and Medicaid health insurance. Whether government workers who are employed at the state or city level require a COVID-19 vaccine mandates differs between state or city, whilst individual companies are also able to set their own vaccine mandates. In New York City, all workers employed by the city are required to be vaccinated, with only 1% of the city's 378,000 employees currently on unpaid leave for failure to be vaccinated. There are also company examples, such as United Airlines, where 99% of staff are vaccinated, and Tyson Foods, the country's largest meat processing firm, where 96% of its workers are vaccinated. However there have been reports that vaccine mandates have led to workers leaving jobs. In one example, a US partner company of Fonterra, managed to get almost 100% vaccination using mandates but also lost around 10% of its staff. In another example 100 school bus drivers in Chicago left their roles over the mandates, leading to much longer commuting times for school children. Vaccine mandates in the US have also exacerbated existing labour shortages and supply chain issues, with a recent House Agricultural Committee Hearing, reporting that vaccine hesitancy is a major issue facing the US Trucking industry.³

Italy has one of the worlds strictest COVID-19 vaccine mandate programs, with all workers requiring vaccination to attend work. This has however had a limited impact on operations, including in the health care and education systems, with only isolated impacts on schooling and public transport. The overall data on how many workers had left their professions due to the mandate is limited, however as of mid-September there were 728 doctors suspended for refusing vaccination compared to a total of approximately 240,000 practicing

physicians (0.3%).⁴ Meanwhile, 91% of school staff were vaccinated at the start of September. One sector that has experienced an impact in Italy is the agricultural sector, with many foreign seasonal workers having been vaccinated overseas, with vaccines not recognised in Europe.⁵

In contrast to some of these examples, in Singapore there have not been any discernible shortages within the labour force since COVID-19 vaccine mandates came into force including in healthcare and frontline or public service roles. However, some workers in high risk roles are required to undergo periodic testing regardless of vaccination status. Currently the government subsidise a PCR and an antigen test each week per vaccinated worker to businesses, however this will no longer be the case after 31 December 2021. The impact of this additional cost to businesses will only be discernible in 2022.⁶

Impact of COVID-19 Vaccine Mandates on Public Opinion in Various Countries

Reception of COVID-19 vaccine mandates has been varied across different countries, with several organisations receiving the idea of vaccine mandates positively, and others actively resisting their implementation. Examples from Belgium, the United States, Italy, and France are set out below.

A survey carried out in Belgium found that 56% of small and medium enterprises, (SME), owners would support mandatory vaccination at work; SMEs in Europe are defined as companies with a head count less than 250 people and a turnover less than €50 million (NZ\$81 million). It was also noted recently that some within the healthcare sector are calling for a more rapid implementation of planned vaccine mandates, due to come into force on 1 January 2022.⁷

Unions representing frontline services including firefighters and police in the United States have threatened to take legal action against the mandates. Meanwhile, thousands of firefighters and police in New York threatened to refuse the vaccine, although this reportedly did not eventuate, and little disruption was observed. Approximately 25 states have taken court action against the Federal COVID-19 vaccine mandate, calling it an overreach of government authority. A recent webinar hosted by the US Chamber of Commerce, highlighted that only 49% of US employees support the idea of requiring proof of vaccination in the workplace, but around 80% support regular workplace testing.⁸

Recent polling in Italy suggests there is wide support for the vaccine passport known as the “Green Pass” with 70% in favour of its use generally, and between 55% and 66% in favour of its use to gain access to workplace. Despite the widespread support, there have been regular protests against the green pass. In Rome, between 10,000 and 15,000 attendees, (approximately 0.02 and 0.03% of the population), protested its implementation, with a number of neo-fascist group members present, resulting in clashes with police and attacks on a hospital and union headquarters. A counter rally drew approximately 60,000 protestors (0.1% of the population) with many un support of vaccination.^{9 10}

The majority of COVID-19 anti-vaccination protests in France were aimed at the health pass and general resistance to vaccination requirements placing restrictions on day-to-day activities. Opposition to the mandate did feature in anti-vaccine protests with approximately 200,000 protestors, (0.3% of the population) per week demonstrating in the weeks following the announcement of the health pass. This protest has been losing momentum recently, with a reported 30,000 people per week protesting vaccine passes. The vaccine mandate for frontline health, care home and fire service workers also received little attention overall in France, particularly given the high level of vaccination amongst professions such as the health service, (99% vaccination), after the mandate was announced, suggesting protest activity had little impact.¹¹

Enforcement of COVID-19 Vaccine Mandates in Various Countries

In the countries analysed, the enforcement of COVID-19 vaccine mandates fell to the employers. This is demonstrated in the examples of Singapore, the United States, Italy and Belgium, below.

In Singapore all employers are entitled to ask staff of proof of their vaccination status in order to plan resource deployment at a workplace. Employers are also able to impose a vaccination requirement upfront when hiring new staff. The Singaporean Ministry of Manpower indicated that termination of employment as a result of

remaining unvaccinated against COVID-19 will not be considered as unfair dismissal, a move supported by the National Trades Union Congress and National Employers Federation.¹²

Businesses in the United States are permitted to terminate the contract of anyone who refuses to get the COVID-19 vaccine, unless a legitimate reason for an exception is given, based on health or religious grounds. Employers must however ensure that implementation of mandates does not disproportionately impact workers of a given demographic, based on race, sex or age.¹³

All workers in Italy are required to show a valid Green Pass upon entering a place of work, with both employees and employers liable for fines for non-compliance. Workers who are unable to show the pass can be suspended without pay and also lose access to any job-related benefits, such as childcare, pension contributions and paid sick leave. The government has also signalled that it intends to end remote working for public sector workers.¹⁴

As mentioned, vaccine mandates in Belgium are due to come into force on 1 January 2021 but will only apply to healthcare professionals. Employees under these circumstances would have until 1 April 2021 to comply or face having their permit to work revoked. Whether workers under these circumstances would be able to claim unemployment benefits is yet to be decided. Other employers are currently unable to ask their employees vaccination status, however businesses with more than 50 employees are able to obtain the overall vaccine coverage of their staff.¹⁵

Alternatives to COVID-19 Vaccine Mandates in Various Countries

In a number of countries, the implementation of vaccine mandates is either not permitted, not part of the vaccine strategy, or is not the only strategy used. Alternatives to mandates include moving workers to different roles, or to work from home, regular testing, and encouraging uptake, as explored below.

Moving Workers to Different Roles or Working from Home

An alternative to COVID-19 vaccine mandates is to move workers into different roles where they are less likely to come into contact with other people. Examples include Japan, Sweden and Singapore with details given below.

Japanese law prevents vaccine mandates from being implemented under the Immunisation Act of 1994. A provision was later placed in the act to allow local governments to offer the vaccine free of charge to encourage vaccination. Japanese companies are however allowed to require un-vaccinated employees to either work from home or reassign them to a different position.¹⁶

Swedish law also states that vaccination must be voluntary and as such, in most circumstances, employers cannot demand that employees get vaccinated or demand that employees disclose their vaccination status. There are, however, limited circumstances where vaccinations can be mandated particularly if their work brings them in contact with someone at risk. In these instances, employers are permitted to move employees to different roles, unless no other roles are available, in which case employees can have their employment terminated.¹⁷

In Singapore unvaccinated workers who can work from home are able to do so, however this is not guaranteed under labour laws. This also means that Singaporean workers can be redeployed to jobs suitable for working at home, with remuneration commensurate with the new role. If switching to working at home is not available, then employees can be put on unpaid leave or terminated.¹⁸

Regular Testing

An alternative to using vaccination as a means of reducing the risk to others from COVID-19 is to use regular testing. Examples of jurisdictions where this is the case are Japan, California, Singapore, Italy and South Korea as set out below.

As mentioned, the law in Japan prevents the implementation of vaccine mandates, however employers are able to instruct their employees to receive regular PCR testing.¹⁹

In California, all state workers must receive a vaccine mandate, and provide proof of their vaccination, with the only alternative being regular COVID-19 testing. This does not apply to healthcare workers where the only exceptions are for those with a conflicting religious belief or a qualified medical reason.²⁰

From 1 January 2021, all unvaccinated Singaporean workers are only able to continue in their existing job with a pre-work antigen test. This testing is to be done on the employee's time and at the employee's own cost.²¹

Italy's COVID-19 vaccine pass, which is required to enter a workplace can also be gained through regular testing rather than COVID-19 vaccination.²²

Due to high vaccine uptake, the government of South Korea, stated that they intend to focus on incentivising COVID-19 vaccination rather than mandating it. As a result, the 380,000 frontline workers including healthcare workers, police, firefighters and teachers are only encouraged to take the vaccine. However, those who do not receive the vaccine are required to undergo a weekly PCR test.²³

Encouraging Uptake

An alternative to mandating vaccination, is encouraging uptake. Some companies in Australia have opted to encourage their employees to take up the vaccine rather than enforce mandates. This is despite the fact that companies are permitted to impose their own vaccine mandates on employees. A number of companies are offering paid leave or gifts to encourage uptake of the vaccine, with mining company BHP offering the vaccine at a site in New South Wales.²⁴

In Spain, the government decided not to impose COVID-19 vaccine mandates or offer incentives to vaccinate, in a bid to remove the possibility for any resentment around the issue and prevent it from becoming a major part of public discourse. The Spanish government have instead relied on data transparency on death and hospitalisation rates in proportion to vaccine uptake. Despite this vaccine uptake remains the highest in the world amongst nations with populations greater than 20 million.²⁵

Thank you to the following teams who contributed to this report: The Ministry of Foreign Affairs and Trade, The Ministry of Health and The Ministry of Business, Innovation and Employment

2.1.2 COVID-19 Tracer App Usage – Active Devices and Scans

Introduction

The number of scans, active devices,²⁶ and devices with Bluetooth on using the COVID tracer app have remained relatively steady for the majority of the time New Zealand has been in Alert Level 2. There has been a slight increase in active devices and scans following Auckland's move to Alert Level 3, Step 2 in November 2021.²⁷ Details are set out below.

Number of Active Devices Remains Steady, Bluetooth Usage Continues to Rise

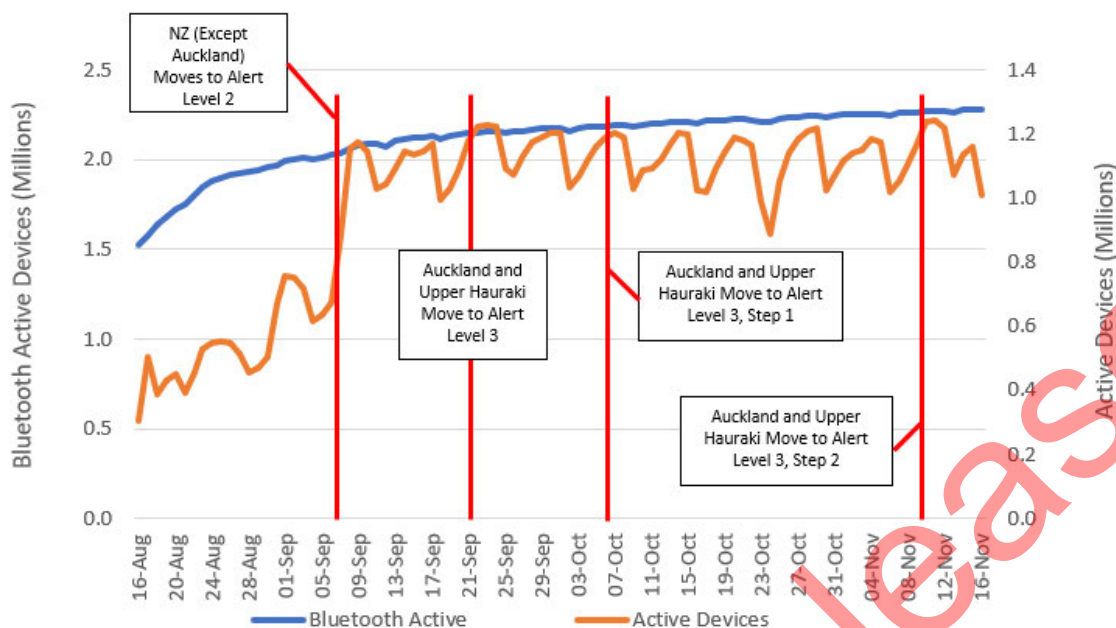
On 22 August 2021 usage of the COVID tracer app became mandatory, which resulted in a slight increase in active users, totalling 455,810 on 23 August 2021.^{28 29 30}

Shortly after the majority of New Zealand moved to Alert Level 2 on 10 September 2021, the number of active devices using the COVID tracer app sharply increased to 1,173,421.^{31 32}

Following Auckland's move to Alert Level 3 on 24 September 2021, the number of active devices reached a maximum of 1,226,315 users.^{33 34} This is approximately 24% percent of the total population.³⁵

As Auckland Alert Level 3 restrictions eased with the move to Step 1 on 6 October 2021 and Step 2 on 9 November 2021 the number of active devices remained consistent to prior levels, with dips on weekends. The most recent high was shortly after Auckland moved to Alert Level 3, Step 2, with 1,243,793 users on 11 November 2021.^{36 37} This is slightly less than the peak on 10 September, and represents approximately 24% of the total population.³⁸

Figure 1: Active Devices and Bluetooth Devices Using the COVID Tracer App



The number of Bluetooth active devices rose from 1,525,306 on 17 August 2021,³⁹ to above 2,000,000 by 4 September 2021, shortly after the majority of New Zealand moved to Alert Level 2.⁴⁰ Although the number of devices with Bluetooth on have stabilised since then, this number has been slowly increasing as Alert Level 3 restrictions in Auckland have eased, to approximately 2,283,352 on 17 November 2021.⁴¹ This is approximately 45% percent of the total population that have Bluetooth active on the COVID tracer app.⁴²

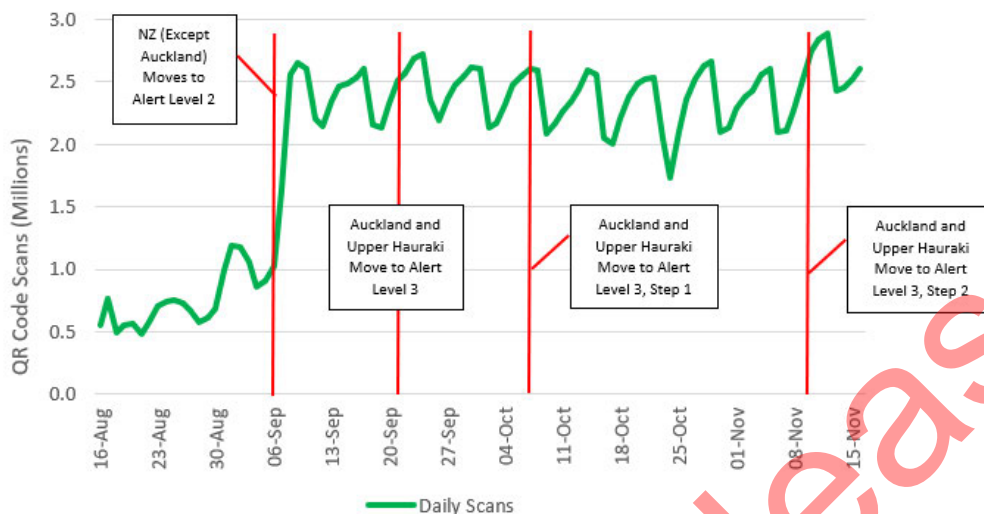
Total Daily QR Code Scans Remain Consistent, Likely to Increase

Following the majority of New Zealand's move to Alert Level 2, QR scanning increased significantly, and has remained at consistent levels since. There was a total of 856,402 scans on 4 September 2021, compared to 2,606,864 on 10 September 2021, when the majority of New Zealand moved to Alert Level 2, an increase of 1,750,462 total scans.^{43 44}

Scanning levels have remained at consistent levels between September and November 2021 during Auckland's move to Alert Level 3, and Alert Level 3, Step 1.

Following Auckland's move to Alert Level 3, Step 2, total QR scans have increased slightly as restrictions have eased and more businesses operate. QR scanning reached a record high of 2,889,823 total scans on 12 November 2021.^{45 46} Scans are likely to increase as restrictions across the Auckland area ease in the coming weeks.

Figure 2: Daily QR Code Scans of COVID Tracer App



Thank you to the following teams who contributed to this report: The Ministry of Health

2.2 Insight of Note Written by the Ministry of Health

2.2.1 COVID-19 International Perspectives: 10 November 2021

After a sustained decline in global new COVID-19 cases since late August 2021, daily cases and deaths have both continued to rise globally.⁴⁷ To date, 253 million cases (~3.2% of the global population) have been reported in the pandemic.⁴⁸ Over 3.4 million cases and 50,000 deaths have been reported worldwide in the last week. Global lives lost have surpassed 5 million people.⁴⁹ The number of new cases in Europe is increasing, and those in North America, Africa and Asia have remained steady. Testing, the expanding use of rapid antigen testing, and the challenges in the attribution of causes of death means that the true number is likely to be far higher.⁵⁰ The Delta variant and its sub-lineages continue to increase in prevalence worldwide, dominating in all countries with reliable genomic data.⁵¹ There are now 152 designated Delta lineages, with the original B.1.617.2 variant, AY.4 and AY.43 continuing to be the most prevalent.⁵² AY4.2 is increasing in prevalence, however evidence around increased transmission for this variant is still emerging and it is yet unclear if any of the emerging Delta sub-lineages will outcompete others.⁵³

An increasing number of countries continue to move away from elimination and suppression strategies in favour of a vaccinated population returning to a "new normal". However, many countries who relaxed their restrictions are now seeing increased COVID-19 cases in their populations.⁵⁴ Booster doses are increasingly being rolled out internationally, particularly for older age groups and the immunocompromised.⁵⁵ But with rising cases in highly vaccinated countries, there is a shift towards universal booster administration.⁵⁶ A concern for countries is that many are nearing hospital capacity and experiencing health care staffing shortages, placing more pressure on health care systems, this has caused some countries, like Iceland, to reinstate restrictions.⁵⁷ Germany is also experiencing record high daily cases, as well increasing COVID-19 related deaths.⁵⁸ However, the two countries have vastly different vaccination rates; Iceland has one of the highest rates of vaccination in Europe, while Germany has one of the lowest.⁵⁹ Iceland and Germany have been included in the following country case studies.

New Zealand's imported COVID-19 cases in the last two weeks						
Point of departure	Acute	Historical	Total	Arrivals	Acute cases per 1000 arrivals	
United Arab Emirates	2	0	2	61	32.8	
Unknown	2	1	3			
Germany	1	0	1	83	12.0	
Iraq	1	0	1	2		
Serbia and Montenegro	1	0	1			
Ukraine	1	0	1			
Philippines	0	1	1	83	0.0	
United Kingdom	0	2	2	667	0.0	
Total	8	4	12			

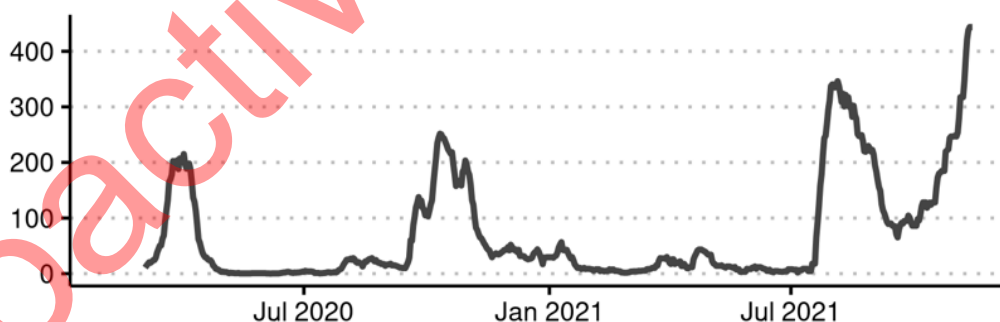
Source: Ministry of Health.

Iceland

- COVID-19 cases are rising sharply in Iceland amid the latest wave, which began in October after restrictions were lifted.⁶⁰
- The current 7-day average is 152 cases out of a population of 360,000⁶¹; 76% of the population is fully vaccinated⁶². COVID-19 related deaths remain low, with only 5 deaths reported this year.⁶³
- Over 50% of recently reported cases are fully vaccinated; however, this is expected due to most of the population being vaccinated⁶⁴; Iceland has one of the highest rates of full vaccination in Europe.⁶⁵
- Most active cases are in greater Reykjavik, the capital and most populous area of Iceland.⁶⁶
- Several COVID-19 measures are now being reinstated due to the healthcare system approaching capacity along with a shortage of healthcare staff.^{67,68}
- Restrictions remain at the Icelandic border; non-residents require a negative pre-departure test while residents must undergo testing upon arrival. Fully vaccinated arrivals do not need to quarantine whereas unvaccinated travellers from approved countries must quarantine for 5 days, either at home or an official quarantine facility. When this happens, travellers must have a test on arrival and prior to leaving quarantine.⁶⁹
- Vaccines are approved for everyone aged 12-years and older. Booster shots are now being offered, most likely with the Pfizer vaccine, to everyone aged over 16 who received their second dose five months or more ago.⁷⁰
- Testing rates are relatively high, with a current 7-day average of 8.1 daily tests per 1,000 people.⁷¹ Test positivity is approximately 5.4%.⁷²

COVID-19 cases in Iceland

Daily new cases per million population



Source: Our World in Data, values are weekly rolling means

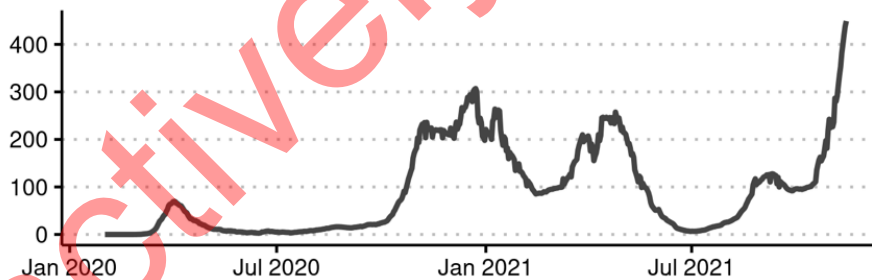
Germany

- Germany is experiencing its fourth wave, with a current 7-day average of 37,000 new cases per day.⁷³ These case numbers far exceed peaks of previous waves; the greatest peak prior was just under 26,000 cases a day in December 2020.⁷⁴
- Cases are predominantly in younger people; around 25% of cases are in those 15 and under, and 23% in those between the age of 15 and 24.⁷⁵
- The recent surge has been attributed to factors such as the approaching winter, slow roll-out of booster vaccines, and high case rates in neighbouring countries, such as the Czech Republic.⁷⁶

- Hospitalisations and ICU admissions are also rising, with 3,744 cases hospitalised in the week ending 31 October 2021. However, current hospitalisations are more than three times lower than the peak in December 2020.⁷⁷
- Doctors are warning that hospitals could soon reach capacity, particularly ICU, due to rising COVID-19 infections, concomitant influenza season, and many hospitals experiencing staffing shortages.⁷⁸ To alleviate pressure on the health care system, hospitals are again being encouraged to postpone non-critical operations and procedures.⁷⁹
- German vaccination rates are among the lowest in Western Europe; 67% of the population are vaccinated and 69% have received a single dose.⁸⁰ The incidence of hospitalisations for unvaccinated patients between 18 and 59 is four times higher than those vaccinated. In unvaccinated patients over 60, the incidence is almost six times higher.⁸¹
- Germany's National Health Minister has agreed with regional ministers that everyone should be offered a booster dose six months after their second dose.⁸² The elderly and immune-compromised will be prioritised.⁸³
- Several large anti-vaccination protests have been held around the country recently. Vaccines have not been mandated, but from 1 November those who contract COVID-19 and are unvaccinated will no longer receive compensation for lost pay if they are forced to quarantine.⁸⁴
- Restrictions continue, whereby patrons must be fully vaccinated, recovered, or show evidence of a recent negative test to enter public spaces and events.⁸⁵
- Those entering Germany must show evidence of full vaccination, prior infection, or proof of a negative COVID-19 test.⁸⁶ In addition, a travel ban is in place from several countries called 'areas of variant concern', including the Czech Republic and Austria.⁸⁷ Those exempt from this ban must self-isolate for 10 to 14 days and receive a negative test before exiting quarantine.⁸⁸
- PCR testing has been relatively low in Germany throughout the pandemic, with a current average of 2 tests per 1,000 population and test positivity at an all-time high of 16%.⁸⁹
- The German government began offering at least one free rapid antigen test per week to residents in March 2021.⁹⁰ In October, the government announced it would no longer fund this as an attempt to persuade the population to get vaccinated. However, the funding for RATs was reinstated on 12 November.⁹¹

COVID-19 cases in Germany

Daily new cases per million population



Source: Our World in Data, values are weekly rolling means

3. Ministry of Health



3.1 Policy/Programme Updates

3.1.1 Health System Preparedness Programme: Update

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

The programme continues to update the first iteration of the operational guidelines for managing COVID-19 in the community. Dr Joe Bourne has started as the new Programme Director for managing COVID-19 in the community.

The COVID-19 Care in the Community Cabinet paper, which was considered by the Cabinet Social Wellbeing Committee on 17 November 2021, signals a change in the patient experience from the moment the patient tests positive with COVID-19. Where previously the initial response was a public health one, focused on containment as the immediate priority, we now can tailor the response to the individual's needs, starting with good clinical assessment, coupled with public health and welfare assessments. The Auckland region has already started to turn this model around; other regions will gradually do so, while maintaining a strong public health response to contain new cases quickly and efficiently.

The steering group was presented with an update on success measures and regional resilience plans on 11 November 2021. The success measures that were presented are considered to be the most helpful shortlist of indicators of overall programme progress and success. The regional resilience plans were presented by the four regional leads.

The programme continues to engage with other key agencies around regional capability. On 4 November 2021, a workshop was held with national and regional Ministry of Social Development, Te Puni Kōkiri and Ministry of Education officials to work through an assessment process that will integrate health, welfare and wellbeing.

Each region has completed a regional resilience gap analysis, including progress with addressing gaps, building on individual district health board (DHB) resurgence plans, and expanding to include non-DHB health functions. A regional resilience programme team has now been established in each region, which is being supported centrally.

The workforce function of the programme is forming with Andrew Wilson, the new Deputy Director-General Workforce coming on board. An equity advisor has also now started with the programme, who will provide advice on workstream design and communications messaging.

The Ministry's Director, Pacific Health followed up with a discussion with Hon Aupito William Sio on some specific issues and context arising from the media article that Ministers referred to last week. She has also had a phone conversation with the individual referred to in the article. She will provide weekly updates at Hon Aupito William Sio's officials' meetings on how the care in the community rolls out for Pacific.

Next steps

The programme will continue to consult with the steering group – fortnightly going forward, instead of weekly. The assurance group will continue to meet fortnightly.

The next iteration of the operational guidelines for managing COVID-19 in the community is due to be released in the week beginning 22 November 2021.

A workshop to develop a whole of system plan for managing COVID-19 in the community is scheduled to take place on 18 November 2021.

3.1.2 COVID-19 Vaccine and Immunisation Programme

As at 11.59 pm on 16 November 2021, 7,260,084 vaccinations have been delivered, including 3,812,895 first doses and 3,442,340 second doses. 90 percent of the eligible population has now received at least one dose, and 82 percent of the eligible population are fully vaccinated. Of those fully vaccinated, ten percent are Māori and six percent are Pasifika. 4,849 immunocompromised people have received their third dose.

443,155 Māori have received their first dose of the COVID-19 vaccine, which represents 12 percent of the total population who have received their first dose as at 16 November 2021.

785 sites were active on 16 November 2021.

Driving uptake

More than 92 percent of the eligible population of Auckland has now received at least one dose of the vaccine, while 91 percent of the eligible population has received its first dose nationwide. Eight DHBs (Waitematā, Auckland, Counties Manukau, Capital and Coast, Hutt Valley, Canterbury, Wairarapa and Southern) have achieved or passed 90 percent first doses. Four others (Waikato, Midcentral, Nelson Marlborough and South Canterbury) are at 89 percent first doses.

To achieve a 90 percent vaccination rate across all populations, the Ministry of Health is working closely with the DHBs who have not yet achieved 85 percent first doses.

Considerable work is going into supporting the six DHBs (Northland, Bay of Plenty, Lakes, Tairāwhiti, Whanganui and West Coast) with lower vaccination rates, with an objective of reaching 90 percent first doses by the end of November 2021. These DHBs are being supported by a weekly planning template, and regular meetings each week with DHB senior responsible officers and operations leads. These meetings look to monitor progress, resolve issues, and present new strategies to support uptake.

For a number of other DHBs that are yet to reach 90 percent first dose, the momentum of first dose uptake has slowed. The Ministry of Health is having individual discussions with these DHBs to determine further support and strategies that will support increased momentum.

DHBs are working together to share resources with regions with lower vaccination rates. The Auckland metro team, in conjunction with Auckland Māori health providers, has supplied three Shot Bro buses to Northland and the workforce required to operate them. Canterbury and Southern DHBs have provided approximately 30 vaccinators and administrators to West Coast DHB for the next two weeks. The bolstered workforce has allowed the West Coast to extend community clinic hours in Westport, Greymouth and Hokitika to seven days and increase their outreach programme.

The Ministry of Health will continue to provide DHBs with data and information to identify where resources are best placed to lift rates. All DHBs have confirmed they have sufficient capacity available to support delivery of vaccinations for their remaining populations in their district by the end of 2021.

Sharing personal information about unvaccinated individuals

The Ministry of Health continues to work with the Whānau Ora Commissioning Agency (WOCA) and Whānau Tahi (the data arm of WOCA) to reach a data sharing agreement in partnership with the Ministry of Health, relevant iwi, and local service delivery providers to identify those rohe where vaccination outreach to Māori is most needed, and to identify the necessary and appropriate scope of data sharing in each case.

Last week, the Ministry of Health met iwi leaders in Waikato and Tāmaki Makaurau, along with the WOCA. As a result, the Ministry of Health will share the individual-level Māori health information requested for the Waikato region. Meetings with Waikato iwi leaders led to this decision being made.

The Ministry of Health and WOCA are working through a similar arrangement for Tāmaki Makaurau, with a discussion underway regarding specific requests of iwi in the area. Iwi leaders in other relevant regions in the North Island will also be consulted about the WOCA request where has an impact on their iwi, whanau and rohe.

Discussions between the Ministry of Health and WOCA are ongoing and focused on ensuring appropriate and timely access to the data.

Additional vaccines

Planning for the implementation of AstraZeneca continues, and is on schedule for a rollout commencing on 25 November 2021. Work is underway to identify and establish appropriate sites to provide access to AstraZeneca doses, with consideration of equity and accessibility. Collateral such as workforce training, public website content, consumer factsheet, and aftercare information is being finalised in preparation for 25 November 2021.

Booster doses

Medsafe provisionally approved Pfizer's application for a booster dose on 8 November 2021. The approval allows for a booster dose of vaccine for people aged 18 and older, who have received their second dose of vaccine at least six months previously.

Cabinet approved the use of booster doses on 15 November 2021, with rollout to commence on 29 November 2021. Boosters will be available for people who have received their second dose of vaccine at least six months previously.

An implementation plan is being developed. Approximately 450,000 people will be eligible for booster doses before the end of the year.

Booster doses are not currently required for the public to get a vaccine certificate for access to events, gyms, churches, hairdressers, and other services and premises.

Healthcare and border workers are a priority group for booster vaccine doses because they are on the front line against COVID-19 and because large numbers of them completed their vaccine course six months or longer ago. We will also ensure older people, including people in residential care, have good access to booster doses when they become eligible.

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

Five to 11-year-olds

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

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

Equity

All DHBs are focused on vaccinating hesitant and under-vaccinated populations and engagement with Māori health providers, iwi, and primary care providers is ongoing.

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

Bay of Plenty and Tairāwhiti DHBs, iwi and health care providers are working together to develop a regional plan to reach the 90 percent vaccination target for Māori. Recent initiatives, such as the use of mesh-level data to target outreach, are showing signs of success in overcoming vaccine hesitancy.

All DHBs have identified priority locations within their regions which require innovative approaches to increase vaccination rates. Increasingly the focus is on outreach initiatives such as small events, and mobile

and pop-up clinics to reach more hesitant and remote populations. The detailed data the Ministry of Health is providing is allowing DHBs to deploy their mobile and pop-up sites to areas with lower vaccine uptake.

Onboarding of primary care and community pharmacies continues to be a priority to expand uptake within their enrolled populations, and established vaccination hubs continue to provide points of access for urban populations.

Mandatory vaccination orders

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

Centralised exemption and exception application processes are now available. A new Temporary Medical Exemption Panel and an additional Service Disruption Panel have been established to assess applications. The criteria for both forms of exemption are high, and it is expected that the number of exemptions granted will be low.

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

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

Workforce

As at 16 November 2021, 10,424 vaccinators have actively vaccinated in the programme so far.

There are now more than 1,070 primary care sites onboarded as vaccination sites.

Book My Vaccine

As of 16 November 2021, Book My Vaccine holds 79,673 future bookings. The number of daily bookings has continued to decrease as the fully vaccinated population increases and our model has changed. Consumers are being actively encouraged to attend walk-in appointments, and we are taking the vaccine to consumers through outreach clinics.

Technology

My Vaccine Pass and the international certificates pilot commenced on 8 November 2021 as planned. Participants successfully created their passes, and the support channels are in place. In preparation for nationwide release in late November 2021, the team continues to scale the support teams, release new features for My Health Account and My Covid Record and improve the efficiency and stability of systems.

My Vaccine Pass was officially launched on 17 November 2021. People can request a pass via My COVID Record or by calling 0800 222 478.

A New Zealand vendor is developing an application to complement the domestic My Vaccine Pass. The app enables a 'verifier' to scan a domestic pass and will then display a green (pass) or red (not pass) alert. No information is recorded about the scanned pass, the location or the user.

Supply

The anticipated Pfizer delivery of 84,240 doses arrived as expected.

Overall wastage is tracking well at around 0.29 percent, well below our own target of less than 2 percent. An effective immunisation programme recognises that some wastage is inevitable.

New Zealand support for vaccine rollout in the Pacific

The Cook Islands have completed both first and second doses in Rarotonga and the team is now in the southern region administering second doses for those aged 12 to 15 years. Once complete, the team will move to the northern region to begin administering first doses to their 12-to-15-year-olds.

Niue has completed its first dose rollout for those aged 12 to 15 years old, with uptake over 97 percent. We expect to deliver enough second doses for those aged 12 to 15 years old in the week of 15 November 2021.

We plan to deliver the vaccine to Tokelau in late November 2021 using a commercial option.

Both Samoa and Tonga are making strong progress administering the Pfizer vaccine to the 12 to 17-year-old population group in their school-based vaccine rollout and are on track to meet their respective timelines. Tonga expects to complete its vaccine rollout by late November 2021. Samoa expects to complete its vaccine rollout by early December 2021.

We have delivered our first consignment of vaccines to Fiji for those aged 12 to 14 years. Vaccine rollout for this age group commenced on 15 November 2021.

The Polynesian countries are beginning to show an interest in booster shots - both the Cook Islands and Niue have formally requested access to boosters and the paediatric product, subject to Medsafe approval. Planning is underway on the country readiness and operational delivery of the wider suite of Pfizer vaccines to meet the Polynesian countries' vaccine needs.

3.1.3 Technical Advisory Group: update

COVID-19 TAG

The COVID-19 Technical Advisory Group (TAG) met on 12 November 2021 and discussed the following items:

- Ministry of Health update on COVID-19 response
- protection framework processes.

The next TAG meeting is scheduled for 10 December 2021 and an update will be provided in a future Weekly Report.

CVTAG

The COVID-19 Vaccine Technical Advisory Group (CVTAG) met on 9 November 2021 and discussed the following items:

- science updates
- research in children
- booster doses
- provisional approval for Comirnaty vaccine booster dose
- vaccination in five to 11-year-olds
- immunocompromised populations and updated advice.

The next CVTAG meeting is scheduled for 23 November 2021 and an update will be provided in a future Weekly Report.

Therapeutics TAG

The COVID-19 Therapeutics TAG met on 12 November 2021 and discussed the following items:

- therapeutics: Pharmac and Medsafe updates
- equity considerations
- primary care – progress in aligning work
- guideline update (5 November 2021) and planned 3 December 2021 update
- patient information update: COVID-19 resources – Health Navigator

- COVID-19 rehabilitation booklet.

The next Therapeutics TAG meeting is scheduled for 26 November 2021 and an update will be included in a future Weekly Report.

CTTAG

The COVID-19 Testing TAG (CTTAG) met on 11 November 2021 and discussed the following items:

- new testing strategy draft
- updated evaluation framework
- position on saliva as a diagnostic sample
- position on use of rapid antigen testing and programme roll-out

The next CTTAG meeting is scheduled for 25 November 2021 and an update will be included in a future Weekly Report.

3.1.4 Upcoming Communications Issues and Activities

As at 17 November 2021

Date	Activity	Lead agency	Communications material	Ministerial involvement
17 Nov 21 ongoing	Auckland outbreak: daily communications and support for the health sector and public, incl. cases in the Waikato, Northland and other regions. Locations of interest and updated health advice.	MoH	Communications, key messages, website, stakeholder engagement	Optional
17 Nov 21 (TBC)	Announcement of new MIQ arrangements, based on updated Office of the Director of Public Health advice.	MoH	PM announcement, website materials	Yes, with PM
17 Nov 21	Launch of My Vaccine Pass. International vaccine certificate also now available.	MoH	PR, Q&As, Communications, website	Yes (completed)
17 Nov 21	Health System Preparedness Programme: COVID Care in the Community operating model. Health sector workshop.	MoH	Stakeholder communications	No
17 Nov 21	New position on rapid antigen testing and next phase of rollouts.	MoH	Operational communications, policy guidelines, web content	Optional
w/c 22 Nov 21	COVID Protection Framework panel discussion with Hon Dr Ayesha Verrall and Director-General of Health (timing TBC) Testing approach under the COVID-19 Protection Framework Contact tracing approach under the COVID-19 Protection Framework (including public announcement of the Telehealth case investigation service) Announcement of any funding signed off by Cabinet for testing and contact tracing.	MoH	Run sheet, PR, talking points, FAQs	Yes

3.2 Upcoming Publications

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

4. Managed Isolation and Quarantine Weekly Report

4.1 Top Items to Note

4.1.1 MIQ's Response to the Delta Outbreak

The number of community cases coming into Auckland's quarantine facilities remains steady as most cases are self-isolating, supported by care in the community. In Hamilton, a small number of community cases continue to enter the Amohia this week while a number of households continue to self-isolate at home in the region. The Amohia continues to be used for a very small number of community close-contacts to isolate who are unable to do so elsewhere. Positive cases have appeared south of the Waikato border (including Christchurch) and these cases are supported by care in the community where quarantine facilities are unavailable.

With the number of positive cases appearing south of the Waikato border this week and the increase in referrals from AHRPS, MIQ continues to investigate options to be able to support quarantine for community cases if required. All of the options considered will have an impact on isolation availability for border returnees.

4.1.2 Shortened MIQ Stay Implementation: Sunday 14 November

On 14 November, MIQ moved from a standard stay length of 14 days to seven days. Prior to that date, we identified 2,533 returnees in MIQ who would have already completed at least seven days in a MIQF on 14 November, with these people needing to be released as soon as possible. While the amended Order gave MIQ up to 17 November to release the returnees, we undertook to release almost all of them on 14 November or as soon as possible thereafter.

A significant planning operation was put in place across MIQ and Health staff to release eligible persons on 14 November. The cohort represented around eight times the number of releases MIQ completes in an average day. The operation ran smoothly, with all but 99 people being released from MIQFs by 9pm on 14 November.

The 99 remaining in MIQ stayed for one additional night, at their own request and with their consent. Reasons for people remaining in MIQ were mostly related to scheduling of suitable domestic flights to move returnees to their home regions. All remaining returnees were released over the course of the day on 15 November.

Going forward all returnees will have a seven day stay in MIQ. The exception being a small number of group arrivals who have been given approval to stay for 10 days under transitional arrangements over the next two of months (i.e. Afghanistan returnees who have yet to secure accommodation in the community).

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

All application verifications have now been completed. The final total number of participants confirmed for the pilot is 82. A participant arrived at Auckland airport yesterday morning (Wednesday 17th) and had a positive Rapid Antigen Test at the airport. In accordance with the Self Isolation Pilot's agreed processes, he was transferred to a MIQF (Novotel Auckland Airport).

In total, 241 travellers were provisionally selected for the pilot (including replacements for withdrawals and ineligible applicants). The total number of withdrawals was 79. The total number found to be ineligible upon verification was 17. We have not received any information or response from 62 applicants.

The first 6 participants successfully exited self-isolation over the weekend. All were transported to have their final nasopharyngeal tests before they were able to exit. One participant remains in self-isolation while awaiting test results.

There are currently 14 participants self-isolating in Auckland and 11 in Christchurch. 25 participants have successfully arrived to date. This week is the busiest week of the pilot, with 25 arrivals expected in total.

4.1.4 Continuation of the NZTE Exporter Allocation

MBIE is continuing the allocation of 25 spaces per month for NZTE exporters to return to New Zealand for January and February 2022. In July 2021, Border Ministers agreed to trial an exporter allocation for November and December, and agreed that the allocation should continue beyond the trial if space in MIQ allowed.

NZTE has confirmed that applications for the spaces were oversubscribed and has already confirmed 50 successful recipients for all of the spaces across November and December. As the entire allocation has been successfully allocated and there is space available to continue the allocation in 2022 due to gains from reduced MIQ stay, MBIE intends to continue the allocation. Advanced confirmation that the allocation can continue in 2022 supports NZTE's planning to ensure that the allocation can be fully subscribed.

You will receive further advice as part of the Border Exceptions Ministerial Group briefing pack on whether the size of the exporter allocation should increase; and whether it should extend beyond February 2022.

4.1.5 Current Judicial Reviews

On Friday 12 November we received four judicial review applications from partners of pregnant woman who wished to return to NZ before the birth of their child and a further application from a pregnant woman who is currently overseas who wishes to join her partner in New Zealand and have her baby here. These follow a campaign by Ms Sami who also brought a judicial review of our decision to decline her an emergency allocation.

We settled Ms Sami's case and two other cases which were brought at the same time by reconsidering them in light of new evidence that they produced for the Court hearing about the impact of stress on unborn children. Ms Sami is seeking a change to the emergency allocation criteria to have pregnancy treated as an automatic ground for emergency allocation. s9(2)(h)

s9(2)(g)(i)

As well as these pregnancy cases, a further judicial review has been filed by s9(2)(a) who was declined an emergency allocation brought on the grounds of the need to travel to ensure his children are provided with care and protection. He claims his rights under the Treaty of Waitangi have been breached. He seeks urgent interim relief. s9(2)(a)

s9(2)(g)(i)

. We have filed an opposition to the interim relief application on that basis. The Court has directed that the matter be considered by the Executive Judge on a date after 18 November 2021 to allow time for s9(2)(a) counsel to respond to our notice of opposition.

s9(2)(g)(i)

4.1.6 JNCTN Pilot

A new system to enter and exit facilities (JNCTN) is being piloted from 22 November at the Crowne Plaza Christchurch, 24 November at Rydges Rotorua, 25 November IBIS Tainui Hamilton and 30 November at The Elms Christchurch.

JNCTN works like an app which has a QR code that makes it easy for workers to enter a MIQ facility and check their vaccination, testing and site induction compliance. JNCTN removes the current need for workers to show vaccination status cards every time they arrive at work and there is no need to take the time signing into Who's On Location.

4.2 Operational Update

4.2.1 Incidents to Note

There were no incidents to note this week.

4.2.2 Capacity and Room Release Update – As at 17 November

We have recently shifted to a 7 day – instead of 14 day – stay, which will increase our capacity once the benefits of this policy change have been realised. However, the transition to 7 days has meant the fill rate is less than optimal in the interim, until the ‘new normal’ settles in after upcoming tranches.

This is a consequence of decanting rooms to transition to 7 days from 14 days (wastage); people leaving rooms early that could not be filled prior to transition; and refilling rooms on a new pattern, as it beds in over next series of 11-day tranches.

A total of 54,718 rooms since early March have been released for the period of June through to the end of Feb 2022.

From early March to present, 151,840 returnees have secured a date to return home during the period of March through to the end of February 2022.

A Lobby release is scheduled for Thursday 18th November and will release 4,219 rooms across the November – February period.

4.2.3 MIQ’s Role in Afghanistan Evacuation

A total of 631 evacuees from Afghanistan have arrived in New Zealand. The table below shows the MIQ status of the Afghanistan evacuation programme as at 10am Wednesday 17 November:

TOTAL Returnees in MI currently	95
TOTAL Departed Returnees	537 (excludes births after arrival)
TOTAL Further Expected Arrivals (prior to Christmas)	450 (estimated)

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

388 Afghanistan evacuees remain in the Nesuto post-MIF transition accommodation under the care of Refugee and Migrant Services.

With the impending onset of winter in Afghanistan and the consequent cessation of most commercial flights and border crossings, it was expected that reduced numbers would flow from Afghanistan to New Zealand from mid-December. s6(a)

4.2.4 Ventilation

Total number of facilities: 33		
Remediation work completed	Facilities yet to complete remediation	% of rooms complete within the portfolio of facilities fully signed off
27 (14 of which are fully signed off)	6	47% (2540 rooms)

Efficiencies from the change to the length of stay in MIQ from 14 days to 7 days has enabled us to access rooms for remediation which had previously been occupied.

Remediation work will recommence this week for the following three facilities requiring partial occupancy:

- Novotel Christchurch Airport: from 16 October – 17 December in conjunction with fire damper work with 35 rooms unavailable whilst work is undertaken.
- Sebel Manukau: from 16 October with 8 – 16 rooms being unavailable during the 5 weeks.
- Sudima Rotorua: a period of three weeks with 24 rooms unavailable during the remediation.

Re-test results for the Elms Christchurch have been received and will be reviewed by an HVAC engineer as a priority, given we expect the arrival of first cohort to the facility in late November.

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

4.2.5 Air Filtration Units (AFU)

From the order of 1,500 air freighted units, the first batch of 860 AFU’s have arrived. 28 have been dispatched for additional quarantine rooms at Sudima Christchurch and 26 for common spaces at the new Elms Christchurch facility. The units are due to arrive at the facilities early this week and will be installed this week and next.

4.2.6 Vaccination of Frontline Staff

For workers on site for the week 8-14 November 2021, BWTR shows that 98% had two doses of the vaccine, 0.6% had one dose and the remaining 1.4% (70 workers) had vaccine status ‘unknown’.

Of the 70 workers with an ‘unknown’ vaccination status, 15 still require an NHI match. The Workforce Testing Team is investigating the remaining 55 workers, to confirm vaccination status.

Vaccination assurance follow-ups for those with an ‘unknown’ status in BWTR did not identify any breaches of the Vaccination Order. However, on the ground checks found one bus driver had entered a site to use the bathroom. They did not sign in to Who’s on Location and did not provide vaccination evidence. The Bus driver was on site for just two minutes, was wearing a mask and there were no returnees in the area. Nurses on site deemed it a low risk incident. Security guards will be reminded to identify persons before opening the door.

Of the 46 workers who were NHI-matched but showing vaccination status ‘unknown’ in the 1-8 November 2021 weekly report:

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

4.2.7 Staff Testing

Reporting from BWTR shows that 4,947 people undertook work in our facilities last week, and the table below shows how many of those workers were compliant with the Testing Order, were overdue for a test or still needed to be NHI-matched.

Compliance decreased by 7% to 85%.

Workers on site 8-14 Nov 2021	Workers on nasal testing regime	Workers on saliva testing regime	Total	Percentage of total NHI-matched workers on site
Compliant NHI-matched workers	2,173	2,007	4,180	85%
Overdue NHI-matched workers	395	357	752	15%
Need NHI-match	15	0	15	
Workers on site	2,583	2,364	4,947	

Of the 752 overdue, 358 of those are less than 4 days overdue, 326 are 4-10 days overdue and 68 are 11+ days overdue. The Workforce Testing and Vaccination team will be following up with these workers to make sure they get tested as required.

There are two key reasons for this drop in compliance. Workers on the nasal testing regime are adjusting to the increase in testing. Workers in quarantine facilities have gone from one test a week to two. Workers at Isolation facilities have gone from one test a fortnight to four. The latter is primarily where compliance has dropped for workers on the nasal testing regime.

The second reason for the drop, as mentioned in last week's report, relates to what happens when workers switch from nasal to saliva testing. The Border Worker Testing Register (BWTR) algorithm that determines a worker's testing cycle means that when switching to saliva testing a worker's testing cycle starts from the day after their last nasal swab. This means that if it's been 7 days since a worker's last nasal swab at the time they have opted in to saliva testing they will show as non-compliant/overdue.

We are monitoring these issues closely but believe as the new regimes normalise, they will cease being factors affecting the reporting.

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

Of the 15 that still need an NHI-match, 14 were created in BWTR in the last 7 days.

16 workers were previously reported as '11+ days overdue' in the report for the week 1-8 November 2021. Ten of those workers are now compliant, six have been contacted and we are awaiting a response.

4.2.8 Saliva Testing

As at 15 November, 3314 MIQ workers are opted-in to saliva testing across all active MIQF sites (up from 2,704 this time last week).

4.3 Ombudsman and OPCAT cases

4.3.1 Ombudsman

We received three new notifications from the Ombudsman Office this week. We are currently managing four cases; one relating to emergency allocations, two regarding fee waivers and the last is on a MIAS technical issue.

4.3.2 OPCAT

This week we had two inspections, the first on Monday 15 at Chateau on the Park in Christchurch and another on 16 November at the Distinction Christchurch. A follow up visit is scheduled for 17 November at Novotel Christchurch Airport. Our response to the provisional report for the Sudima Christchurch was provided 12 November. Our response to the final report for the Bay Plaza Wellington was also provided 12 November.

4.4 Large Group Arrivals Update

Summary of approved group arrivals as at 10 November 2021 (to December 2021):

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments		
Construction Sector Accord	Nov 2021	60	22 (31 pax)	Arrivals are spread across the month. There have been three no-shows so far for November.		
Refugees	Dec 2021	60	tbc			
	19 Nov	14 pax	7 (14 pax)			
	25 Nov	4 pax	2 (4 pax)			
	Nov (date tbc)	26 pax	17 (26 pax) tbc			
	Late Dec / early Jan 2022	60	44 (60 pax) tbc			
Afghanistan Evacuees	Feb-Jun 2022	145 per intake	105 (145 pax) per intake tbc	<p>Planning continues with MFAT to confirm batching of arrivals to align with MIQ room availability.</p> <p>Working through the logistical complexities of a large group arriving ^{s6(a)} in late Dec/ early Jan, as well as through the implications of short stay MIQ on this complex group.</p>		
	15 Nov	2 pax	2 (2 pax)			
	16 Nov	39 pax	19 (39 pax)			
	18 Nov	6 pax	3 (6 pax)			
	19 Nov	4 pax	1 (4 pax)			
	20 Nov	48 pax	21 (48 pax)			
	22-28 Nov		37 (63 pax) tbc			
	29 Nov – 5 Dec		25+ (50+) tbc			
	6 Dec		35 (70Pax)			
7 Dec		20 rooms				
Mariners	9 Nov 2021	67	65 (65 pax)	Behaviour in the MIFs continues to be organising appropriate self-isolation for a group of 65 complex pax at short notice is extremely challenging. Future arrivals will be under 7+3 day isolation model.		
	21 Nov 2021	1	1 (1 pax)			
	23 Nov 2021	4	4 (4 pax)			
	9 Dec 2021	11	11 (11 pax)			
Exporters	Nov	25	25 (25 pax)	A number of December vouchers have been issued – it is expected that NZTE will use the full allocation. Arrivals are spread across the month.		
	Dec	25	19 (21pax)+			
EXPO	22 Nov	80	66 (77 pax)			
	27 Jan	16	16 tbc			
	29 Jan	44	44 tbc			
	3 Feb	45	45 tbc			
	5 Feb	75	75 tbc			
	26 Feb	44	44 tbc			
Rugby: All Blacks	Late Nov	65	60 (62 pax)	Standard returnees – not requiring training exemption. In addition to team members, two spaces of this allocation are being used by a partner and a son of team members (as room shares).		
Rugby: Black Ferns	Late Nov	65	56 (59 pax)	Standard returnees – not requiring training exemption. In addition to team members, one space of this allocation is being used by a team member's spouse (room share).		
Cricket: BlackCaps	24 Nov	20	20 (20 pax)	Standard returnees – not requiring training exemption.		
Cricket: BlackCaps	9 Dec 2021	33	31 (33 pax) tbc	This cohort of BlackCaps are seeking a training exemption. Engagement with NZC and MoH has begun to plan for their arrival and training.		
				Some of this allocation will be used for inbound media critical to the delivery of the Summer Series of Cricket, and a player's wife and child (who will share the player's room). These individuals will not have any exemptions or special arrangements.		
NZDF				Working through implications of a shortened MIQ stay on inbound teams and the opportunity to train. The BLACKCAPS will depart on day 7 in line with the new short stay model.		
				3 Dec	76	76 tbc
				20 Jan	60	60 tbc
	23 Feb	80	80 tbc			
Cricket: Bangladesh	10 Dec	35	35 tbc	Bangladesh is seeking a training exemption. Engagement with NZC and MoH has begun to plan for their arrival and training. Working through implications of a shortened MIQ stay on inbound international teams and the opportunity to train. Until confirmed, it is difficult to progress planning and provide clarity and advice to NZC.		

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Antarctic Programme	3 Nov	22	22	These arrivals are for the combined US Antarctic Programme (USAP) as well as the Italian, French, German and Korean programme.
	12 Nov	7	6 (6 pax)	
	15 Nov	138	133 (134 pax)	
	19 Nov	42	34 (34 pax)	
	20 Nov	19	19 (19 pax)	
	20 Dec	65	65 tbc	
	10 Jan	170	170 tbc	
	19 Jan	36	36 tbc	
	Feb (date tbc)	25	25 tbc	
	7 Feb	25	7 tbc	
Cricket: South Africa	4 Feb	35	35 tbc	Engagement with NZC has begun. The team are seeking an exemption to train. Working through implications of a shortened MIQ stay on inbound teams and the opportunity to train.
Ministerial Travel	Oct	20	2 (2 pax)	In November Ministerial travel will be split between group allocation, Time Sensitive Travel (approx. 10 pax) and self-isolation (approx. 4 pax). Minister Mahuta and delegation will arrive in November (28th), Minister O'Connor and delegation arrive on the 6 December.
	Nov	20	4 (4 pax)	
	Dec	20	5 (5 pax)	
	Jan	20	tbc	
	Feb	20	tbc	
Critical health workers	22-30 Nov	80	33 (56 pax)	Process established by the Ministry of Health for this allocation..
	Dec	300	tbc	
	Jan	300	tbc	
	Feb	300	tbc	
Cricket: Women's Cricket World Cup				
Officials	Jan/Feb	26	tbc	All teams will be seeking a training exemption. Planning has commenced and arrival dates tbc. The qualifying tournament on 5 Dec 2021 will determine the origin of the 3 'qualifier' teams.
India	Jan	31	tbc	
South Africa	Feb	31	tbc	
Qualifier team 1	Jan	31	tbc	
Qualifier team 2	Feb	31	tbc	
Qualifier team 3	Feb	31	tbc	
				Working through implications of a shortened MIQ stay on inbound teams and the opportunity to train. Note that Minister Robertson will be seeking an increase to the group allocation to accommodate the Australian and English teams going into managed isolation due to the QFT with Australia still being suspended – note it will be proposed that they move match officials out of the group allocation and explore other options for them (eg, bespoke self-isolation facilities) alongside other critical CWC attendees (approx. 405 pax).
Cricket: Netherlands Men	7 Mar	35	Tbc	Engagement with NZC has begun. The team are seeking an exemption to train. Working through implications of a shortened MIQ stay on inbound teams and the opportunity to train.

Time Sensitive Travel (TST)

The Time Sensitive Travel window for arrivals in Jan/Feb 2022 closed on 14 November 2021. 398 applications were received from a number of sectors and are currently being assessed. Note that 34 applicants to date are critical health workers and have been referred to the Ministry of Health to apply under the group allocation.

4.5 Upcoming Communications Issues and Activities

4.5.1 As at 17 November 2021:

Date	Activity	Lead agency	Comms material	Ministerial Involvement Y/N
Fri 19 November	Emergency Allocation changes announced TBC	MIQ	Proactive comms	N
22/23 November TBC	Reconnecting NZ – international borders	DPMC	Proactive comms	Y
Thurs 25 November	MIQ voucher lobby TBC	MIQ	Proactive comms	N

4.6 Invoicing

The table below shows the number of invoices issued up to **14 November**.

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).

Please note that for all arrivals from 20 of August, all invoicing had payment terms of 30 days except for sports groups under Crown Service Agreements who have 10 days.

Grouping	Invoices issued (net of credit notes)	Paid	Issued not due	Issued over due	Invoices issued (\$)	Paid (\$)	Issued not due (\$)	Issued overdue (\$)	90+ days over due	90+ days overdue (\$)
Groups /Temp Visa	6,032	2,979	1646	1,407	\$58,818,700	41,878,217	9,276,661	7,663,822	0	\$0
Maritime	535	381	90	64	\$2,788,647	\$2,013,437	\$463,085	\$312,125	20	\$61,879
Aircrew	230	215	7	8	\$2,184,285	\$1,749,365	\$333,484	\$101,437	8	\$101,437
Other	27,627	16359	4064	7204	\$94,380,948	\$58,960,875	\$12,026,330	\$23,393,743	2654	\$8,453,739
Total	34,424	19,934	5,807	8,683	\$158,172,580	\$104,601,894	\$22,099,560	\$31,471,126	2,682	\$8,617,055

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

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

4.6.1 Weekly Average Invoicing and Debt Recovery at 76%

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

The debt recovery percentage, factoring in all repayments to date against just overdue invoices is tracking under the FY22 target (90%) at 76%. There has been a movement in overdue invoices due to the new invoicing process going live over 90 days ago and the increase in invoicing from then onwards increases the outstanding amount as invoicing is brought up to date.

To increase the debt recovery ratio MBIE have engaged a partner firm to actively manage debt over 30+ days overdue, commenced and continue to send debt to Debt Collectors at 90+ days overdue, commenced recruitment for additional MIQ debt officers and requested that the debt partner send weekly remittance to enable weekly receipting thus reflected in the results each week instead of monthly. A backlog of outstanding waiver applications when either approved or declined will also improve the debt recovery ratio.

Recent Weeks	Average invoicing per week (\$)
Past week	5,266,094
2-4 weeks	3,360,247
5-8 weeks	4,279,306
9+ weeks	1,986,365

4.6.2 Waivers

The table below breaks down the waiver application information between 11 August 2020 and 14 November 2021. The numbers below relate to all waiver applications; waivers can be applied for before, during and after an individual has stayed in managed isolation.

Waiver Applications	In Progress	Total Completed	Completed Financial Hardship Applications	Completed Special Circumstances Applications	Approved Waiver Applications		Declined Waiver Applications	
					Financial Hardship	Special Circumstances	Financial Hardship	Special Circumstances
11333	4616	6717	852	5865	87	5019	765	846

4.7 Emergency Allocation Applications

7437 applications have been processed since 30 October 2020. 330 applications were received in the week ending 14 November 2021 and 234 applications were processed. Of the 234 applications processed in the week ending 14 November 2021, 76% were approved.

Emergency Allocation Applications	Weekly Totals 8 November to 14 November	Year to Date Totals 8 November to 14 November
Approved	178	4257
Declined	56	3180
Applications processed	234	7437

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

Total Rooms Approved Under Emergency Allocation from 8 November to 14 November	184
Rooms allocated in MIAS	155
Awaiting flight details or MIAS registrations from the applicants to complete the room allocation process	29

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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 met on 17 November 2021.

The Board discussed the feedback on Reconnecting New Zealanders following Cabinet's consideration of advice on 15 November 2021. This included discussing the implications of an earlier reopening of the border. The Board asked DPMC to consider including review dates on any border settings to reflect the fluid environment.

The Board received an update on the proposed Reconnecting New Zealanders border implementation project that will provide a coordination role to ensure readiness to reopen the border. This will include working with industry partners. The Board agreed to be the governance body in recognition that all BEB agencies have an interest in the project. The project scope has not been finalised or considered by the COVID-19 Chief Executives' Board (CCB).

The Board formally closed the programme that supported tranche 2 vaccination of government and private sector workers. The programme was successful with more than 97% full vaccination coverage by 4 November 2021. Lessons learned have been shared with members for future inter-agency work as well as with other agencies undertaking mandatory vaccinations.

The Board shared progress of our agencies work on COVID-19 vaccination policy, staff vaccination status, risk assessments, and engagement with staff. Returning to workplaces in Auckland was discussed, acknowledging the wellbeing of staff. There was agreement to continue aligning approaches across the BEB agencies and to support Auckland staff returning to their workplaces.

The Board's next meeting is 24 November 2021.

5.1.2 One-way Quarantine-free Travel with Samoa, Tonga and Vanuatu

Samoa's first flight under the expanded one-way QFT arrived in Auckland on 13 November 2021 with 99 adults and 1 infant on board. The flight was well managed off shore in Samoa with a collaborative effort from the NZ High Commission, Immigration NZ staff, Samoan Government officials, and Air New Zealand. No passenger was denied boarding and all passengers were validated as being 100% compliant with all the required conditions.

6. New Zealand Customs Service Weekly Report



6.1 Items to Note/Updates

6.1.1 Small Craft Arrivals

Following the recent amendment to the Maritime Border Order which reduced the isolation requirement for persons arriving in New Zealand on board a vessel from 14 days down to 10 days, Customs has reached out to those small craft already on their way to New Zealand and advised them of the change. Customs' external website has also been updated to reflect the change.

As at 16 November 2021, there are three small craft in port at Ōpua with the crews isolating on board.

6.1.2 Vaccination Requirements for Non-New Zealand Citizens Arriving by Air

For the period 8 November 2021 to 14 November 2021, there were no infringements issued.

	Date	8 Nov	9 Nov	10 Nov	11 Nov	12 Nov	13 Nov	14 Nov	Week Total	%
	Non-NZ citizens	277	191	112	111	133	128	74	1026	
Primary Actions (Passport Control)	Vaccination status verified	241	149	85	85	105	102	63	830	80.9%
	Exceptions	30	39	22	19	27	22	11	170	16.6%
	Exemptions	1	2	5	4	0	3	0	15	1.5%
	Referred to Secondary Area	5	1	0	3	1	1	0	11	1.0%
Secondary Area Actions	Compliant	5	1	0	3	1	1	0	11	100%
	Non-compliant (insufficient or no evidence)	0	0	0	0	0	0	0	0	

6.1.3 Pre-Departure Testing

For the period 8 November 2021 to 14 November 2021, the following two warnings were issued.

On 8 November 2021, a 4 year old child arriving from the United Kingdom via Dubai with their parents had no PDT. Parents had sought information prior to departure and had been advised that children under 12 years old did not require PDT.

On 8 November 2021, a child arriving from Singapore had no PDT. The child's parent had been advised by authorities in Singapore that PDT was not required for a 3 year old child.

	Date	8 Nov	9 Nov	10 Nov	11 Nov	12 Nov	13 Nov	14 Nov	Week Total	%
	Passengers subject to PDT	228	263	214	232	245	294	263	1839	
Primary Actions (Passport Control)	Test Certificate Verified	220	348	205	219	230	280	254	1756	95.5%
	Exemption	4	14	9	8	14	14	7	70	3.8%
	Referred to Secondary Area	4	1	0	5	1	0	2	13	0.7%
Secondary Area Actions	Compliant	2	1	0	5	1	0	2	11	100%
	Warned	2	0	0	0	0	0	0	2	0
	Infringement	0	0	0	0	0	0	0	0	0
	Prosecution	0	0	0	0	0	0	0	0	0

7. COVID-19 Chief Executives Board

7.1 Items to Note/Updates

The COVID-19 Chief Executives' Board (CCB) did not meet this week. The next meeting will take place on 23 November 2021, and will consider recent developments in the COVID-19 Protection Framework (CPF), Reconnecting New Zealanders, summer readiness, disinformation, and planning for parallel challenges.

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

8.1 Items to Note/Updates

The COVID-19 Independent Continuous Review, Improvement and Advice Group met on Thursday 18 November. DPMC's Summer Readiness System Lead attended the meeting to discuss and hear perspectives from the Group on the readiness of the system to shift to the CPF. The Group continues to be interested in health system readiness including contact tracing and testing. This week they have provided feedback to the Ministry of Health on proposed changes to testing, case investigation and contact tracing, which was provided through your office. Group Chair Sir Brian Roche attended a Ministers' discussion on the COVID-19 Protection Framework on 16 November 2021.

9. Strategic COVID-19 Public Health Advisory Group

9.1 Items to Note/Updates

The Strategic COVID-19 Public Health Advisory Group held its most recent meeting on 17 November 2021. Discussions foregrounded the dynamics and trends of the current outbreak, underpinned by recent modelling projections delivered by DPMC. This was supplemented by initial consideration of the key challenges to be faced during 2022 as per the Minister's recent commissioning. These will be addressed in greater detail at the next meeting. Group Chair Sir David Skegg also attended the Ministers' discussion on the COVID-19 Protection Framework on 16 November 2021.

10. Business Leaders Forum

10.1 Items to Note/Updates

The Business Leaders' Forum did not meet this week. The next meeting for the Forum is yet to be confirmed. Rob Fyfe also attended the Ministers' discussion on the COVID-19 Protection Framework on 16 November 2021.

11. Community Panel

11.1 Items to Note/Updates

The Community Panel did not meet this week. The next Panel meeting will take place on 1 December 2021.

12. Government Modelling Group

12.1 Items to Note/Updates

Ahead of the summer period, we have received modelling and analysis regarding inter-regional transmission risks from Auckland to the rest of the country. This includes the relative chances of seeding new outbreaks in different places, and a consideration of the vulnerability and vaccination coverage of those places. This analysis informs advice from the Ministry of Health and forthcoming Cabinet Papers on the introduction of the CPF. It has also been provided to officials responsible for operational readiness and planning.

We have received updated scenario projections for the Auckland outbreak taking into account recent case data up to 12 November. Overall, the rate of growth of new cases continues to decrease. This means that more benign scenarios for transmission are now considered more likely (i.e. where cases plateau at around 200 case per day in the nearer term, and then begin to decline). The projections do not take account of recent or future changes (e.g. the return to school for more age groups and more permitted activity within Auckland). A downside scenario where steady growth in new cases continues to the end of the year remains plausible.

Officials continue to receive iterations of modelling results for 2022 and have shared some of these preliminary results with Minister Verrall. As the model calibration and results are finalised, they will be shared more widely, and attention will turn to reproducing results at a regional level.

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13. Upcoming Cabinet Papers

s9(2)(f)(iv)



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14. Appendix – Audit

	Audit summary	IPC Standard Operating Procedures (SOPs), operations frameworks and guidance documents
Managed isolation and quarantine facilities (MIQFs)	<ul style="list-style-type: none"> • MIQF IPC quarterly cycle - audit five completed. No high-risk findings. • Audit reports completed and ready for release to Ministry of Business, Innovation and Employment (MBIE) for relevant stakeholders. • Please see attached themes summary for audit five. • Proactive release data compiled, for review by Ministry of Health’s communications team. • Changes in MIQF requirements and IPC SOP will be incorporated into the IPC audit tool for cycle 6 scheduled to commence at the end of November. 	
Airports	<p>Following the IPC review finding relating to arriving passengers not wearing medical masks throughout the red zone at the airport as required in the MBIE Arrival into NZ SOP, IPC Guidance for Air Border – Red Zone, MBIE Transport SOP and MIQ Operations Framework, Auckland International Airport (AIA) Customs s9(2)(h) [redacted] The COVID-19 Public Health Response (Air Border) Order (No.2) 2020 clause 8 requires definition of PPE by Medical Officer of Health (MOoH) or Health Protection Officer). s9(2)(h) [redacted] The Ministry of Health IPC audit team is requesting advice from the Auckland Regional Public Health Service.</p>	Stakeholder feedback received and has been forwarded to the Ministry of Health’s IPC team for review to determine if any updates are required to the airport IPC guidance documents.
Maritime/Ports	No new updates.	PPE guidance for pilots and workers undertaking a necessary task on an affected ship has been updated by Maritime New Zealand. This document has been reviewed by the Ministry of Health’s IPC team. Further discussion on the changes made by Maritime New Zealand to be clarified as not all changes align with Ministry of Health’s IPC guidance advice.

- ¹ The Local. <https://www.thelocal.fr/20210914/unvaccinated-french-healthcare-workers-face-suspension-from-work/> - 19 November 2021
- ² FORMAL MESSAGE: COVID-19: REQUEST FOR REPORTING – VACCINE MANDATES: FRANCE –16 November 2021 - UNCLASSIFIED
- ³ ACTION: FORMAL MESSAGE: COVID-19: REQUEST FOR REPORTING – VACCINE MANDATES –16 November 2021
- ⁴ Statista. Number of physicians in Italy in 2019, by discipline. <https://www.statista.com/statistics/1123709/physicians-in-italy-by-discipline/> - Accessed 18 November 2021 – As of 2019
- ⁵ FORMAL MESSAGE: COVID-19: REQUEST FOR REPORTING – VACCINE MANDATES – ITALY –16 November 2021 - UNCLASSIFIED
- ⁶ FORMAL MESSAGE: COVID-19: REQUEST FOR REPORTING – VACCINE MANDATES – 13 November 2021 - UNCLASSIFIED
- ⁷ FORMAL MESSAGE: COVID-19: REQUEST FOR REPORTING – VACCINE MANDATES: BELGIUM – 16 November 2021 - UNCLASSIFIED
- ⁸ ACTION: FORMAL MESSAGE: COVID-19: REQUEST FOR REPORTING – VACCINE MANDATES –16 November 2021 – IN CONFIDENCE
- ⁹ FORMAL MESSAGE: COVID-19: REQUEST FOR REPORTING – VACCINE MANDATES – ITALY – 16 November 2021 - UNCLASSIFIED
- ¹⁰ Worldometer. Italy Population. <https://www.worldometers.info/world-population/italy-population/> - Accessed 18 November 2021
- ¹¹ FORMAL MESSAGE: COVID-19: REQUEST FOR REPORTING – VACCINE MANDATES: FRANCE - UNCLASSIFIED
- ¹² FORMAL MESSAGE: COVID-19: REQUEST FOR REPORTING – VACCINE MANDATES – 13 November 2021 - UNCLASSIFIED
- ¹³ ACTION: FORMAL MESSAGE: COVID-19: REQUEST FOR REPORTING – VACCINE MANDATES – 16 November 2021 IN CONFIDENCE
- ¹⁴ FORMAL MESSAGE: COVID-19: REQUEST FOR REPORTING – VACCINE MANDATES – ITALY – 16 November 2021
- ¹⁵ FORMAL MESSAGE: COVID-19: REQUEST FOR REPORTING – VACCINE MANDATES: BELGIUM – 16 November 2021 - UNCLASSIFIED
- ¹⁶ FORMAL MESSAGE: COVID-19: REQUEST FOR REPORTING – VACCINE MANDATES – 15 November 2021 - UNCLASSIFIED
- ¹⁷ FORMAL MESSAGE: COVID-19: SWEDEN, DENMARK, NORWAY – VACCINE MANDATES – 16 November 2021 – UNCLASSIFIED
- ¹⁸ FORMAL MESSAGE: COVID-19: REQUEST FOR REPORTING – VACCINE MANDATES – 13 November 2021 - UNCLASSIFIED
- ¹⁹ FORMAL MESSAGE: COVID-19: REQUEST FOR REPORTING – VACCINE MANDATES – 15 November 2021 - UNCLASSIFIED
- ²⁰ FORMAL MESSAGE: CALIFORNIA'S HANDLING OF THE DELTA VARIANT AND VACCINE MANDATE IMPLEMENTATION - UNCLASSIFIED
- ²¹ FORMAL MESSAGE: COVID-19: REQUEST FOR REPORTING – VACCINE MANDATES – 13 November 2021 - UNCLASSIFIED
- ²² FORMAL MESSAGE: COVID-19: REQUEST FOR REPORTING – VACCINE MANDATES – ITALY – 16 November 2021 - UNCLASSIFIED
- ²³ FORMAL MESSAGE: COVID-19: REQUEST FOR REPORTING – VACCINE MANDATES – ROK – 16 November 2021 - UNCLASSIFIED
- ²⁴ FORMAL MESSAGE: AUSTRALIA: PRIVATE COMPANIES AND MANDATORY COVID VACCINATIONS –16 September 2021 – IN CONFIDENCE
- ²⁵ FORMAL MESSAGE: COVID-19: VACCINATION CAMPAIGN INSIGHTS FROM SPAIN AS IT (POSSIBLY) APPROACHES HERD IMMUNITY – 17 November 2021 - UNCLASSIFIED
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