









MANATŪ AORERE

COVID-19 Response Weekly Report

28 January 2022

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1. Status Summary

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

Border

5.0				
	Agency	Last Week	This Week	Agency Comment
Border measures	МоН	•		 The phased reopening of the international border under the Reconnecting New Zealanders' approach is currently due to commence on 28 February 2021. The Ministry of Health contributed to a Reconnecting New Zealanders aide memoire provided to the Minister for the COVID-19 Response on 21 January 2021, which gives further information to support Cabinet's discussion on the timing of Steps 1 and 2 of Reconnecting New Zealanders with the world. This material, alongside the Reconnecting New Zealanders briefing paper presented to Ministers on 17 January 2021, is being considered by Cabinet on 1 February 2021. Decisions made by Cabinet will provide clarity on timelines for Steps 1, 2 and 3, and associated settings, which will finalise the operational changes required to support reopening. Whilst awaiting confirmed details of timelines and settings, progress is continuing in preparation for reopening, also acknowledging that previously agreed settings may change in the context of Omicron. The announcement expanding quarantine free travel (QFT) to five new countries has been delayed until the week of 31 January 2022 due to the current domestic situation in New Zealand and a wish to confirm Ministers' expectations around the planned expansion from 14 February 2022. Work is underway to operationalise day 0/1 PCR testing, using saliva as a sample, at the port of arrival and to provide four rapid antigen tests (RATs) to each returnee on arrival. Three rapid antigen tests will be required while in self-isolation (on days 3, 5 and 7) and an extra will be provided in case of an indeterminate result. The programme is working towards a start date of 28 February 2022 to be confirmed by decisions around Reconnecting New Zealand.
workforce	МВІЕ	•	•	Compliance reporting is at 92 percent for staff who worked in the week of 17-23 January 2022. 8% of workers on site that week are showing in the BWTR as overdue (383 workers). We are following up with workers who are overdue for tests to remind them of the testing requirements. As of 24 January 2022, 4,931 MIQ workers have opted-in to saliva testing (up from 4,848 on 17 January 2021). Vaccinations The BWTR shows, of the workforce on site for the week of 17-23 January 2022, 98.1 percent have had two doses of the vaccine, 0 percent had one dose and 1.9 percent have vaccination status 'unknown'. Vaccination assurance follow-ups for those with an 'unknown' status in BWTR on site between 10-16 January 2022 did not identify any breaches of the Vaccination Order. However, one vaccine breach has been identified over the last week. Further information on this incident is contained in the body of the report. Vaccination boosters were available from 29 November for anyone who had their primary course of the vaccination at least 6 months ago. As at 25 January 2022, there are 2,880 MIQF workers who have received a booster dose. This is 79 percent of active MIQF workers in the BWTR who worked in the last 28 days. There were no vaccine exemptions granted last week. This indicator is at amber as testing compliance is down due to recent Required Testing Order changes (as previously reported). We will continue to educate workers on the new requirements and will move to green when compliance returns to expected levels.
- Pacific Islands	МоН	•	•	 Border with Cook Islands reopened on 14 January 2022. An anticipated change for travellers arriving on a low-risk pathway is that transit via a higher risk pathway will not be permitted. This will limit entry to either direct flights or flights that transit another low-risk place such as Samoa. The Solomon Islands and Kiribati now have uncontrolled community transmission of COVID-19, it is unlikely that they will meet QFT eligibility requirements for some time. Due to the deferral of implementation of the revised Air Border Order, there are some key changes required to current legislation to allow entry from the new QFT countries, including a clause to allow travel from American Samoa via Samoa.

Border (Continued)

Agency	Last Week	This Week	Agency Comment
MFAT	•	•	 RSE workers and other eligible travellers from Nauru, Solomon Islands and American Samoa will be able to use the low-risk Pacific pathway into New Zealand from 13 February 2022 as routes become available. Due to their COVID-19 outbreaks, the Solomon Islands and Kiribati no longer qualify for the low-risk Pacific pathway, and officials recommend instead be included on the medium-risk pathway. RSE workers from Solomon Islands and Kiribati, as well as Fiji, will be allowed to enter on the medium-risk pathway under Step 2. s6(a) Officials will provide additional advice to relevant Ministers on conditions for RSE workers under the medium-risk pathway. S6(a) Fiji's open border settings are likely to make a repatriation commitment straightforward. Officials will keep relevant Ministers informed on progress.
MBIE MBIE	•	•	 Self-isolation for opening the border with Australia On 13 December 2021, MBIE MIQ was appointed to oversee the operationalisation of the self-isolation for Step 1 of Reconnecting New Zealand. Progress for each workstream is detailed below: Policy: Work continues across agencies to draft changes to the respective orders to supports self-isolation with the Air Border Order (ABO) being a priority. MoH and MIQ Policy continue to work together on self-isolation guidance for travellers. Communications: DPMC, as the lead agency on communications to travellers, including the Welcome Pack for travellers, continues to work on updates to communications and ensuring all avenues of communications are cohesive. Nau Mai Ra: Customs will work closely with MoH to ensure compliance checks take place at the border whilst Nau Mai Ra is in use. Distribution of tests & welcome pack: A suitable process for distribution of the RAT's and Welcome Pack has been determined, with slight changes required depending on Day 0/1 testing being conducted either land or air side. Establishment of in-airport testing centres: Confirmation for commercial space for Day 0/1 testing will be confirmed. It is yet to be confirmed if there will be mandatory testing for travellers before they depart to their self-isolation locations.

Managed Isolation and Quarantine and Return to the Community

Agency	Last		Agency Comment
MBIE Wentilation Systems		 Ventilation remediation work has been completed at 31 of our 33 facilities, with 23 of those facilities fully signed off. 	
d conditions of s	•	•	Health workforce supporting MIQ The difficulty in recruiting and retaining health workforce continues to have implications for the MIQ system. The large number of Omicron cases at the border and the increase of quarantine capacity needed is placing pressure on MIQ staff. When community cases of Omicron grow, there will be increased pressure on the health workforce throughout New Zealand, which will be exasperated by staff sickness and stand down required as close contacts. MoH is working with DHBs and MBIE to identify areas where the operating model can be tightened as policy settings change.
Male an Male an	•	•	P2/N95 Mask Implementation As of 24 January we have completed 2654 fit tests, or 61 percent of the workforce. Out of 449 workers who have failed results, 408 are due to facial hair. We are working with MoH to identify alternate respiratory options for these workers. Work continues towards mandatory site entry requirement to pass/or have completed a fit test. New providers are being bought on board to ramp up the fit testing, which will now cover all workers.

Community Protection

Agency	Last Week		
MO H	week	week	As of 11.59pm 25 January 2022, there are 6 cases who are currently in hospital and there are 5,686 open contacts. As of 200 and 26 January 2022, there are 6 cases who are currently in hospital and there are 5,686 open contacts. As of 300 and 26 January 2022, there are 5 cases who are currently in hospital and there are 5,686 open contacts. As of 200 and 26 January 2022, there are 56 Omicron cases in the community. Testing and supply operations 27,925 tests were processed on 25 January 2022 with a rolling 7-day average of 15,400. On 25 January 2022, 92.5 percent of tests were processed within 24 hours and 98.6 percent of tests were processed within 30 hours. A Plan for increasing national laboratory capacity to 60,000 tests per day by early 2022 is being implemented and a process to Joe of the second of the seco



Vaccination

Agency	Last Week		Agency Comment on Status of Focus Area
МоН		•	 As of 11.59 pm on 25 January 2022, 9,172,220 vaccinations have been delivered, including 3,915,204 people who are fully vaccinated. 88 percent of the eligible 5+ population has now received at least one dose. 84 percent of the eligible population is now fully vaccinated. 96 percent of the eligible 12+ population has now received at least one dose, and 94 percent is now fully vaccinated. As of 11.59pm on 25 January 2022: 6,172 doses of AstraZeneca have been administered. 110,127 Pfizer Paediatric doses have been administered, with 29 percent of children aged 5-to-11-years having either booked or received their first dose of vaccine. 1,110,416 booster doses have been administered. 4,925,704 My Vaccine Passes have been issued. Nineteen DHBs have hit or passed 90 percent first doses, and Northland is on 89 percent. Seventeen DHBs have reached 90 percent fully vaccinated. Auckland and Capital and Coast DHBs have also achieved 90 percent fully vaccinated for Māori. Workers included in the Vaccination order are now also required to have booster doses, with eligible Health and Disability workers required to receive theirs by 15 February 2022 and other mandated workers by 1 March 2022. Booster campaigns for residents in aged residential care facilities are progressing, with all DHBs confirming their capacity to complete this by the end of January 2022. Seven DHBs have already completed their visits. Medsafe is now completing their review of the application from Novavax for their vaccine. The approval process is expected to take approximately two weeks.

Resurgence Planning and Response

	Agency	Last Week	This Week	Agency Comment on Status of Focus Area
Resurgence planning including review of the response	DPMC		•	 The country is now at a RED setting and a confirmed community outbreak of Omicron is being managed. The AOG system is activated to support the response. The AOG system is refining its plan to support the MoH Omicron three phase strategy. DPMC is working with PSC and MBIE to identify numbers of critical workers required to be supported by test to return strategy to minimise implications to the food supply chains, health care and lifeline utilities. Engagement with Regional Leadership and agencies continues. Winter planning is due to commence in early February.
Readiness	МоН	•	•	 On 26 January 2022, the Government announced the three-phase strategy approach to manage Omicron. This plan outlined three phases through which our public health response operations would shift due to increased spread of Omicron cases in the community. We are currently in phase one, known as the 'stamp it out' approach - there are some cases in the community, and we are following the same contact tracing, isolation, and testing protocols as in response to Delta. Phase two is about 'flattening the curve' to slow the spread of community cases. This means attempting to reduce the number of cases to a level that our health system can cope with. Phase three, known as 'manage it' outlines our response when there are thousands of cases per day. Health and social services will focus on priority populations, families and communities that have the highest needs and support to critical infrastructure; most people in the community will self-manage.
MIQ's Response to the Delta Outbreak (community cases) and the increase number of Omicron cases (border) We continue to run three quarantine facilities in Auckland to support the high number of border returns self-isolate at home. Across the regions we are seeing an increasing number of Omicron in the community however, they are			•	 Across the regions we are seeing an increasing number of Omicron in the community however, they are not coming into MIQ as we are preserving the rooms for border returnees that test positive. As we begin to see Omicron in the community, conversations continue with various stakeholders across the regions to see how more isolation capacity can be acquired. Options include converting facilities to dual

2. COVID-19 Insights

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

2.1.1 How Countries Have Adapted Their Immigration Settings During The COVID-19 Pandemic

Introduction

1. The Insights and Reporting Team in DPMC's COVID-19 Group have analysed how some countries have adapted their immigration settings over the course of the COVID-19 pandemic. This report provides a high-level scan of key changes to immigration settings that have arisen since 2020 in Canada, Ireland, Australia, the United Kingdom, and Denmark. This selection of countries was based on overall comparability to the New Zealand context, and provides a spectrum of immigration policies in terms of restrictiveness. A snapshot of the immigration strategy from each country has been presented in order from the least, to most, restrictive.

Canada - Expanding Immigration as a Tool for Economic Recovery from COVID-19

2. Despite closed borders for much of 2020 and 2021, Canada has enacted several key legislative changes to expand permanent immigration from numerous work, education, and family based streams to address lagging population growth and labour shortages. In 2020, the Canadian government released a plan to lift immigration quotas through gradually increasing the amount of permanent resident offers, with an aim to attract 1.2 million immigrants by 2023. Though most of these offers are for highly skilled workers, quotas from the family, refugee, regional and humanitarian streams also increased under the plan. In 2021, the government introduced several measures to keep immigration targets high and counteract negative disruptions caused by the pandemic. These measures include fast tracking permanent residency applications for skilled workers, reducing points needed to qualify for a skilled visa, introducing resident pathways for low skill/temporary workers and students, as well as changing the classification system for skilled worker categories to be more amenable to meet immigration demands. S6(b)(i), s9(2)(g)(i)

Ireland - Easing Immigration and Counting the Undocumented

3. Since 2021, the Irish government has implemented several amendments to immigration processes and legislation to minimise economic and social disruptions from the pandemic. Processes are in place to streamline applications following long application backlogs that developed over the pandemic. This includes implementing a digital platform to process applications, and easing requirements around proving identity documentation.^{11 12} In October 2021, the government also introduced changes to the employment permit system for migrants to address key labour shortages in hospitality, construction, logistics and agriculture, caused by the pandemic.¹³ Categories of employment across these critical sectors, which are not normally eligible for the migrant employment permits required for resident pathway visas, now have varying degrees of eligibility.¹⁴ In December 2021, the Irish government opened up temporary resident pathways for undocumented immigrants onshore and asylum seekers from Afghanistan.^{15 16} S6(b)(i), S9(2)(g)(i)

Australia - Adapting Immigration Policies to Address Labour Shortages

4. Immigration into Australia since 2021 has largely been orientated towards finding migrants to cover significant labour shortages, which have been exacerbated by pandemic related border closures from 2020-2021. Labour shortages in Australia have persisted across the last several years in the infrastructure, science, health, trades and hospitality sectors. ¹⁷ ¹⁸ ¹⁹ Immigration policies have focused on easing requirements impacted by pandemic restrictions, and streamlining resident pathways for those who can fill critical labour shortages. This is slated to help the economic recovery from COVID-19, with the country projected to gain 450,000 migrants by 2025. ²⁰ These changes include reducing the amount of time a permanent resident applicant is required to meet income thresholds from four to three years, to account for those whose employment was adversely impacted by COVID-19

restrictions.²¹ Onshore applicants who are in Australia and have had visas cancelled, or who are on bridging visas due to the COVID-19 pandemic, do not have to leave the country to apply for subsequent skilled visas.²² The government has also allowed for migrants on temporary skill shortage visas, who remained in Australia over the pandemic, to apply for permanent resident visas. While this includes healthcare workers, it also offers resident pathways for jobs not typically included in skilled worker categories, such as cooks and restaurant managers.²³ ²⁴ It is likely that immigration requirements will continue to ease across categories that address Australian labour shortages moving into 2022.

United Kingdom - Restricting Low-skilled Immigration Post-Brexit

5. Between 2020 and 2021 the United Kingdom (UK) underwent significant policy changes that have made immigration to the country more difficult for 'low-skilled' workers and non-English speakers. ²⁵ ²⁶ This shift was largely driven by the implementation of the 2016 Brexit referendum. Withdrawing from the European Union (EU) led to a significant emigration of low-skilled labour back to the European continent, producing critical labour shortages in several sectors including hospitality, transport, and horticulture in 2021. ²⁷ ²⁸ ²⁹ ³⁰ These shortages became exacerbated by travel restrictions and public health measures brought by the COVID-19 pandemic. ³¹ While the UK government has aimed to address the gap in labour shortages through offering temporary visas, the uptake of applications for these visas has been low. ³² The country has also introduced legislative amendments to make it more difficult for people to gain asylum or refugee status. ³³ ³⁴ s6(a)



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

2.2 Insight of Note Written by the Ministry of Health

- 2.2.1 Weekly International Insights Science & Insights Ministry of Health 22/01/27
 - Global daily new COVID-19 Omicron cases continues to surge globally to record levels, over 3.4 million COVID-19 cases are being reported daily. Global deaths have also started to increase since early January, over 8,200 deaths are being reported daily.
 - Cases detected at the border continue to increase, 400 imported cases have been reported in the last fortnight, most had a point of departure of India (58 cases), Australia (39 cases) and Singapore (38 cases).
 - Omicron is now the dominant variant in at least 67 jurisdictions worldwide.

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- The proportion of acute cases per arrival is very high for several points of origin, including Singapore (39%), the UAE (41%), Malaysia (53%) and Fiji (50%). As UAE and Singapore are major transit hubs, some cases in arrivals from there may have started their trip at other ports.
- Outbreaks are occurring in several Pacific nations, likely due to Omicron. For some, this is the first
 significant outbreak they have experienced, such as the Solomon Islands, Samoa and Kiribati. Fiji is
 experiencing a second wave, this time of the Omicron variant; Papua New Guinea has confirmed the
 presence of Omicron.
- COVID-19 cases reported in Australia have been declining since mid-January. Omicron remains
 dominant in Australia, constituting over 93% of sequenced cases in the past fortnight. Vaccines,
 treatments and widespread use of RATs have been the focus to approach Omicron in Australia,
 though some states have implemented public health measures to reduce the spread.
- All states covered in this report have reduced their booster interval to 3 months for those aged 18 and above.
- South Australia has relatively stricter public health measures than other states in Australia. There are
 significant gathering limits both in public and private settings based on density. Mask mandates are
 also extensively used, particularly for high-risk settings such as health care services, public transport,
 indoor fitness facilities and shared indoor public places.
- In Queensland, 26.5% of those aged 5 to 11 have had their first dose, and only 66.6% of those aged 12 to 15 are currently fully vaccinated. The Queensland Health Minister has expressed concerns over this, and therefore it was announced that students would return to school from 7 February instead of 24 January, two weeks later than planned.
- Health experts estimate that New South Wales has likely reached its hospitalisation peak for this wave
 of the pandemic.
- Of those in hospital in Victoria, 119 people are in ICU, of whom 47 are on a ventilator. While there
 has been a dip in hospitalisations, the number of ventilated patients is the highest since midDecember. There is still significant pressure on the state's healthcare and hospital system and
 "Pandemic Code Brown" has been called, which triggers rescheduling of some outpatient services,
 redistribution of patients across hospital networks, and establishment of an emergency management
 structure to coordinate service delivery.

3. Ministry of Health



3.1 Policy/Programme Updates

3.1.1 Health System Preparedness Programme: Update

This item provides an update on the Health System Preparedness Programme.

Based on the findings from desktop reviews of a sample of district health board (DHB) resurgence plans, we created a checklist for DHBs to assess and confirm their preparedness for COVID-19 resurgence. All DHBs completed the checklist by 23 December 2021.

The team is following up on DHB responses to identify remediation in progress (if required), identify issues and support needed, as well as any potential adjustments in the light of COVID -19 Omicron modelling, and its potential impact. The checklist also seeks assurance that Care Coordination Hubs remain fit for purpose during an Omicron outbreak.

Funding

The programme has funding of \$10 million for health workforce skills and recruitment initiatives this financial year (to 30 June 2022). \$3.625 million is designated for the critical care workforce initiatives.

Work is underway to determine the allocation of \$544 million operating expenditure to resource an increase in hospital capacity. This is supplementary to the \$100 million capital expenditure allocated for increasing physical hospital capacity.

We are in the process of allocating and distributing the funding agreed by Cabinet on 20 December 2021 to support community clinical services and the implementation of the COVID-19 Care in the Community work programme. Minister Little will report back to Cabinet by early March 2022 on the COVID-19 Care in the Community programme, how it is tracking against the metrics agreed in the Cabinet paper, the future direction of the programme, and any outyear funding requirements.

Care in the community in light of Omicron

Given the likely pace and scale of a widespread COVID-19 Omicron outbreak, the health system is unlikely to be able to provide the same level of care for people required to isolate. To retain an intensive clinical care pathway for those with the greatest need, a self-service model is being implemented to protect the health system's capacity.

New functionality across key digital platforms supporting the delivery of COVID-19 Care in the Community is under active development. Incremental releases are expected over the next three weeks. Cases will be able to submit their symptoms, risk factors, welfare needs, and contact tracing information online rather than via phone. We are also looking to embed more text message functionality, such as positive cases receiving test results and information packs with web links via text.

The Ministry of Health is progressing work on a population-based risk stratification. This will ensure that limited health system resources (including primary care, testing, workforce, and therapeutics) can be prioritised to support those most at risk of poor outcomes from COVID-19. This work will be informed by similar tools/stratification assessments in use in the Auckland region. To inform the process and deliver equitable outcomes, we are engaging and consulting with a broad group of stakeholders, including the Ministry of Social Development, DHBs, primary health organisations, and general practitioners.

The specific roles, responsibilities, accountabilities, and funding streams around alternative accommodation are continuing to be developed as part of the COVID-19 Care in the Community model. The Ministry of Business, Innovation and Employment (MBIE), Ministry of Social Development (MSD), and the Ministry of Health are working to identify an agency that will take the lead on alternative accommodation. MBIE hosted a preliminary discussion on 17 January 2022 with a view to developing a recommended national approach in the coming weeks to be stood up by the end of March 2022.

Based on the findings from desktop reviews of a sample of DHB Resurgence Plans, we have created a checklist for DHBs to assess and confirm their preparedness for COVID-19 resurgence. All DHBs completed the checklist by 23 December 2021.

3.1.2 Vaccination Order

Changes to the Vaccinations Order for mandatory boosters came into force at 11.59 pm on 23 January 2022. Communications supporting this have been sent to key stakeholders over the weekend, the Ministry of Health and Unite against COVID-19 websites updated, and Minister Hipkins press released changes on 22 January 2022. A webinar for stakeholders was undertaken on the 25 January 2022, with follow up sessions being confirmed for the week beginning 31 January 2022.

DHBs have identified 16,000 to 18,000 staff requiring a booster. We are working with DHBs to support their staff to access boosters before the implementation date of 15 February 2022. We are also discussing mitigation strategies for those who may not have received their booster by that date, to avoid the risk of service disruption, particularly in light of community transmission of Omicron.

We have received no temporary Significant Service Disruption applications in the last week, however, this may change with booster vaccinations now being mandated. Temporary Medical Exemption applications remain steady.

Temporary Medical Exemptions

As at 9.00 am, 25 January 2022, 1,748 applications for a Temporary Medical Exemption have been received.

- 1,180 applications were processed by the Panel and presented to the Director-General. 569 were declined and 611 were granted exemptions. Of this, 360 were granted exemptions for two dose non-placebo vaccine trial participants (Category 3A).
- 460 applications were returned as incomplete and unable to proceed to the Panel.
- 89 applications are open.
- The panel will next meet on 25 January 2022. The following meeting is scheduled for 1 February 2022.

Temporary Significant Service Disruption

As at 5.00pm 21 January 2022, 450 applications for a Significant Service Disruption Exemption have been received.

- 248 applications have had decisions made by the Minister. 235 were declined, 11 were granted, one was returned for further information, and one has decided not to proceed with the application
- 31 applications from Persons Conducting a Business or Undertaking (PCBUs) have been assessed by the panel and are awaiting a final decision
- after the panel assessment, nine have withdrawn, one of which has been addressed through the latest amendments to the order
- four were returned to the PCBU with a request for further information to support the Panel's assessment
- no applications were pending consideration by the Panel on 25 January 2022
- 153 applications were returned to PCBU applicants as they were incomplete from the triage process.
- no applications are awaiting triage in the inbox.

Enforcements - Vaccination Order compliance for week ending 21 January 2022

A total of *seven complaints/concerns have been received under the Vaccination Order.

- two have been referred to WorkSafe for follow up with the PCBU under the Vaccination Order
- six individual health practitioners have been contacted by letter to clarify their vaccination duties under the Vaccinations Order
- there is one active investigation into a health practitioner who is allegedly practicing while unvaccinated

in breach of clause 7 of the Vaccinations Order

- one GP was referred to the medical council for follow-up.
- * NOTE: Response numbers may not align with the reported breach numbers because reported breaches are not always responded to in the same week due to the time it takes to obtain further information.

3.1.3 COVID-19 Vaccine and Immunisation Programme

As at 11.59 pm on 25 January 2022, 9,172,220 vaccinations have been delivered, including 3,998,986 first doses, 3,915,204 second doses, 37,481 third primary doses, and 1,110,416 booster doses.

- 6,172 doses of AstraZeneca have been administered
- 110,127 paediatric first doses have been administered to 5-to-11-year-old children
- 96 percent of the eligible population 12 years and older has now received at least one dose, and 94 percent of this population are fully vaccinated. Of those fully vaccinated, 12.3 percent are Māori and 6.8 percent are Pasifika
- 88 percent of the total eligible population aged 5 years and older has now received at least one dose, and 84 percent of this population are fully vaccinated
- 774 vaccination sites were active on 25 January 2022.

Driving uptake

Nineteen DHBs have hit or passed 90 percent first doses. The remaining DHB, Northland, is at 89 percent. Seventeen DHBs have reached 90 percent second doses. Auckland and Capital & Coast DHBs have reached 90 percent fully vaccinated for Māori.

The Ministry of Health continues to support the DHBs with lower vaccination rates. Northland DHB is continuing to use street-level data to identify locations to run pop-up and mobile clinics across the region, as well as contacting those due for their second dose. With most DHBs having achieved the target of 90 percent first doses, their focus is on improving uptake among Māori and other vulnerable communities, reaching 90 percent second doses, administering boosters, and vaccination of 5 to 11-year-olds.

Onboarding of vaccination sites in districts with high priority populations is ongoing, with primary care sites continuing to administer the majority of vaccinations.

5-to-11-year-olds

As there is sufficient supply of the paediatric vaccine, all children aged 5 to 11 years became eligible on 17 January 2022 and become eligible for their second dose eight weeks after receiving their first. There are approximately 476,000 children in this cohort.

Initial uptake of the paediatric vaccine has been strong, with 23 percent of children aged 5-to-11-years-old receiving their first dose as at 11.59 pm on 25 January 2022, and 29 percent having either booked or received their first dose.

All DHBs have provided their implementation plans to the Ministry of Health for review, with DHBs rolling out the paediatric vaccine through Māori and Pacific health providers and working with disability support services to reach priority populations. DHBs are expected to take a whānau-orientated approach to the roll-out to encourage uptake of the vaccine among other age cohorts, including booster doses. This will also provide an opportunity to improve delivery and uptake of the COVID-19 vaccine among Māori adults, as well as uptake of the wider National Immunisation Schedule.

Increasing vaccination uptake in 5-to-11-year-olds

The Ministry of Health is developing a vaccination data sharing strategy for the purposes of increasing vaccination uptake in 5-to-11-years-olds. The Ministry of Health recognises the sensitivity of data involving children's personal health and contact information, and will consult Māori leaders, stakeholders, and service providers, including the Whānau Ora Commissioning Agency, as well as the Office of the Children's

Commissioner and the Privacy Commissioner about the approach to sharing personal information about children.

A judicial review to challenge Medsafe's decision to approve the Pfizer vaccination for 5-to-11-years-olds, and Cabinet's decision to use the vaccine for 5-to-11-years-olds has been lodged in the High Court by a group of parents. There is an interim hearing set down for 27 January 2022, and Crown Law is preparing the Ministry of Health's evidence.

Booster Doses

Demand for booster doses has been strong. A soft 25 January 2022, 1,110,413 people have received a booster dose. This represents 61 percent of the 1,809,098 people who are currently eligible for a booster.

Anyone aged 18 and over who has completed their primary course of vaccine at least four months ago is being urged to get their booster as soon as possible. The booster roll-out has been accelerated as one of several measures to protect New Zealand against the Omicron variant.

Whakarongorau has commenced a call campaign to reach consumers at higher risk, including Māori, Pasifika, people aged 65 and over, and those with pre-existing conditions. Additionally, automated eligibility notifications have been sent to anyone who is aged 18 and over and eligible for a booster dose, with follow-up communications scheduled for 14 days after the initial booster eligibility notification.

Administration of booster doses for residents in aged residential care (ARC) is underway and DHBs are on target to finish within the timeframes indicated in their plans. All DHBs have confirmed they have capacity to provide boosters to all ARC facilities by the end of January 2022. Bay of Plenty, Lakes, Capital & Coast, Hutt Valley, Whanganui, South Canterbury, and West Coast DHBs have already completed their booster dose visits to ARC facilities.

Vaccination Order

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

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.

First dose rates for Māori and Pacific peoples continue to increase, with Māori now over 89 percent first doses and Pasifika over 96 percent.

DHBs are focused on achieving their 90 percent fully vaccinated target. DHBs will be utilising and building on successful strategies from 2021 to provide an equitable rollout of boosters and paediatric vaccines, and to continue engaging with those yet to complete a primary course of vaccine.

Communication with key stakeholders continues to ensure clear messages are in place regarding the diverse range of options for tamariki and whānau to be vaccinated.

Training has commenced, with GPs, Pharmacies, DHB vaccination sites, Māori and Pacific clinics attending to ensure they will be offering the vaccination to their communities with 8,000 workers having completed the training as at 21 January 2022. Many sites across the motu have received the paediatric vaccine, providing a range of options to enable consumers to receive vaccination in the way most suitable for their whānau needs.

Novavax

Medsafe has received the awaited data from Novavax and is now working to complete the approval process, which is expected to take approximately two weeks. If approved, the Ministry will provide advice to Cabinet to inform any decision on the use of Novavax as part of New Zealand's COVID-19 vaccination programme.

Technology

As of 11.59pm on 25 January 2022, 4,925,704 My COVID Passes have been issued to 3,813,873 individuals. This represents 96.6 percent of the fully vaccinated population. The total number of passes generated is higher due to the ability for consumers to request a new pass be generated if, for example, they have lost the original pass they downloaded and need to replace it.

3.1.4 Technical Advisory Group: update

COVID-19 TAG

The COVID-19 Technical Advisory Group (COVID-19 TAG) did not meet in the week commencing 17 January 2022

The next COVID-19 TAG meeting is scheduled for 28 January 2022 and an update will follow in a future report.

CV TAG

COVID-19 Vaccine Technical Advisory Group (CV TAG) met on Thursday 20 January 2022 and discussed the following items.

- Revisit discussions:
 - Interval between doses for under 30s
 - vaccine certificates for under 18s
 - Myocarditis post-vaccine
 - previous infection
 - alternative schedule: Paediatric dose after adult dose
- mRNA injections and aspiration

The next CV TAG meeting is scheduled for 25 January 2022 and an update will follow in a future report.

Therapeutics TAG

The COVID-19 Therapeutics Technical Advisory Group (Therapeutics TAG) did not meet in the week commencing 17 January 2022. The next Therapeutics TAG meeting is scheduled for 28 January 2022 and an update will follow in a future report.

CT TAG

COVID-19 Testing Technical Advisory Group (CT TAG) did not meet in the week commencing 17 January 2022. The next CT TAG meeting has not been scheduled as of yet.

3.1.5 Communications issues and activities

As of 25 January 2022

Date	Activity	Lead agency	Comms material	Ministerial Involvement
19/01/22	COVID-19 Contact Tracing Form: Pilot with Reach Aotearoa to provide low risk cases the ability to self-service by completing contact tracing online instead of undertaking a case interview with a contact tracer.	МоН	Key messages, website, stakeholder comms	No
25/01/22	Omicron planning: preparing public messaging and guidance around a new Test, Trace, Isolate and Quarantine (TTIQ) model to manage Omicron in the community. Media briefing 26 January 2022	MoH/DPMC	Press release, talking points, communications, key messages, website, stakeholder engagement	Yes
25/01/22	Omicron Strategy Webinar: DHB CEs and PHU leads	МоН	Webinar	No
25/01/22 ongoing	Health System Preparedness: Stakeholder comms around Omicron planning for the Care in the Community Framework and health system preparedness.	МоН	Website, health stakeholders	No
25/01/22 ongoing	Omicron community outbreak: daily communications and support for the health sector and public, incl. cases in Auckland, Nelson/Tasman. Delta cases continue in various regions. Locations of interest and updated health advice.	MOH/DPMC	Talking points, key messages, communications, website, stakeholder communications	Optional
25/01/22 ongoing	Engaging border sector employers on meeting the requirements of the amendments to the Vaccinations Order made on 23/1 (including that booster shots are now mandated)	MoH	Webinars, stakeholder communications, website updates, media release	Yes
25/01/22 ongoing	Engaging current and future MIQ guests on new guidance on post-departure behaviors eg, not visiting vulnerable people, not attending large events, etc.	MoH/MBIE/ DPMC	Stakeholder collateral, web updates	No

4. Managed Isolation and Quarantine Weekly Report



4.1 Items to Note/Updates

4.1.1 MIQ response to the COVID-19 Outbreak

Isolation pressures continue to put strain on MIQ capacity. The conversion of the Novotel Ellerslie/Ibis has relieved some quarantine capacity to manage the number of border returnees testing positive however, this has meant we have lost isolation rooms.

Omicron and Delta are both in the community however, positive cases are not being referred to MIQ and are being cared for via Care in the Community. We do not expect that positive cases will come into MIQ unless there is an inability for people to safely self-isolate.

Across the regions, conversations continue with stakeholders to discuss how best to support both border returnees and community cases. Due to the minimal number of community cases needing to go into MIQ care, conversations are centred around the conversion of facilities from quarantine to isolation or dual use – to enable communities to continue to support cases if needed.

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

4.1.2 Increasing Managed Isolation Capacity

On 21 January we provided you information on our ongoing discussions with stakeholders about the Amohia Community Quarantine facility (previously the Distinction Hamilton) being reverted to a Managed Isolation Facility [2122-2243 refers]. Waikato Tainui are supportive of a reversion in exchange for the Jetpark Hamilton being converted to a Community Quarantine Facility. The owners of Jetpark Hamilton are supportive. We will also be engaging with the Ministry of Health on this.

We will convert the Distinction Hamilton back to a Managed Isolation facility soon, and the Jetpark Hamilton will remain on standby to be used as a Community Quarantine facility once the current returnees depart.

Jetpark Hamilton has an isolation capacity of 50 rooms. In the exchange of facilities (from quarantine to isolation and vice versa) between the Amohia and the Jetpark Hamilton, the total increase in isolation capacity will be around 60 rooms.

4.1.3 Business Continuity Planning (BCP): Omicron update

Business Continuity Planning exists at all levels of MIQ. All MIQF's and RIQCC's have an individual plan and each GM at National Office also holds a BCP. Detailed workforce contingency planning is happening for MIQF's, focusing closely on each team in each MIF. Mitigations for staffing loss across the entire MIQ portfolio are currently being worked through.

4.1.4 MIQ Workforce Booster update

Vaccination boosters were available from 29 November 2021 for anyone who had their primary course of the vaccination at least 6 months ago. As of 25 January 2022, there are 2,880 MIQF workers who have received a booster dose. This is 79% of active MIQF workers in the BWTR who worked in the last 28 days.

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

Information and Q&A sessions have been held with key PCBUs to ensure they understand the Order requirements and are supporting their workers to receive their booster. The Ministry of Health webinar recording will be shared once it is made available and we are using the key FAQs provided by the Ministry in our communications.

4.2 Operational Update

4.2.1 MIQ's Role in Afghanistan Evacuation

A total of 1,109 evacuees from Afghanistan have arrived in New Zealand. The table below shows the MIQ status of the Afghanistan evacuation programme as at 10.00am, 26 January 2022:

TOTAL Evacuees from Afghanistan that are Currently in MI	33
TOTAL Evacuees from Afghanistan that have Departed MI	1076 - Afghanistan Evacuees: 985 Afghan Nationals (excludes births after arrival), includes NZ National: 1, AoG staff: 90
TOTAL Expected Arrivals (26 Jan through 20 Feb)	208 (estimated)

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

4.2.2 Ventilation

Remediation work completed (total number of facilities = 33)	Facilities yet to complete remediation	% of rooms complete within the portfolio of facilities fully signed off
31 completed (23 of which are fully signed off)	2	69% (4050 rooms)

Remediation work for all but two facilities (Chateau on the Park Christchurch and Stamford Plaza Auckland) has been completed and the total number of facilities fully signed off is currently 23.

Remediation work at the final two facilities remains on track and is expected to be completed by the end of January 2022 with retesting to follow.

Last week final signoff was obtained for the IBIS Rotorua. All 145 rooms achieved MIQ preferred conditions following some additional remediation work being completed for one room.

Final signoff was also obtained for the Rydges Auckland this week with all but two rooms having achieved MIQ preferred conditions.

The Sudima Rotorua final signoff is also expected later this week.

4.2.3 Air Filtration Units (AFU)

There are 447 units in stock with the supplier and allocated to MBIE. The team is on standby to install AFU's in additional quarantine rooms as required.

The supplier received an additional order on 18 January with 313 units unallocated. The supplier is expected to receive a further order this week with 1,500 units unallocated.

4.2.4 Vaccination of Frontline Staff

For workers on site for the week 17-23 January 2022, BWTR shows that 98.1% had two doses of the vaccine, 0% had one dose and the remaining 1.9% (86 workers) had vaccine status 'unknown'.

Of the 86 workers with an 'unknown' vaccination status, 59 still require an NHI match. The Workforce Testing Team is investigating the remaining 29 workers, to confirm vaccination status.

Vaccination assurance follow-ups for those with an 'unknown' status in the BWTR did not identify any breaches of the Vaccination Order. However, one breach was identified on-site in the last week. The breach was a cleaning contractor at an Auckland Managed Isolation Facility who was unvaccinated, and due to the incorrect process being followed, was allowed entry on 18 January 2022. The individual returned on 19 January 2022 and the correct process was followed and the individual was denied entry. The MIF is reviewing handover and briefing protocols with ASG and the hotel/maintenance team to provide new training and a review of the contractor process is underway. Subsequently the individual has been informed of the vaccination requirements.

Of the 23 workers who were NHI-matched but showing vaccination status 'unknown' between 10-16 January 2022:

- 16 have been confirmed as being compliant with the Vaccination Order; and
- 5 appear to be vaccinated and have been passed to the Ministry of Health as potential NHI issues;
- 2 have been vaccinated overseas (awaiting the BWTR to be updated).

4.2.5 Staff Testing

Reporting from the BWTR shows that 4,568 people undertook work in our facilities last week. The table below shows how many of those workers were either compliant with the Testing Order, overdue for a test or still needed to be NHI-matched.

Workers on site 17- 23 Jan 2022	Workers on nasal testing regime			Percentage of total NHI- matched workers on site	
Compliant NHI- matched workers	1993	2192	4185	92%	
Overdue NHI- matched workers	179	204	383	8%	
Need NHI-match	59	0	59		
Workers on site	2231	2396	4627		

Of the 383 overdue, 257 of those are less than 4 days overdue, 113 are 4-10 days overdue and 13 are 11+ days overdue. The Workforce Testing and Vaccination team will follow up with these workers to make sure they get tested as required.

Of the 59 that still need a NHI-match, 54 were created in the BWTR in the last 7 days.

In the week ending 16 January 2022, 23 workers were showing as '11+ days overdue' in the BWTR. Of those 23 workers, 12 workers have a swab confirmed, 3 have been contacted and we are awaiting a response, and 8 have been instructed to be swabbed.

4.2.6 Saliva Testing

As at 24 January 2022, 4,931 MIQ workers have opted-in to saliva testing across all active MIQF sites (up from 4,848 at 17 January 2022).

4.3 Judicial Reviews, Dispute Resolution, Ombudsman and OPCAT

4.3.1 Grounded Kiwis Judicial Review

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

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

s9(2)(a) is judicially reviewing the declining of his application to isolate at his home upon his return from the United Kingdom. His application was made on a similar basis to that made in the Bolton case, which was determined in late 2021. The case will be heard on 28 February 2022.

4.3.3 Disputes Tribunal case

The Disputes Tribunal is set to hear a claim on 2 February 2022 relating to a returnee refusing to pay their invoice. Our assessment is that the Disputes Tribunal does not have jurisdiction over this matter. We have notified the Tribunal and the applicant that if this matter were to proceed to a substantial hearing MBIE will seek an adjournment to obtain further advice. The applicant has since applied for a waiver, which was declined, and lodged a complaint with our Resolutions team, which is being processed.

The returnee applied for a waiver and lodged a complaint. His waiver has been declined and his complaint is being processed.

4.3.4 Ombudsman

We are currently managing 29 cases, with 18 of these being preliminary enquiries. Of the 11 active requests; two are on emergency allocations, three on fee waivers; two on exemptions from managed isolation, two on undue financial hardship, one on access to fresh air in a facility and one on unlawful detention. We are seeking Crown Law advice on some opinions to support our responses.

4.3.5 OPCAT

We have received the provisional report for The Pullman Hotel Auckland, our response is due by 28 January 2022. An unannounced OPCAT inspection of the Grand Mercure Auckland took place on 18 January 2022. We have received a request for information for an updated MIQF room plan.

Recently the Economic Development, Science, and Innovation Committee requested a written submission from MBIE, in response to the Chief Ombudsman's submission to Committee on 25 November 2021 - OPCAT Report, Thematic report on inspections of Managed Isolation and Quarantine Facilities under the Crimes of Torture Act 1989. MBIE is preparing that response, which will be shared with your Office in the coming week, before going to the Committee no later than Friday, 4 February 2022.

4.4 Invoicing

The table below shows the number of invoices issued up to 23 January 2022.

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

Grouping	Invoices issued (net of credit notes)	Paid	Issued not due	Issued over due	Invoices issued (\$)	Paid (\$)	Issued not due (\$)	Issued overdue (\$)	90+ days over due	90+ days overdue (\$)
Groups /Temp Visa	7,040	4,483	559	1,998	\$65,075,605	\$52,597,147	\$1,379,907	\$11,098,552	724	\$3,935,887
Maritime	635	502	58	75	\$3,164,297	\$2,724,746	\$127,261	\$312,290	17	\$49,479
Aircrew	229	218	1	10	\$2,179,635	\$2,063,574	-\$433	\$116,494	8	\$101,437
Other	30,861	19,877	1,963	9,021	\$104,689,800	\$71,244,684	\$3,999,368	\$29,445,748	4,521	\$14,720,705
Total	38,765	25,080	2,581	11,104	\$175,109,337	\$128,630,150	\$5,506,103	\$40,973,084	5,270	\$18,807,507

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

4.4.1 Fees collection

We are currently around six weeks behind our normal processing timeframes due to implementing changes for the self-isolation trial and 7-day MIQ stays, the since-resolved MOH data issue and the Christmas holidays. Invoicing is now up to returnees leaving MIQ on 14 November 2021. We continue to work on getting extra resources which will enable the team to catch up in response to the increased workload.

4.4.2 Debt Recovery

Of the now 1,753 invoices worth \$5.677m sent to a debt collection agency:

- \$1.121m (up \$68k) 20% has been paid (or is being paid through instalment).
- \$698k is currently awaiting information from customers or has been credited due to an error.
- A further \$2.522m (this includes the no address/gone overseas category and passive collection) requires more detailed tracing.
- \$424k currently have waiver applications under assessment.
- · The remaining \$912k debt continues to be a work in progress.

4.4.3 Weekly Average Invoicing and Debt Recovery at 73%

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

Recent Weeks	Average invoicing per week (\$)
Past week	- 949,155*
2-4 weeks	605,195
5-8 weeks	1,975,812
9+ weeks	2,269,742

^{*}The past week was negative due to the MOH invoicing data issue causing a pause to invoicing and the processing of credit notes related to waivers being approved.

The debt recovery percentage, against <u>all</u> invoices raised, sits at 73% due with \$5.5m of outstanding invoices which are not due yet. There has been an increase in overdue invoices due to the new invoicing process going live over 90 days ago. The result is that the increase in invoicing from then onwards increases the outstanding amount as invoicing is brought up to date.

4.4.4 Waivers

The table below breaks down the waiver application information between 11 August 2020 and 23 January 2022. The numbers below relate to all waiver applications; waivers can be applied for before, during and after an individual has stayed in managed isolation.

Waiver	In	Total	Completed Financial	Completed Special	Approved Wa	aiver Applications	Declined Wai	ver Applications
Applications	Progress	Completed	Hardship Applications	Circumstances Applications	Financial Hardship	Special Circumstances	Financial Hardship	Special Circumstances
12710	4278	8432	1159	7273	88	6073	1071	1200

4.4.5 Reducing the fee waiver backlog

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

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

Status	Backlog at 13 Dec 2021	New Applications Received since 13 Dec 2021	Backlog at 23 Jan 2022
Processing or to be processed	3979	980	3623
Waiting for Customer	1108		922
Total	5087	980	4545

The team have taken action on 2741 applications during the period from 13 December 2021 to 23 January 2022 (including action on 725 applications during the week 17 January 2022 to 23 January 2022). Actions include completing an assessment for decision; identifying that the customer is not liable for, or exempt from, fees; asking the customer for more information; or deactivating an application where the customer has been given a timeframe to provide information and has not provided it.

Taking into account the work completed and the 188 new applications received in the week to 23 January 2022, the work on hand has a net reduction of 528 since 13 December 2021. We have yet again had to refocus additional resources onto a large influx of exemption and emergency allocation applications, so although the team have actioned a considerable number of items the backlog is not reducing as quickly as we had anticipated. We are considering further resource options to progress this.

4.5 Upcoming Communications Issues and Activities

4.5.1 As of 25 January 2022:

Date	Activity	Lead agency	Comms material	Ministerial Involvement Y/N
28 January	Judicial Review – Exemption for self-isolation	MIQ	Unable to comment while before the Court	N
3 February TBC	RNZ Border announcement	Ministerial announcement	Supporting material for workforce, partners, and media	Y
3 February	Rydges 90-day contract notice	MIQ	Proactive comms across all MIQ facilities and employers	N

4.6 Large Group Arrivals Update

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

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Construction	Jan 2022	60	37(48 pax)	Arrivals are spread across the month.
Sector Accord	Feb 2022	60	27 (45 pax)	Arrivals for the first half of February allocated.
	10-16 Jan	36	17 (36 pax)	
	24-30 Jan	39	21 (39 pax)	
	31 Jan-6 Feb	28	17 (28 pax)	The original planned intake arrival windows have been
	7-13 Feb	18	10 (18 pax)	replaced with a forecast of 45 pax every second week
	14-20 Feb	42	21 (42 pax)	(90 pax per month).
Refugee Quota	28 Feb-6 Mar	30	20 (30 pax)	1
	14-20 Mar	40	25 (40 pax)	Arrivals in March will decrease as a result of the
	28 Mar-3 Apr	45	30 (45 pax)	coordinated approach between Refugee and
	11-17 Apr	45	30 (45 pax)	Afghanistan arrivals.
	1-8 May	45	30 (45 pax)	
	16-22 May	45	30 (45 pax)	
	10-16 Jan	39	15 (39 pax)	MFAT has 743 pax on their list who remain in
	17-23 Jan	27	11 (27 pax)	Afghanistan or neighbouring countries. Out of the 743
	24-30 Jan	20	7 (20 pax)	pax, MFAT projects 281 pax will remain in Afghanistan
	31 Jan-6 Feb	41	13 (41 pax)	from mid-March.
	7-13 Feb	91	41 (91 pax)	
Afghanistan	14-20 Feb	78	35 (78 pax)	There are 91 pax from the INZ Judicial Review who will
Arrivals	21-27 Feb	151	69 (151 pax)	be managed separately through the emergency
/ III I Vals	28 Feb-6 Mar	67	30 (67 pax)	allocations system.
	7-13 Mar	46	21 (46 pax)	
	14 Mar-3 Apr tbc	281	127 (281 pax) tbc	s6(a) This poses a severe risk to the MIQ system which is already pressurised across February.
	27 Jan	16	7 (7 pax)	
	29 Jan		21 (31 pax)	
EXPO	3 Feb	45	45 tbc	
EXPU	5 Feb	75	75 tbc	
	26 Feb	44	44 tbc	1
	12 March	25	25 tbc	1
	Jan	30	7(7pax)	
Exporters	Feb	90	47(61 pax)	Arrivals are spread across the month.
	March	150	150 tbc	The Production and the Control of th
	20 Jan	60	47	
NZDF	23 Feb	80	80 tbc	
- S	19 Jan	36	36	
Antarctic	4 Feb	13	13	1
Programme	7 Feb	25	24 (25pax)	
	1000 (100 P)	7.7		
	14 Feb	12	12	

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Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Cricket: South Africa Men's	4 Feb	35	35 tbc	Planning with NZC is underway. An exemption to train has been applied for. NZC have chartered a flight from South Africa to Christchurch for the team in an attempt to reduce the team's risk to exposure Omicron. There is an increased media interest in the Black Caps and Managed Isolation because of their cancelled Australia tour. This has led to an increased interest in the inbound South Africa team too. The team will be accommodated at the Chateau on the Park in Christchurch.
Netball: Silver Ferns	21 Jan	24	22 (26 pax)	2
	7 Feb tbc	1	1	
	18 Feb tbc	7 tbc	7 tbc	
Winter Olympics	21 Feb tbc	2	2	
	22 Feb tbc	33 tbc	33 tbc	
	23 Feb tbc	10 tbc	10 tbc	
Winter Paralympics	15 Mar tbc	19 tbc	19 tbc	
Ministerial Travel	Feb	20	tbc	
Sports and Culture	Jan	40	8(11 Pax)	
Sports and culture	Feb	40	39	
	1 – 14 Jan 22	150	46 (71 pax)	
Critical health	15 – 31 Jan	150	33 (57 pax)	
workers	1 – 14 Feb	150	95	Arrivals are spread across the month.
	15-28 Feb	150	tbc	
NOTIVE TO THE MUNICIPAL PROPERTY OF THE PROPER	Mar	300	tbc	
Cricket: Women's C	ricket World Cup			
Non-playing	107 0.00000000	STORESON		Final number of non-playing personnel is expected to
personnel	Jan/Feb	405	tbc	be up to 340, with the bulk arriving over the period 10-
• 1000000000000000000000000000000000000				13 Feb.
India	26 Jan	31	31	India has had an exemption to train approved. Per the
South Africa	9 Feb	31	31	exemption the team is able to train on receipt of a
Pakistan	10 Feb	28	28	negative day 5/6 test in a single bubble. This team will be accommodated at the Chateau on the Park in
Bangladesh	4 Feb	26	26	Christchurch. Planning is underway between NZC and
West Indies	10 Feb	27	27	the PGA team.
England Australia	10 Feb	31	31	Other teams will be accommodated in Auckland and Christchurch. No other teams will have an exemption to train.
Cricket: Netherlands Men	4 Mar	35	tbc	Engagement with NZC has begun. The team are seeking an exemption to train.

Time Sensitive Travel (TST)

Expected arrivals for January 2022 – 109 rooms. Expected arrivals for February 2022 – 76 rooms

The Time Sensitive Travel application window for arrivals in March/April 2022 closed on 21 January 2022. To midday Friday 21 January 2022, applications for 393 workers had been received. 21 of these are invalid or withdrawn.

4.7 Emergency Allocation Applications

9,033 applications have been processed since 30 October 2020. 668 applications were received in the week ending 23 January 2022 and 170 applications were processed. Of the 170 applications processed in the week ending 16 January 2022, 63 percent were approved.

Emergency Allocation Applications	Weekly Totals 17 -23 January 2022	Year to Date Totals 30 October 2020 to 23 January 2022
Approved	107	5503
Declined	63	3530
Applications processed	170	9033

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

Total Rooms Approved Under Emergency Allocation from 16 January to 23 January 2022	116	
Rooms allocated in MIAS	112	
Awaiting flight details or MIAS registrations from the applicants to complete the room allocation process	4	,

Given the cancellation of last week's lobby release, the Emergency Allocation system is being used by applicants more than had been anticipated as Emergency Allocations are the only available option for access to MIQs. This causes significant pressures on the Operations teams to provide timely responses as they assess each application.

5. Border Executive Board Report

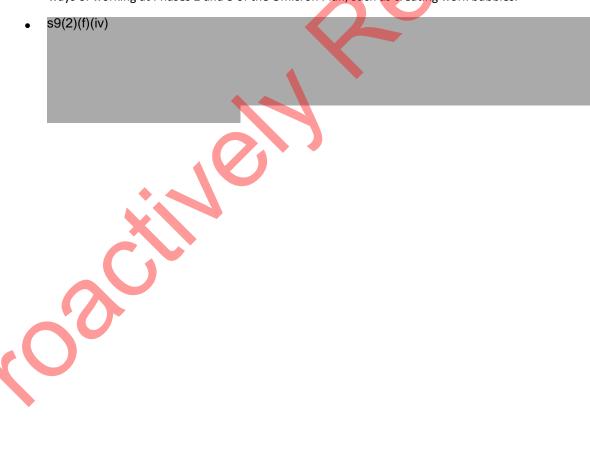


5.1 Key Issues Being Considered

5.1.1 Border Executive Board

The Border Executive Board met for its first formal governance meeting of the year on 26 January 2022.

- The Board discussed the upcoming advice to Cabinet on the dates for reopening the border and the
 testing and isolation requirements. The Board acknowledged the likelihood of changes to the testing
 and isolation settings in an environment of community transmission of the Omicron variant which
 made planning more difficult. The known challenges of establishing day 0/1 arrival testing at airports
 continue to be worked through.
- The Board discussed progress towards border workers receiving their COVID-19 booster vaccination
 in compliance with the updated Vaccination Order. All Chief Executives are working with their people
 to encourage uptake of the booster. We await more detailed information from the Border Worker
 Testing Register to identify any areas (PCBU or site) that needs attention, which is expected next
 week.
- The Board shared their approaches to working in the COVID-19 Protection Framework red traffic light to help with consistency across border agencies. Preparations are underway to implement different ways of working at Phases 2 and 3 of the Omicron Plan, such as creating work bubbles.



6. New Zealand Customs Service Weekly Report



6.1 Items to Note/Updates

6.1.1 Maritime

Commercial vessel with suspected COVID on board

The Singaporean flagged container vessel *Maersk Bogor* departed Panama on 7 January 2022 and is due into the Port of Tauranga on 28 January 2022. The vessel has 25 crew on board and advice has been received that three of the crew are displaying COVID-19 symptoms (dry cough, scratchy throat, reddish colour in saliva).

Two symptomatic crew have been in isolation since 14-15 January 2022. One other crew member is now in isolation, having developed symptoms. Daily health monitoring shows temperature and oxygen readings are within normal range. The Ministry of Health IMT, Ministry of Transport, and DPMC have been advised.

Discussions are underway in regards to operating under a contactless cargo plan while the vessel is in New Zealand and an additional PHU/Port meeting is scheduled for 27 January 2022 to seek agreement on a workable plan for unloading and loading of the vessel.

Small Craft

The small craft *Steely Dan* has lost engine power on its way to New Zealand. The vessel is currently still sailing to Opua, however it has advised maritime authorities that it might need to arrive into a west coast port (such as New Plymouth) if the weather turns. The estimated time of arrival of the vessel into Opua is 30 January 2022.

6.1.2 Vaccination requirements for non-New Zealand citizens arriving by air

For the period 17 January 2022 to 23 January 2022, there were nine infringements issued:

- Six infringements were issued to passengers whose second vaccination dose was less than 14 days prior to their travel to New Zealand.
- Two infringements were issued to NZ permanent residents who arrived without a vaccination certificate.
- One infringement were issued to a passenger who was unable to download their vaccination certificate for viewing.

	Date	17 Jan	18 Jan	19 Jan	20 Jan	21 Jan	22 Jan	23 Jan	Week Total	%
	Total	346	445	393	479	545	956	536	3700	
Passengers	NZ Citizen	197	278	239	253	350	591	247	2155	58.2%
	Non-NZ Citizen	149	167	154	226	195	365	289	1545	41.8%
Primary	Vaccination status verified	122	136	112	156	160	326	263	1275	82.5%
Actions	Exceptions	23	29	42	70	35	31	24	254	16.4%
(Passport	Exemptions	1	0	0	0	0	0	0	1	0.1%
Control)	Referred to Secondary Area	3	2	0	0	0	8	2	15	0.9%
Secondary	Compliant	2	0	0	0	0	4	0	6	40%
Area Actions	Non-compliant	1	2	0	0	0	4	2	9	90%

6.1.3 Pre-Departure Testing

For the period 17 January 2022 to 23 January 2022, there were four infringements and eight warnings issued:

- Eight warnings were issued to parents who arrived with children that had not completed PDT. In all
 cases, the parents claimed they were unaware that children required PDT.
- Two infringements were issued to passengers who had PDT documentation that was deficient as in both cases dates of birth or passport numbers were missing.
- Two infringements were issued to passengers who arrived with PDT documentation that showed the tests were not taken less than 48 hours before travel.

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	Date	17 Jan	18 Jan	19 Jan	20 Jan	21 Jan	22 Jan	23 Jan	Week Total	%
	Passengers subject to PDT	330	424	360	404	405	699	536	3158	
Primary	Test Certificate Verified	316	397	340	380	380	631	516	2960	93.8%
Actions (Passport	Exemption	11	24	19	20	20	62	17	173	5.4%
Control)	Referred to Secondary Area	3	3	1	4	5	6	3	25	0.8%
Secondary	Compliant	0	2	1	1	3	5	1	13	52.0%
Area Actions	Warned Infringement	2	0	0	0	0	0	0	8	32.0% 16.0%
					2	2	(2)			

7. COVID-19 Chief Executives Board

7.1 Items to Note/Updates

The COVID-19 Chief Executives Board (CCB) held its most recent meeting on Tuesday 25 January 2022. Discussions revolved around the strategy for managing Omicron, arrangements for domestic preparedness, planning for workforce resilience and business continuity, and lessons from international experiences.

The CCB is reverting back to full fortnightly meetings (without shorter verbal sessions in between) with the next one scheduled for Tuesday 8 February 2022.

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 held its first meeting of 2022 on Tuesday 25 January 2022. The agenda included an update on the Reconnecting New Zealanders programme and a discussion with members of DPMC's Policy Team on proposed changes to the settings in the COVID-19 Protection Framework for the Omicron context.

The Group also discussed ideas on what they will focus on over the next two months and how they will operate. You are meeting with the Group next Thursday 3 February 2022 and discussion will likely cover key issues, risks and observations raised by the Group during their first meeting, and how they will operate over the next two months in response to Omicron.

9. Strategic COVID-19 Public Health Advisory Group

9.1 Items to Note/Updates

The Strategic Public Health Advisory Group gathered for the first time in 2022 on Wednesday, 26 January. Members engaged with officials from the DPMC Policy Advisory Group and the Ministry of Health on the phased approach for responding to Omicron in the community.

The next scheduled meeting of the Group is on Wednesday 9 February 2022. It has also indicated a willingness to meet earlier if it is required.

10. Business Leaders Forum

10.1 Items to Note/Updates

You are meeting with the Business Leaders Forum via zoom on Thursday 10 February 2022 from 3.30pm to 4.30pm. Proposed topics for discussion include the international border, Omicron and testing. An agenda for this meeting will be provided to your office.

11. Community Panel

11.1 Items to Note/Updates

The Community Panel is meeting on 2 February 2022. The agenda will include participation from the Ministry of Education on their COVID-19 related planning, the Ministry of Social Development on the Caring in the Community programme, the Ministry of Business, Innovation & Employment on potential immigration settings as part of the Reconnecting New Zealanders programme and the Department of Prime Minister & Cabinet on measures to manage COVID-19 and the approach to communications given the likely spread of the Omicron variant in the community.

12. Government Modelling Group

12.1 Items to Note/Update

Assumptions and modelling for Omicron are being updated as more data becomes available. Initial results from Te Punaha Matatini suggest that a looser public health response may result in 10,000-20,000 daily cases, peaking around two months after the outbreak begins, while a stronger public health response might result in a later peak, 99(2)(9)(i) at a lower level of 6,000-10,000.

Because of the interacting effects of waning immunity and booster shot uptake, these results also differ a lot depending on when the outbreak starts: it is plausible that the current Omicron cases in New Zealand are not the start of the full 'wave'. We are also reviewing other models and predictions that are in circulation (namely Dr. Gary Jackson from the Counties Manukau DHB and the University of Washington's Institute for Health Metrics and Evaluation's (IHME's) differential equation infection model).



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