



COVID-19 Response Weekly Report

6 May 2022

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1. Status Summary

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

Border

	Agency	Last Week → This Week		Agency Comment
		●	●	
Testing and vaccination of border workforce	Reconnecting New Zealanders			
	MoH	●	●	<ul style="list-style-type: none"> At 11.59pm on 1 May 2022, visa-waiver travellers and existing holders of valid visitor visas can enter New Zealand. As agreed by Cabinet on 19 April 2022, New Zealand will reopen to all work visa holders on 4 July 2022 in line with Accredited Employer Work Visas, followed by visitor visas and student visas on 31 July 2022. Ministers have agreed that from 6 May 2022, unvaccinated residence class visa holders and Australian citizens ordinarily residing in New Zealand will be allowed to enter New Zealand. In addition, entry for online visitor visa applications for travellers from Pacific Island Forum countries (excluding Australia) will commence on 16 May 2022. Tranche 1 of the Maritime Border Order (MBO) changes commenced at 11.59pm on 2 May 2022 and removed the isolation requirements for arriving vessels, and instead introduced testing on day 0/1 and 5/6. Further work regarding the reopening of the maritime border is underway, with announcements likely to be made in late May 2022.
	BEB	●	●	<p><i>Air border implementation</i></p> <ul style="list-style-type: none"> Overall, volumes for passenger processing are being well managed operationally. The border opened to vaccinated visa waiver travellers and existing visa holders from 11.59pm on 1 May 2022 with no issues to report. Work continues to prepare for the remaining steps. A Director-General class exemption from the vaccination requirement under the Air Border Order is required to allow unvaccinated residence class visa holders to enter New Zealand. This will be effective from 11.59pm Thursday 5 May 2022. A temporary solution will be in place for New Zealand Traveller Declaration requirements while system improvements are developed, with implementation expected from 11.59pm 12 May 2022.
	BEB	●	●	<p><i>Maritime border programme</i></p> <ul style="list-style-type: none"> Tranche 1: Changes to the MBO took effect 11.59pm, Monday 2 May 2022 removing the mandatory isolation and MIQ requirements on people arriving through the maritime border. Operational implications are being managed. Tranche 2: MoH has provided advice to repeal the MBO for the reopening of the border as signalled for 31 July 2022 including recommendations for vaccination and testing requirements. A joint announcement is proposed for 11 May 2022, pending decision on the advice provided. Operational readiness and analysis of regulatory mechanisms for enduring settings is underway. The Ministry of Transport are leading operational readiness.
	MBIE	●	●	<p><i>Staff Testing</i></p> <ul style="list-style-type: none"> Compliance reporting is at 67 percent (up two percent from last week) for staff who worked in the week of 25 April – 1 May 2022. Uploading RAT results in My Covid Record is causing challenges for some workers, resulting in the low testing compliance. MBIE continue to monitor and liaise with employers to remind their workers to log all RAT results (positive and negative), which provides the best view of workers' compliance. <p><i>Vaccinations and boosters</i></p> <ul style="list-style-type: none"> The BWTR shows, of the workforce on site for the week of 25 April – 1 May 2022, 98.7 percent have had two doses of the vaccine, zero percent had one dose and 1.3 percent have vaccination status 'unknown'. Of the workers on site the week of 25 April – 1 May 2022, 4 workers (0.5 percent) were showing in the BWTR as overdue for a booster. The workforce testing and vaccination team will investigate those to identify whether they are breaches of the Vaccination Order or a result of something else (e.g. data error etc.). Vaccination assurance follow-ups for those with an 'unknown' status in the BWTR on site between 18 - 24 April 2022 did not identify any breaches of the Vaccination Order. However, follow ups regarding boosters identified 3 workers who were on site who should have had a booster.

Border Cont'd

Reopening new travel pathways - Pacific Islands	Agency	Last Week	This Week	Agency Comment
	MFAT	●	●	<ul style="list-style-type: none"> Sāmoa has confirmed a significant shift in its approach to MIQ. For remaining flights in May and beyond, only those who test positive on arrival will be required to enter MIQ. Those testing negative on arrival will be released to their homes for isolation. The Prime Minister also announced that Sāmoa will be reopening its borders progressively over coming months. In May the borders will be open to citizens and residents travelling to Sāmoa for any purpose and for foreign workers that have a contract to work in Sāmoa. In August/September Sāmoa will open to the rest of the world. Following the border reopening in May, Apia Post understands that the numbers of flights from Auckland to Apia will likely increase to one or more a week later in May and the Sāmoa government intends to prioritise returning RSE workers. s9(2)(b)(ii) s6(b)(i) Apia Post is seeking a meeting with responsible agencies on 5 May to discuss repatriation planning for the rest of the year. MFAT, Customs, MoH, MBIE, and MoT had a second meeting with Vanuatu officials to discuss border reopening settings/plans following the meeting on 20 April. On 3 May Niue announced Quarantine-Free Travel (QFT) from New Zealand to Niue from 27 June 2022 and the resumption of passenger flights every week. Niue Cabinet approved a timeline for Niue transitioning from home isolation to QFT in preparation for this start date. QFT to Niue will be open to all travellers who meet normal immigration requirements and pre-departure testing requirements (i.e. it will no longer phase eligibility).

Isolation and Quarantine

Self - Isolation	Managed Isolation	Agency	Last Week	This Week	Agency Comment
		MBIE	●	●	<p><i>MIQ Readiness Programme</i></p> <ul style="list-style-type: none"> Work is well progressed on the first draft of the Readiness Plan, with Version 1 of the plan due at the end of May. Consideration of a possible retention/surge and partnership agreements are both included in this work. A briefing will be provided to your office on Friday 6 May with more information on this program of work. <p><i>Decommissioning Planning</i></p> <ul style="list-style-type: none"> A further 19 facilities were handed back on 29 April. This takes the total to 23/32 facilities handed back. The 'make good' work on these facilities will continue. The next facility is on track for decommissioning on 13 May, then the next on 1 June. All three community facilities have now been de-designated: Grand Mercure, Sudima Rotorua and Amohia (Jet Park) Hamilton. These facilities will be decommissioned and handed back by 30 June, if not sooner. The hand back of a facility means it is formally decommissioned and MBIE has physically left the site and has no role in it anymore. Make good claims are in negotiation. "Make good" claims cover the wear and tear that the hotel has sustained while being an MIQ that is outside the 'normal' wear and tear they would expect to occur in a facility. The MIQ Commercial Team are negotiating with each facility based on an inventory submitted by the hotel (and has been reviewed by relevant MBIE parties).
		MOH	●	●	<ul style="list-style-type: none"> On 5 May 2022, the Ministry of Health will undertake an assessment of the isolation periods for cases and household contacts. This review will include modelling of different lengths of isolation periods.

Community Protection

	Agency	Last Week	This Week	
Surveillance and Testing	MOH	●	●	<ul style="list-style-type: none">The Ministry of Health has met the national target of 90 percent of New Zealanders able to access a rapid antigen testing (RAT) access point within a 20-minute drive. 96.5 percent of the overall population is within this catchment area, and 95.4 percent of Māori are within this area, highlighting good access across almost all of Aotearoa New Zealand.Overall demand for RATs is at a steady state – with most RAT distribution channels resupplying.On 3 May 2022, the Ministry of Health received a total of 18,053 positive RAT results – 4,879 supervised tests and 13,174 unsupervised.
Contact Tracing	MOH	●	●	<ul style="list-style-type: none">No update
Technology Updates	MOH	●	●	<ul style="list-style-type: none">No Update
Care in the Community	MOH	●	●	<ul style="list-style-type: none">No Update

Proactively Released

Vaccination

Agency	Last Week	This Week	
Implementation and operation MoH	●	●	<ul style="list-style-type: none"> • As at 11.59 pm on 3 May 2022: <ul style="list-style-type: none"> - 11,048,652 vaccinations have been delivered and 3,978,141 people are fully vaccinated. - 2,633,160 booster doses have been administered and 72.9 percent of people eligible for a booster have received a booster. - 96 percent of the eligible 12 years and older population have now received at least one dose, and 95 percent are now fully vaccinated. - 261,692 Pfizer Paediatric first doses have been administered, with 54 percent of children aged 5-to-11-years having received their first dose of vaccine. 117,113 Paediatric second doses, 24 percent of this population, have been administered. - Nineteen DHBs have reached 90 percent fully vaccinated. Nine DHBs (Waitemata, Auckland, MidCentral, Wairarapa, Capital & Coast, Hutt Valley, Canterbury, South Canterbury, and Southern) have also achieved 90 percent fully vaccinated for Māori. • Work is underway on policy and delivery options to support rollout of a second booster dose. • The Programme is supporting the 'Winter Wellness' messaging campaign to align with influenza, COVID-19, and MMR efforts. • Rollout of influenza vaccinations continues at pace. • As at 11.59pm on 1 May 2022, 567,233 doses of influenza vaccine have been administered and 353,420 doses have been administered to people aged 65 and older (40.6 percent of the total eligible group). <p><i>Booster uptake and achieving equity</i></p> <ul style="list-style-type: none"> • DHBs continue to explore ways to motivate the public to improve uptake for boosters, paediatric vaccinations, and 16-to-17-year-old booster vaccines. • The focus across regions remains using outreach and mobile vaccination clinics to drive paediatric and booster doses, particularly for harder to reach communities. • In conjunction with the winter preparedness campaign, and in response to a considerable slowdown in booster rates over recent weeks, the Programme is working on a targeted planning approach going into winter. • Work is underway to target a number of priority groups who have yet to receive either a primary course, or booster vaccination, including those who have had COVID-19 and are becoming eligible for their booster over the next two to three months. • The Ministry of Health is finalising a plan to bring together operational and communications activities to refresh the approach for priority groups. • The Ministry of Health is utilising premier sporting events such as Rugby Union and Rugby League games to support vaccination uptake. A pilot took place in Auckland at two matches on 6 and 7 May 2022. • Vaccination activities at these events were supported by Māori Health providers, who led promotion and advertisements, and used existing channels to reach and encourage whānau to be vaccinated. • Progress on the allocation of the COVID-19 Vaccine and Immunisation Peer Support funding continues. <p><i>Second Booster Dose</i></p> <ul style="list-style-type: none"> • The COVID-19 Vaccine Technical Advisory Group (CV-TAG) recommend a second booster, set at an interval of six months from the date of the person's first booster. • Current regulatory settings only allow second booster doses to be given as off-label on prescription. Advice on legislative options to address this system issue has been prepared for Ministers. • In anticipation of a potential roll-out at the end of May 2022, the Programme is progressing the operational planning, including required technological solutions and an invitation approach. <p><i>5-11-year-olds</i></p> <ul style="list-style-type: none"> • Work continues across the motu to increase uptake in kura and schools. • DHBs have used the school holiday period to review their tamariki vaccination strategies to date and to discuss the best approaches with schools. • The key lesson has been that clinics held on or near school grounds with support from the schools, Principals, and Boards have seen, on average, far greater success than clinics operating without that support. • Districts that have struggled to establish clinics on school grounds are seeing success in breaking down barriers and booking on-site clinics. • The refresh and refocus of school-based vaccination clinics and events through term two will seek to bolster the vaccination rates of tamariki. <p><i>Winter Preparedness</i></p> <ul style="list-style-type: none"> • The Ministry of Health recognises the increased risk this winter that several respiratory viral infectious diseases like influenza, COVID-19, and respiratory syncytial virus (RSV) may circulate at the same time and result in added pressure on the health care sector. • With the reopening of the borders, measles outbreaks are increasingly possible among young children and unvaccinated adults. • As a result, the Programme is supporting the 'winter wellness' messaging campaign to align with flu, COVID-19, and MMR efforts. • A communications programme is being developed to motivate healthcare workers and the public, especially those in vulnerable communities, to keep up with the preventative public health measures in a range of key settings.

System Readiness & Planning

	Agency	Last Week	This Week	Agency Comment on Status of Focus Area
Health Supply Chain	MoH	●	●	<ul style="list-style-type: none"> On 29 April 2022, the Ministry of Health had 54.8 million RATs stock on hand. Approximately 1.4 million RATs have been dispatched from the warehouse in the last seven days. Note that no dispatches occurred over the Easter period. The Ministry of Health continues to build its RATs stocks with additional delivery confirmations daily. As of 29 April 2022, there were 50.9 million RATs on order to 30 June 2022. Overall demand for RATs into the system is at a steady state, with most channels now resupplying based on usage. Demand for RATs under the Close Contact Exemption Scheme (CCES) is minimal, however, MOH have noted more of these requests are now originating in the South Island. Currently 17 RAT devices are approved for sale, supply and use in New Zealand, including three new devices approved last week. More devices are being evaluated.
	DPMC	●	●	<ul style="list-style-type: none"> DPMC are yet to confirm all aspects of what happens when a visitor gets COVID-19. Travellers that are required to self-isolate (because they have COVID-19 or because they are household contacts) may receive inconsistent support throughout the country resulting in public confusion. High level communications are already live on the UAC website and will be refined as the outstanding questions are answered. MBIE Tourism and MOT are also engaging with their sector on the issue. Three questions remain outstanding and, once finalised, sector guidance (accommodation, tourism, transport and health) and communications will be updated: <ul style="list-style-type: none"> Will COVID-19 treatment be provided free of charge to travellers? The Director General of Health signed off a paper on the issue that, in summary, reaffirms the existing eligibility requirements for public funded healthcare in NZ, in that that visitors and visa holders (less than 2 years) need to pay for healthcare in NZ, including COVID-19 related costs. The exceptions to this are most United Kingdom citizens and Australian citizens/permanent residents, and those receiving COVID-19 vaccination or testing services. The UAC website and sector guidance will be updated shortly with this information. Can travellers use public transport to relocate to a place to safely isolate? Health legal are reviewing existing Director General notices and are expected to confirm that the current policy permits this relocation. Again, this is likely to be resolved this week. What services are available to travellers that do not have a place to safely isolate? Agencies continue to discuss this issue. Weekly NRG meetings continue to maintain oversight and integration across the AOG system, with frequency and focus of these meetings to be reviewed.
System Readiness	DPMC	●	●	<ul style="list-style-type: none"> Next steps for the planning team will be to update the Toolbox section of the plan and start an Omicron response lesson capture to support plan updates. The aim is to ensure all accountable and responsible agencies have clarity of their roles for all active and latent tools under the COVID-19 Order and have plans ready to reactivate should the system require them in the future. New Variant planning is underway with MoH. DPMC have offered to support MoH by facilitating an AOG workshop to support wider AOG input to MoH New Variant Plan development, which is yet to be taken up by MoH.
	MOH	●	●	<ul style="list-style-type: none"> No update
Planning for Next Phase				

Proactively Prepared

2. COVID-19 Insights

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

2.1.1 Overseas Trends in Pre-Departure Testing Requirements

Introduction

The Insights and Reporting Team in DPMC's COVID-19 Group have analysed trends in pre-departure tests (PDTs) for COVID-19 in overseas jurisdictions, including their prevalence, effectiveness, and estimated costs.

Moving into the second quarter of 2022, the prevalence of countries requiring PDTs for vaccinated travellers has been declining significantly, particularly among OECD countries. Removing PDTs will almost certainly increase COVID-19 prevalence, which modelling suggests will lead to a proportionate increase in community hospitalisations and deaths. However, early evidence from Canada, the United Kingdom and Ireland does not show a significant increase of ICU numbers the months following PDT removal, with respect to the Omicron variant. It is highly unlikely the use of PDTs for vaccinated people will prevent a variant of concern (VOC) from emerging in a particular country, given the opportunities for COVID-19 to slip through the border. However, it may delay significant COVID-19 impacts for a couple of days, depending on the degree of transmissibility of the variant, which could potentially provide time to inform a public health response. PDT requirements impose added costs and risks on those wishing to travel overseas, and will likely reduce levels of tourism and international travel for countries that retain them.

PDT Requirements Across the OECD

The majority of OECD countries have removed the requirement for fully vaccinated travellers to show proof of a negative PDT prior to inbound travel, with most removing the requirement in March and April 2022. Of the OECD countries, 33 of 38 (87 percent) have removed PDT requirements for fully vaccinated travellers since the start of January 2022.¹ The majority (19 in total) have done so relatively recently, eliminating the requirement between March and April 2022. New Zealand is one of five OECD countries that continues to have PDT requirements for fully vaccinated travellers.² The other four countries are the United States, Israel, Japan, and South Korea. Many non-OECD countries are also removing PDT requirements for vaccinated travellers including Fiji, Thailand, India, and Singapore.^{3 4 5}

Current OECD PDT requirements generally fall into one of three categories, based on the restrictiveness of border settings:

- **Moderate restrictions – Vaccinated travellers permitted:** In Canada and Australia, PDTs are not required for travellers who can provide proof of full COVID-19 vaccination with a World Health Organisation (WHO) approved vaccine.^{6 7} Unvaccinated travellers who do not hold citizenship or residency are not authorized to travel. Additionally, these countries have also maintained some form of post-arrival testing. In Canada, all travellers, including those fully vaccinated, are subject to random COVID-19 testing upon arrival, while in Australia, all travellers must complete a post-arrival RAT or PCR test within 24 hours of arrival.^{8 9 10 11 12}
- **Low restrictions – Unvaccinated and vaccinated travel permitted:** Across continental Europe, in countries such as Italy, France, Germany, Spain, Portugal, and Austria, vaccinated and unvaccinated travellers are permitted entry. Travellers must show certification of one of the following items: proof of full COVID-19 vaccination from a WHO approved vaccine, typically within 270 days; proof of recent recovery from COVID-19; or a negative PDT 24-72 hours prior to departure depending on the test taken. Generally, no post arrival testing is required after entry, though travellers from high-risk countries may be subject to random testing in France and Germany. In Chile, PDT requirements and proof of vaccination are no longer required, however, travellers are required to fill out incoming COVID-19 health declarations, must have proof of health insurance, and may be subject to random PCR testing upon arrival.^{13 14}
- **No restrictions – Pre-pandemic border settings:** Several countries, including Denmark, Norway, Ireland, the United Kingdom, Mexico, and Iceland have eliminated all COVID-19 related testing, quarantine, and documentation requirements, reverting to pre-pandemic border settings. One of the driving factors for

some of these countries, was to expedite the arrival of Ukrainian refugees into the country. Many of these countries have signalled that general or targeted testing and quarantine requirements can be reintroduced as necessary to protect against emerging COVID-19 variants of concern (VOC).

Assessing PDT Efficacy in Preventing COVID-19 Cases and Variants of Concern

PDTs may reduce COVID-19 prevalence among incoming vaccinated travellers by approximately half. Information collated by the Canadian Border Services Agency (CBSA) shows the prevalence of incoming vaccinated travellers testing positive for COVID-19 for random testing upon arrival in Canada have increased since the removal of the PDT requirement on 1 April. Prior to the removal of the PDT requirement, between 28 February and 26 March 2022, an average of 1.48 percent of vaccinated travellers arriving to Canada by air tested positive for the virus.¹⁵ After the removal of the PDT requirement, between 3 and 16 April, this figure more than doubled to 3.24 percent, with the number continuing to rise as testing for this period continues to be received.¹⁶ These statistics are also reflected by New Zealand modelling from March 2022, which estimates that PDTs in combination with regular symptom checks screen out approximately 54 percent of COVID-19 infected travellers, with approximately 46 percent of infected travellers not being detected.¹⁷

PDTs will help reduce COVID-19 related hospitalisations and deaths by preventing some infected travellers from entering New Zealand. Modelling from COVID Modelling Aotearoa (CMA) has reported that every one percent increase in COVID-19 cases reaching New Zealand, may lead to an increase in community hospitalisations and deaths by one percent. These figures show that a 2 percent increase in infected travellers arriving into New Zealand could lead to an additional 551 hospitalisations and 43 deaths, based on current travel flows.¹⁸ Given estimates that PDTs may prevent approximately half of COVID-19 infected travellers crossing the border, there is a possibility that removing the requirement may increase severe COVID-19 outcomes in New Zealand.^{19 20}

In Canada, the United Kingdom, and Ireland, the removal of PDTs has not coincided with high levels of ICU numbers with the Omicron Variant. In Canada, the United Kingdom, and Ireland, ICU rates have remained relatively stable, and well below prior pandemic peaks, in the subsequent months since removing PDT requirements.²¹ This is likely in part due to the wider COVID-19 situation in each country, and the variant type being predominantly Omicron and known sub-variants. However, there is a possibility that ICU numbers could increase as the COVID-19 situation shifts with emerging VOCs.

While PDT requirements have proven an effective tool when employed in conjunction with other measures, it is highly unlikely that PDT requirements on their own will prevent or sufficiently delay a variant of concern (VOC) from arriving into a given country. While PDTs are effective in preventing some COVID-19 infected travellers from entry, current PDT requirements still offer several opportunities for existing and new COVID-19 variants to slip through the border:

- High costs for PCR testing, and gradual reduction in time periods to receive proof of a negative PDT have made supervised RAT a popular method to satisfy most PDT requirements. Although studies suggest that a RAT completed within 24 hours of departure is a more effective PDT than a PCR test completed 3 days before a flight, research shows that RATs have on average a 28 percent likelihood of producing a false negative result for those displaying symptoms.^{22 23} The rate of receiving a false negative result rises to 42 percent for individuals who are asymptomatic, increasing the likelihood of COVID-19 positive cases entering through the border.²⁴
- The timeline to complete a PDT allows for additional opportunities for infection between the completion of a PDT and arrival into a country. Most countries allow for a supervised RAT to be taken within 24 hours of departure, which allows for a full day of pre-travel infection. Additionally, there is an increased opportunity for infection in transit, as more countries drop PDT requirements. Long-haul flights typically involve connections in third-party transit countries, of which there may no longer be PDT requirements. This can result in travellers co-mingling with others not subject to the requirement for long periods in connecting airports.
- Identifying and fully understanding the nature of a VOC can take up to several weeks to over a month.²⁵ Studies have suggested that by the time the highly contagious Omicron variant was identified in late-2021, the variant had already spread to numerous countries, prior to the imposition of travel restrictions from the region it was first identified in.^{26 27 28} Modelling commissioned by the International Air Travel Association (IATA), however, indicates that the imposition of PDTs to prevent the spread of new variants

can delay the peak of a new VOC by two to four days, depending on its degree of transmissibility.²⁹ This can potentially provide time to inform an appropriate public health response.

- As noted above, PDTs may detect approximately half of COVID-19 infected travellers, with the other half going undetected.^{30 31}
- Data from January to 9 May 2021 shows that 0.4 percent of all arrivals (193 travellers) into New Zealand tested positive as an active COVID-19 case on Day 0/1 of testing while in Managed Isolation and Quarantine (MIQ).³² Testing positive as an active COVID-19 case early on in MIQ provides an indication of how many cases PDT settings may be missing, given the incubation period for infection takes several days. If the above rate were observed during pre-pandemic travel volumes from a similar period in 2019, this would result in approximately 12,000 infected travellers crossing the border.³³ The Ministry of Health did not have capacity to provide updated data around the rate of infected arrivals testing positive on Day 0/1 in MIQ after 9 May 2021. This data would enable assessments around the number of infected cases PDT may not have identified for more transmissible variants including Omicron.
- Current PDT requirements are designed in response to an existing COVID-19 variant and may not be fit-for-purpose for future variants. VOC's can vary from existing COVID-19 strains in terms of contagiousness, symptom presentation, severity, and incubation period, potentially evading existing testing windows.³⁴

PDTs as a Deterrent For International Travel

Early evidence from Canada, Australia, and the United Kingdom indicates PDT requirements likely act as a deterrent for travel, particularly impacting levels of international arrivals. Evidence from Canada and Australia have shown an increase in international arrivals following the removal of PDT requirements for vaccinated travellers, though levels remain below pre-pandemic activity. In the week following the Canadian government removing PDT requirements for vaccinated travellers in early April, the CBSA reported more than one million international arrivals. Though this is a pandemic record, visitor numbers are still down 44 percent from the same period in 2019.³⁵ Australian airports have similarly reported an increase in flight bookings since Australia announced an end to PDTs in late-March.³⁶ In the United Kingdom, since the removal of the PDT requirement in early January, international air arrivals have remained significantly higher than 2021 levels in the same period, though remain well below pre-pandemic baselines.^{37 38}

Some countries that have removed PDT requirements have seen an immediate increase in flight sales and vacation bookings for international destinations. While this has resulted in a greater number of locals departing their country of origin for overseas destinations, it has likely provided significant boosts to aviation and tourism sectors. In the United Kingdom several airlines reported surges in bookings for holiday destinations following the announcement of the end of PDT requirements in early January 2022, with increases for international flight sales ranging from 150 to 400 percent.^{39 40} This demand continued well into late-January, with estimates that travel could be operating at 90 percent of 2019 levels by the end of spring 2022.^{41 42} Reporting from Canada shows that since the announcement to end PDT's, travel agents have seen a rush in booking for international travel, with some airlines restoring up to 94 percent of their pre-pandemic routes in time for the summer season.^{43 44} In the United States, where PDT's are still required, the Aviation and Tourism sectors are lobbying to have PDT's removed, particularly for vaccinated people, considering it a significant barrier to the recovery of international travel, with total arrivals and departures operating at 51 percent of pre-pandemic levels.^{45 46}

PDT requirements likely deter travel to and from a particular area due to the additional cost and risk it places on travellers. Requirements to obtain an appropriate PDT place an additional financial cost onto the traveller, with prices ranging between NZD \$40 – \$250 per test,¹ depending on the type of test taken and the timeframe required.⁴⁷ The consequences of a positive test before departure also places additional risk that may derail itineraries, flight plans and other existing reservations, which may incur additional costs. PDT requirements may result in tourism being displaced to other jurisdictions with less restrictive entry requirements, where travellers have more confidence plans will not be disrupted. Additionally, the risk of a positive PDT when returning home pushes travellers to undergo isolation or quarantine in a foreign country, contributing to additional costs for accommodation during this period. In precluding citizen and resident rights to return to

¹ Prices are for testing available within New Zealand.

their country when desired, the lawfulness of PDTs may also be challenged, particularly for fully vaccinated people who represent a lower risk of severe disease and symptomatic COVID-19 infection.

Thank you to the following teams that assisted with this report: the Ministry of Foreign Affairs and Trade, the Ministry of Business, Innovation and Employment, and the Ministry of Health.

Proactively Released

3. Ministry of Health

3.1 Policy/Programme Updates

3.1.1 Health system preparedness programme: update

This item provides an update about the Health System Preparedness Programme (HSPP).

Care in the Community

The Care in the Community model is being developed to manage and respond to current urgent and longer-term COVID-19, as well as other conditions in the home and community, to reduce reliance on hospital care. A key aspect of this is connecting providers and patients through shared and integrated community care plans, separating Care in the Community from COVID-19 outbreak management, and supporting any condition which can be treated at home. In practice, this means:

- patient information will be visible through an integrated self-service portal;
- primary and secondary care providers will have consistent access to the same up to date information directly from their own tools;
- aggregated data will be available to support public health initiatives;
- analytics for support of public health;
- payment for general practitioner (GP) services will be automated and seamless.

Two prototype projects to develop the technology to enable this capability are currently underway and are expected to be completed by 30 June 2022.

Agency Engagement

The All of Government Deputy Chief Executives hui held on 27 April 2022 focused on changes to the response as it moves out of the COVID-19/Omicron peak and response phase. The Ministry of Social Development talked about expectations from providers and communities on food security and support from their community connectors. Agencies agreed that transition management is a key focus in the upcoming weeks, especially if there are further changes to the settings. These hui are shifting from weekly to fortnightly.

Therapeutics update

The first shipment of Molnupiravir (30,000 courses) arrived in Aotearoa New Zealand the week of 25 April 2022. Stock was initially planned to be distributed to wholesalers on 27 April 2022, and then for further distribution throughout the country to regional distribution centres. However, this date was pushed back to 29 April 2022 to coincide with the public roll out date for first prescriptions being slightly delayed from 2 May 2022 to 5 May 2022. Pharmac has released the updated access criteria for COVID-19 antivirals ahead of the rollout on 28 April 2022.

Paxlovid™ has now been available in Aotearoa New Zealand for three weeks. The Ministry is hearing good stories of collaboration between pharmacists and general practitioners when reviewing eligibility and appropriateness of treatment. For example, by working together in real-time over the phone, talking through concerns and considerations for treatment.

Southern hubs

Each of the Southern hubs are working to its strengths in addition to supporting whānau and limiting the spread of COVID-19. Examples of initiatives from the Southern hubs are:

- the South Canterbury DHB COVID-19 Coordination Centre has a strong psychosocial programme. It has fortnightly psychosocial meetings with community partners including the Police, Pacific and rural leaders to discuss strategies to support communities struggling with the psychosocial effects of COVID-19;

- the South Canterbury DHB Well South hub has developed instructions for the use of pulse oximeters in different languages to support their pulse oximeter programme;
- the Canterbury Hauora hub administration team helped the logistic team create 240 welfare packs for families living on the Chatham Islands. This was an Emergency Coordination Centre response to help minimise the current outbreak in the Chatham Islands. The support of Air Chatham's has been critical to this response.

3.1.2 National Immunisation Programme

COVID-19 Vaccinations

As at 11.59 pm on 3 May 2022, 11,048,652 vaccinations have been delivered, including 4,026,713 first doses, 3,978,141 second doses, 31,833 third primary doses, and 2,633,160 booster doses. In addition:

- 261,692 paediatric first doses have been administered to 5-to-11-year-old children; 54 percent of this population have received their first dose. 117,113 paediatric second doses have been administered, which amounts to 24 percent of this population having received their second dose;
- 72.9 percent of people aged 18 years and older who are eligible for a booster dose have received it. This is equal to last week;
- 86 percent of the eligible population five years and older have received at least one dose. 82 percent of this population are fully vaccinated;
- 426 vaccination sites were active on 3 May 2022.

Driving uptake

Nine DHBs have now reached 90 percent fully vaccinated for Māori, with West Coast DHB 56 doses from achieving this milestone. All DHBs have achieved at least 90 percent first doses and nineteen DHBs have achieved at least 90 percent fully vaccinated for their 12 years and older populations. Northland DHB is 3,143 doses from reaching the 90 percent fully vaccinated milestone as at 11.59pm 3 May 2022.

The focus across regions remains using outreach and mobile vaccination clinics to drive paediatric and booster doses, particularly for harder to reach communities.

In conjunction with the winter preparedness campaign, and in response to a considerable slowdown in booster rates over recent weeks, the Programme is working on a targeted planning approach going into winter. Active work is underway to target a number of priority groups who have yet to receive either a primary course or booster vaccination. This includes those who have had COVID-19 and are becoming eligible for their booster over the next two to three months. The Ministry of Health is finalising a plan to bring together operational and communications activities to refresh the approach for these groups. A plan will be presented in the next two weeks.

Boosters

As at 3 May 2022, 2,633,160 people aged 18 years and older have received a booster dose. This represents 72.9 percent of the 3,609,090 people who are currently eligible for a booster. A total of 9,822 people became eligible to receive a booster dose in the week to 3 May 2022.

Boosters for 16 and 17-year-olds

As at 3 May 2022, 7,734 16 and 17-year-olds have received a booster dose. This represents 10 percent of the 76,546 eligible people in this age group.

Second boosters

The COVID-19 Vaccine Technical Advisory Group (CV-TAG) recommend a second booster, at an interval of six months after receiving the first booster dose.

Medsafe has not received an application for the use of a second booster from Pfizer, and Pfizer have indicated that they are unlikely to submit an application for New Zealand or any other country. Under current regulatory settings, a second booster dose can only be given off-label on prescription. Due to the size of the potential eligible group, using an off-label approach could put undue pressure on primary care and create barriers to access for consumers which are likely to impact equitable uptake. Advice on legislative options to address this system issue is expected to be with Vaccine Ministers by 5 May 2022.

In anticipation of a potential roll-out at the end of May 2022, the Programme is progressing the operational planning including making changes to both Book My Vaccine and the COVID immunisation register (CIR) to support second boosters, as well as developing the invitation strategy and approach.

5-to-11-year-olds

54 percent of children aged 5-to-11 years-old have either booked or received their first dose as at 11.59pm on 3 May 2022.

To date, 35 percent of eligible tamariki Māori aged 5-to-11-years have been partially vaccinated, equal to last week. Forty eight percent of Pacific children aged 5-to-11-years have been partially vaccinated, one percent more than last week.

Across the motu work continues to increase uptake in Kura/schools. DHBs have used the school holiday period as an opportunity to review their tamariki vaccination strategies to date, and to discuss the best approaches with schools. The key lesson has been that DHBs require schools, principals and boards to be onboard, as clinics held on or near school grounds, with support from these stakeholders, have seen far greater success on average than those without.

Districts that have struggled to establish clinics on school grounds are seeing success in breaking down barriers and organising on-site clinics. The refresh and refocus of the school-based vaccination clinics and events through term two will seek to bolster the vaccination rates of our tamariki.

Equity

Vaccination rates have slowed down for all ethnic groups. Booster uptake for Māori is 56 percent, and booster uptake for Pacific people is 59 percent, compared to 72.9 percent for the total eligible population.

Māori and Pacific People

The Ministry of Health is utilising premier sports events such as rugby union and rugby league (men's and women's) games to support vaccination uptake. A pilot took place in Auckland with the Auckland Blues home game on 6 May 2022, and the Moana Pasifika home game on 7 May 2022. Vaccination activities at these events were supported by Māori and Pacific Health Providers.

Some Pacific providers have limited access to communications capacity and capability. The Ministry of Health's National Immunisation Programme communications and engagement team have therefore provided social media support and advice to strengthen the promotion of Pacific vaccination events where required.

Disability and mental health

Vaccination rates for disabled people supported by Disability Support Services (DSS) and ACC continue to track well, with vaccination rates similar to the vaccination rates of the general population.

Progress on the allocation of the COVID-19 Vaccine and Immunisation Peer Support funding continues. The panel has convened a number of times to assess the 41 applications and supporting information, with responses to further requests for information also being assessed. The Ministry anticipates notifying applicants of the outcome of their applications within the next two weeks.

While the fund has a heavy focus on supporting uptake of the COVID-19 vaccine, its purpose is to also enable peer support organisations to build capacity and capability to support their clients with broader health-promoting behaviours, including vaccinations such as flu and MMR.

Winter preparedness

The Ministry of Health recognises the increased risk this winter that several respiratory viral infectious diseases like Influenza, COVID-19, and respiratory syncytial virus (RSV) may circulate in New Zealand's communities at the same time and result in added pressure on the healthcare sector. With the borders opening up, measles outbreaks are increasingly possible among young children and unvaccinated adults.

As a result, the Programme is supporting the 'winter wellness' messaging campaign to align with flu, COVID-19 and MMR campaigns. This has been expanded to consider wider winter-related health priorities. A communications programme is being developed which is intended to motivate healthcare workers and the public, especially those in vulnerable communities, to keep up with the preventative public health measures (including vaccinations) in a range of key settings (i.e., working in a healthcare facility, at work, at home, and out in public).

The Programme is actively supporting the development of this campaign in consultation with the Ministry's Public Health and Māori Health directorates, acute demand DHB Support Winter Planning teams, and DHBs.

2022 Influenza vaccine rollout

The first phase of the general promotional campaign is underway, with messaging tailored towards those who are eligible for a free immunisation. This includes targeted campaign activity for Māori and Pacific people across radio, digital/social and print.

3.1.3 Technical Advisory Group: update

COVID-19 TAG

The COVID-19 Technical Advisory Group (COVID-19 TAG) did not meet this week, with the next meeting scheduled for 20 May 2022.

CV TAG

The COVID-19 Vaccine Technical Advisory Group (CV TAG) met on 26 April 2022 and discussed the following items:

- Active monitoring - post vaccine symptom check - update on results;
- COVID-19 Vaccine Independent Safety Monitoring Board Interim Report;
- Vaccine rollout.

The next CV TAG meeting is scheduled for 10 May 2022.

Therapeutics TAG

The COVID-19 Therapeutics Technical Advisory Group (Therapeutics TAG) did not meet this week, with the next meeting scheduled for 6 May 2022.

CT TAG

The COVID-19 Testing Technical Advisory Group (CT TAG) did not meet this week, with no future meeting scheduled.

3.1.4 Upcoming communications issues and activities

As at 3 May 2022:

Date	Activity	Lead agency	Comms material	Ministerial Involvement
Ongoing	New variants – planning for new variants and looking at new XE variant	MoH	Q&A – on how MOH are preparing and view on current new variant	Q&A is with Minister Hipkins' office
Ongoing	Reports into the Delta outbreak and PCR testing capacity are being reviewed and once finalised will go over to the Minister's office with recommendations	MoH	Full communications plan	Minister Hipkins
Ongoing	New My Vaccine Pass	MoH	Full communications plan	Minister Hipkins
Ongoing	Omicron community outbreak: daily communications and support for the health sector and public, including cases in a number of regions across the country	MoH DPMC	Talking points, key messages, communications, website, stakeholder communications	Optional
Ongoing	Testing – who to test / where to test / record results on My Covid Record / Traveller requirements messaging	MoH DPMC MBIE	Key messages, website, stakeholder communications	No
Ongoing	Testing – who to test / where to test / record results on My Covid Record / Traveller requirements messaging	MoH DPMC MBIE	Key messages, website, stakeholder communications	No

4. Managed Isolation and Quarantine Weekly Report

4.1 Items to Note/Updates

4.1.1 Community Managed Isolation and Quarantine OPCAT inspections

The Chief Ombudsman has written to MIQ and the Ministry of Health regarding his intentions to inspect the community managed isolation and quarantine facilities which MBIE has responsibility for in regard to sourcing and contracting.

In the Ombudsman's view, under the COVID-19 Public Health Response (Self-isolation Requirements and Permitted Work) Order 2022, all people to whom the self-isolation provisions apply are legally required to remain at their place of isolation for the specified period. Therefore, he considers that for the purposes of his Crimes of Torture Act 1989 mandate, places of self-isolation, including AIAs, are places of detention.

The Ombudsman is seeking a joint MoH and MBIE letter with advice to DHBs and alternative accommodation facilities concerning his statutory functions and how he intends to carry these out. MBIE are considering our reply in coordination with MoH.

4.2 Transition and Readiness

4.2.1 Workforce

There continues to be a rapid reduction in the MIQ workforce and as of 4 May 2022 there were 160 FTE (both fixed term and permanent staff members) employed by MBIE in the MIQ National Office, this is expected to reduce to 153 by 11 May 2022. This includes confirmed resignations where staff are working out their notice period.

Following the announcement to decommission the MIQ network in its entirety by August 2022, the formal change process for the remaining facilities, and our regional and national offices is now underway.

MBIE expect that the decision for the new operating model will be made in early June and implemented mid-July. This will result in a significantly smaller workforce.

4.2.2 Decommissioning of Facilities

There were 19 facilities decommissioned and handed back on Friday, 29 April 2022. This includes 10 in Auckland, four in Central region and five in Christchurch. Other aspects of decommissioning are either completed or on track to be completed in time.

Facility (by region)	Tranche	Current occupancy	Current phase	Staff on site within last 7 days	Hand-back date	Facility RAG status
Auckland						
Crowne Plaza	One	Empty	Decommissioned		29/4/22	Blue
Four Points	One	Empty	Decommissioned		14/4/22	Blue
Grand Mercure	One	Empty	Decommissioning		29/4/22	Blue
Grand Millenium	One	Empty	Decommissioned		14/4/22	Blue
Novotel/Ibis Ellerslie	One	Empty	Decommissioned		29/4/22	Blue
Sebel	One	Empty	Decommissioned		29/4/22	Blue
SO	One	Empty	Decommissioned		29/4/22	Blue
Stamford	One	Empty	Decommissioned		29/4/22	Blue
Pullman	One	Empty	Decommissioned		29/4/22	Blue
Sudima Airport	One	Empty	Decommissioned		29/4/22	Blue
Rydges	One	Empty	Decommissioned		14/4/22	Blue
Naumi (Afghan/refugees)	Two	Empty	De-designated		1/6/22	Green
M Social (aircrew)	Two	Empty	Decommissioned		29/4/22	Blue
Novotel Airport (mariners)	Two	Empty	De-designated		13/5/22	Green

Facility (by region)	Tranche	Current occupancy	Current phase	Staff on site within last 7 days	Hand-back date	Facility RAG status
Ramada (deportees)	Two	Empty	Decommissioned		29/4/22	
Jet Park	Core facility	Occupied (4pax)	N/A core facility	212	N/A	N/A
Holiday Inn	Core facility	Occupied (23 pax)	N/A core facility	166	N/A	N/A
Waipuna Auckland	Core facility	Occupied (49 pax)	N/A core facility	166	N/A	N/A
Hamilton						
Distinction	One	Empty	Decommissioned		29/4/22	
Ibis Tainui	One	Empty	Decommissioned		29/4/22	
Amohia (Jet Park)	Three	Unoccupied	De-designated	80	30/6/22	
Rotorua						
Sudima	Three	Empty	De-designated		30/6/22	
Rydges	One	Empty	Decommissioned		29/4/22	
Ibis	One	Empty	Decommissioned		29/4/22	
Wellington						
Grand Mercure	Three	Empty	De-designated	42	30/6/22	
Christchurch						
Chateau on the Park	One	Empty	Decommissioned		14/4/22	
Crowne Plaza	One	Empty	Decommissioned		29/4/22	
Distinction	One	Empty	Decommissioned		29/4/22	
Sudima Airport	One	Empty	Decommissioned		29/4/22	
Novotel Airport	One	Empty	Decommissioned		29/4/22	
The Elms	Two	Empty	Decommissioned		29/4/22	
Commodore	Core facility	Occupied (4 pax)	N/A core facility	129	N/A	N/A
Totals:		80 pax		795 staff (down 98 from last week)		

4.2.1 Knowledge Legacy

A programme of work is underway to ensure that MBIE scale back or decommission the functions that MBIE undertake as a Business Group within the Ministry in a responsible way. This includes ensuring that MBIE continue to meet our obligations as a government agency, decommissioning or putting in sleep mode technology systems that are no longer needed and capturing lessons learned.

4.2.2 Readiness Programme

Work is well progressed on the first draft of the Readiness Plan, with Version 1 of the plan due at the end of May. Consideration of a possible retention/surge and partnership agreements are both included in this work.

A briefing will be provided to your office on Friday 6 May with more information on this program of work.

4.3 Operational Update

4.3.1 Omicron Outbreak – Ongoing Support

MIQ has four facilities across New Zealand designated as Managed Isolation and Quarantine facilities. These facilities provide support to community cases (including close contacts) who are unable to safely isolate at home, as well as refugees, evacuees, mariners, and some air crew.

4.3.2 Current Occupancy

As at 5 May 2022 there were 80 people in Managed Isolation and Quarantine.

Total PAX in MIQ:	Community cases:	Mariners/Air Crew:	Evacuees/Refugees:
80	22	9	49

4.3.3 Community Cases in MIQF

The below graph displays the number of quarantine rooms used for community cases across the MIQ network, broken down by city. Data is currently collected for this reporting on weekdays only.



Overall quarantine usage remains low and with a slight upward trend at the end of April, which likely reflects the overall movement in national case numbers.

4.3.4 Group Arrivals Update

Summary of approved group arrivals as of 03 May 2022 (to end June 2022):

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Refugee Quota	2 May – 8 May	0	0	The Refugee Centre is forecasting arrivals of 45 pax (30 rooms) per fortnight until end of June 2022. They are confident they will meet their target of 800 refugees for the fiscal year 21/22.
	9 May – 15 May	18	12 (18 pax)	
	16 May – 22 May	15	10 (15 pax)	
	23 May – 29 May	31	17 (31 pax)	
	May tbc	104	47 (104 pax)	
	June tbc	90	45 (90 pax)	
Afghanistan Arrivals	2 May – 8 May	1	1 (1 pax)	The Afghanistan taskforces for MFAT and Immigration New Zealand has formally shut down as of 29 April with a total of 1,652 evacuees in scope having been supported. MBIE still expect to see smaller numbers arrive and stay in MIQ throughout the month of May.

4.3.5 Vaccination of Frontline Staff (including booster information)

For workers on site for the week of 25 April to 1 May 2022, the BWTR shows that 98.7 percent had two doses of the vaccine, zero percent had one dose and the remaining 1.3 percent (10 workers) had vaccine status 'unknown'.

Of the 10 workers with an 'unknown' vaccination status, six still require an NHI match. The Workforce Testing Team are investigating the remaining four workers, to confirm vaccination status.

Vaccination assurance follow-ups for those with 'unknown' status in the BWTR on site between 18 to 24 April 2022 did not identify any breaches of the Vaccination Order. Of the seven workers between 18 to 24 April who were NHI-matched but showing vaccination status 'unknown', all workers have been confirmed as being compliant with the Vaccination Order.

For workers on site for the week 25 April to 1 May 2022 with regards to booster shots:

Workers on site 25 April – 1 May 2022	Has received a booster	Overdue for booster	Eligible in coming months	Under 18	Unknown*	Total
	768 (96.2%)	4 (0.6%)	13 (1.6%)	4 (0.5%)	6 (0.8%)	795

The Workforce Testing and Vaccination team will investigate the four workers showing as overdue for a booster to check if they were breaches of the Vaccination Order or if there was another reason for that (e.g. data error).

Of the five workers who were on site between 18 to 24 April who appeared to be overdue for a booster (in breach of the Vaccination Order), follow ups identified three workers who were on site who should have had a booster. In these cases, MBIE notify management at the facility so they can ensure security staff understand the booster entry requirements. One of the five workers is in the process of getting a medical exemption due to recent recovery from COVID-19, but the BWTR is not yet updated, and one worker did not come on site after their booster due date.

*The 'unknowns' will likely have their vaccine status updated in due course as they are NHI matched, or any vaccine data issues are sorted.

4.3.6 Staff Testing

The Ministry of Health have updated their systems so that border workers' RAT results are now pulled from 'My Covid Record' into the BWTR.

Reporting from the BWTR shows that 795 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 25 April – 1 May 2022	Percentage of total NHI-matched workers on site
Compliant NHI-matched workers	526	67%
Overdue NHI-matched workers	263	33%
Need NHI-match	6	
Workers on site	795	

4.3.7 Invoicing

The table below shows the number of invoices issued up to 1 May 2022.

Grouping	Invoices issued (net of credit notes)	Paid	Issued not due	Issued overdue	Invoices issued (\$)	Paid (\$)	Issued not due (\$)	Issued overdue (\$)	90+ days over due	90+ days overdue (\$)
Groups /Temp Visa	10,498	6,966	1,393	2,139	\$76,652,760	\$63,276,124	\$4,070,081	\$9,306,554	1,294	\$6,891,938
Maritime	794	652	54	88	\$3,601,746	\$3,219,532	\$99,045	\$283,169	28	\$118,312
Aircrew	328	272	32	24	\$5,304,241	\$2,877,469	\$1,442,292	\$984,480	9	\$115,608
Other	44,674	27,452	6,797	10,425	\$130,582,379	\$89,467,434	\$13,117,333	\$27,997,611	5,796	\$18,757,363
Total	56,294	35,342	8,276	12,676	\$216,141,125	\$158,840,559	\$18,728,752	\$38,571,815	7,127	\$25,883,222
Percentage	100%	62.78%	14.70%	22.52%	100%	73.49%	8.67%	17.85%	12.66% of invoices issued	12% of \$ value of invoices

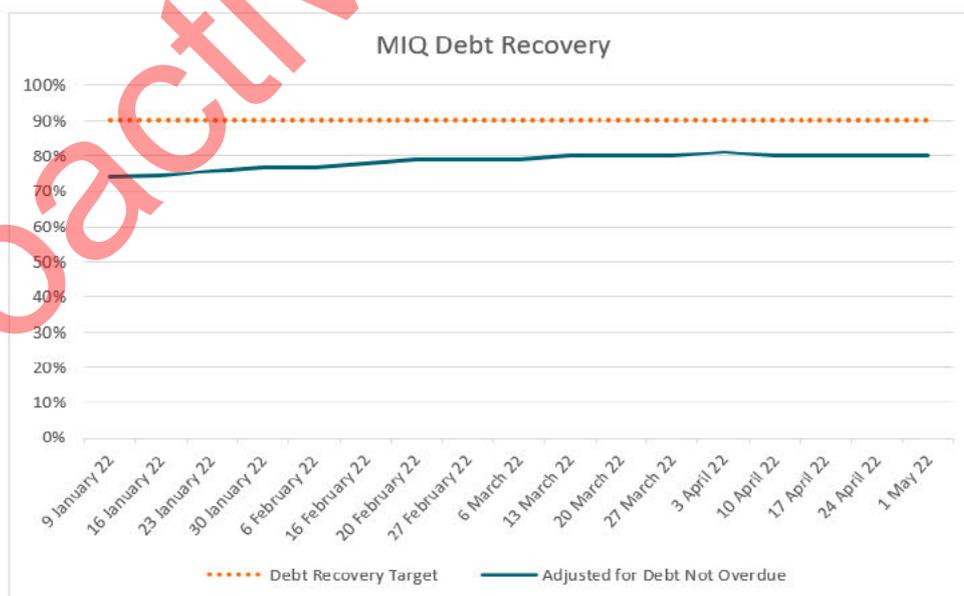
4.3.8 Fees Collection

- Invoicing is up to the point where returnees left MIQ from 22 January to 10 February 2022.
- 3,678 invoices worth \$7.5m were sent out last week. This is roughly three times MBIE’s average processing levels.
- Unmatched data remains an issue and will be further investigated once invoicing is up to date. Currently, there are 6,474 unmatched records in the database for the period 25 March 2021 to 28 February 2022 that need to have their liability determined before invoicing. The number of people yet to be invoiced is not known until these unmatched records are processed through the liability rules.

4.3.9 Debt Recovery

The debt recovery percentage continues to track at 80%. In addition:

- As of 1 May 2022, 8,861 invoices worth \$31.77m have been passed to MBIE’s partner. \$11.03 has now been paid (an increase of \$317k).
- A further \$730k of debt is under instalment and is expected to be converted to payments over coming weeks;
- Of the invoices sent, 666 customers worth \$2.38m have now submitted waiver applications, and while applications are processed, they stay as outstanding debt.



4.3.10 Fee Waivers

The table below breaks down the waiver application information between 11 August 2020 and 1 May 2022. The numbers below relate to all waiver applications; waivers can be applied for before, during and after an individual has stayed in managed isolation.

All Waiver Applications Received	Received and not progressed	Total Completed	Approved Waiver Applications			Declined Waiver Applications		
			Financial Hardship	Special Circumstances	BOTH	Financial Hardship	Special Circumstances	BOTH
17,382	2,933	12,816	92	8,499	74	1,616	2,181	354

4.3.11 Reducing the Fee Waiver backlog

At the end of 2021 MBIE reported on the backlog of fee waiver applications:

- The number of new applications received from 24 April to 1 May 2022 is 227.
- This is a net reduction from 13 December 2021 to 24 April 2022 of 3,454.
- This is a net decrease (weekly) from 24 April to 1 May 2022 of 338.

Please note: It is not possible to determine a dollar value for the waivers granted, as when a waiver is granted a requestor does not necessarily get to the liability assessment and invoice stage. Consequently, a dollar value of fees is not determined.

Status	Backlog at 13 December 2021	New Applications Received since 13 December 2021	Backlog at 17 April 2022
Processing or to be processed	3,979	4,190	1,330
Waiting for Customer	1,108		303
Total	5,087	4,190	1,633

4.4 Ombudsman Complaints

MBIE are currently managing 84 cases, with 61 of those being preliminary enquiries.

Of the 18 active cases:

- one is on MIAS;
- five are on emergency allocations;
- three are on exemptions from managed isolation;
- four are on undue financial hardship;
- one is on access to fresh air in a facility;
- three are on MIQ facilities; and
- one is the Chief Ombudsman's self-initiated investigation, of which MIQ MBIE have been advised that a provisional opinion may be sent to MBIE around mid- May.

MBIE closed one case in the week ending 27 April 2022.

4.5 Upcoming Communications Issues and Activities

4.5.1 As at 3 May 2022:

Date	Activity	Lead agency	Comms material	Ministerial Involvement Y/N
13 May	Proactive release of original glide path/future of MIQ documents	MIQ	Reactive comms	Y
30 May	Proactive release of all MIQ briefing papers	MIQ	Reactive comms	Y
June (TBC)	Ombudsman Self-Initiated Investigation findings	MIQ	Reactive comms	Y
June (TBC)	Grounded Kiwis judicial review - final declaratory statement	MIQ/Crown Law	TBC	TBC

Proactively Released

5. The Border Executive Board Report



5.1 Items to Note/Update

5.1.1 Border Executive Board Meeting

The BEB met on 4 May 2022 with the key items discussed noted below.

Vessel Management Framework for Vessels Liable to Quarantine

The Board endorsed the Vessel Management Framework (the Framework) that has been led by Customs and Maritime New Zealand. It is a significant achievement of collaboration with port operators, government officials, and Public Health Units (PHUs).

The Framework has been developed to manage the public health risks posed by vessels liable to, or placed in, quarantine due to COVID-19 in a consistent and collaborative manner, and with the authorisation of public health officials. It will also support the continuity of New Zealand's supply chain.

Nationwide uptake and implementation of the Framework will reduce the demand on resources within the PHUs as they support managing community transmission. It can be used and adopted at any port with minimal input from government and is an enduring tool to manage COVID-19 or future pandemics of a similar nature.

Officials plan to undertake discussions with PHUs which have not experienced a vessel liable to quarantine. The RMTU and MUNZ have invited officials to work with their delegates to tell the story of how previous incidents went, share their experiences and how the plans will enable their workforce to continue to do their roles safely, while also protecting the welfare of the crew.

Updated border scenarios for passengers and cargo

The Board received the updated scenarios for passengers and cargo as at 28 April 2022, agreeing to use the moderate scenario and for agencies to share the information with industry stakeholders. The Board acknowledged that there is still a high level of uncertainty in the operating environment, noting air passenger volumes carry the greatest uncertainty. For this reason, the next revision will come to the Board around September 2022.

- *International air passenger (arrivals) volumes* remain low compared to pre-pandemic levels (2019). By July 2023, air passenger volumes are projected to be 70 percent of 2019 baseline levels in the moderate scenario.
- *Air cargo (imports)* have been supported by the Maintaining International Air Connectivity (MIAC) scheme, which continues to 31 March 2023. From December 2021, volumes have gradually recovered to pre-COVID-19 levels although the monthly volumes are variable.
- *Maritime cargo (imports)* have broadly recovered to pre-COVID-19 levels. However, the number of visits from cargo and non-passenger vessels (for which Maritime agencies derive levies) have been lower for each of the 2020 and 2021 calendar years due to global supply chain disruption.

Closing out assurance review commendations from 2021

The Board formally closed out the open recommendations from the following assurance activity that was completed in 2021. The reports have been published online.

- Review of Border Worker Testing and Vaccination: Maritime and Aviation (Phase Two Review)
- Review of COVID-19 Border Measures: Tranche Two Review (Maritime)
- Maritime COVID-19 Border Incidents July – September 2021.

The next BEB meeting is 18 May 2022.

5.1.2 Maritime Border Programme

Tranche 1

Changes came into effect from 11.59pm on Monday 2 May 2022 to remove isolation requirements for maritime arrivals. Operational implications are being managed.

Tranche 2

You have signalled reopening the maritime pathway to passenger and other foreign flagged vessels from 31 July 2022. A joint announcement with other Reconnecting New Zealand decisions is proposed for 11 May 2022.

The Ministry of Health has provided you with a recommendation to repeal the Maritime Border Order for the reopening of the maritime border. Officials are working on the regulatory mechanisms for any remaining requirements and operational implications. The Ministry of Transport are leading operational readiness and will provide updates to the Border Executive Board.

Proactively Released

6. New Zealand Customs Service Weekly Report



6.1 Items to Note/Updates

6.1.1 New Zealand Traveller Declaration System

The Ministry of Health has requested Customs take responsibility for the delivery of Rapid Antigen Tests to maritime vessels for those crew who wish to take shore leave. Operational readiness regarding reopening to Foreign Vessels continues to progress through agency consultation.

6.1.2 New Zealand Traveller Declaration

Operations

The New Zealand Traveller Declaration programme has moved to an Operational Support phase after the Early Life Support phase ended on 29 April 2022. The programme is now widening its focus towards tranches two and three, continuing to collaborate with the other border agencies involved to ensure detailed design for tranches two and three are scoped thoroughly and delivery plans reflect this.

On 29 April 2022, a Director-General Notice was published which denoted, as at 11.59pm 30 April 2022, the Nau Mai Rā Travel Pass is no longer acceptable as valid entry into New Zealand. This was planned as part of the transition for travellers from Nau Mai Rā to the New Zealand Traveller Declaration.

Legislation

Customs are drafting a Cabinet paper to be considered by the Cabinet Social Wellbeing Committee on 22 June 2022 for the Customs and Excise (Traveller Declaration) Amendment Bill to establish an enduring framework for the New Zealand Traveller Declaration. COVID-19 legislation provides the legislation mandate for the New Zealand Traveller Declaration.

Customs are working with the Ministry for Primary Industries, Ministry of Business, Innovation and Employment and Ministry of Health to ensure they are aware of the proposals so they can identify what legislative changes are required for their respective use of the New Zealand Traveller Declaration.

6.1.3 Compliance Checking at the Border

As part of Reconnecting New Zealanders, the COVID-19 Public Health Response (Air Border) Order 2021 came into force on 28 February 2022. Customs staff undertake compliance checks for all travellers at the border. There are now different requirements placed on travellers based on their citizenship and the countries they have travelled to within 14 days of beginning their journey to New Zealand.

Customs continues to check all passengers on arrival for evidence of pre-departure testing or exemption, vaccination verification or exemption or a travel pass. Travellers who do not provide the required evidence may incur an infringement offence fee between \$500 and \$4,000 depending on the nature of the offence. New Zealand citizens who do not provide the required evidence of vaccination status will be referred to Ministry of Health officials for further intervention.

For the period 26 April to 02 May 2022 (both dates inclusive), a total of 37,807 passengers travelled to New Zealand. Of this number, 77 were considered to not meet the requirements for air travel into New Zealand:

- 15 travellers were issued warning letters, and 61 travellers have been issued with an infringement offence fee for not meeting pre-departure testing requirements.
- one traveller has been issued with an infringement offence fee for not meeting vaccination verification requirements, and no travellers have been referred to Ministry of Health for further intervention.

7. COVID-19 Chief Executives Board

7.1 Items to Note/Updates

The COVID-19 Chief Executives Board met on Tuesday 3 May 2022. The meeting included discussions on an amendment to its Terms of Reference, the future structure and content of the System Assurance Framework, and the planning underway to support the identification and management of key lessons in the response across agencies. The Board also discussed the basis for a plan to transition the management of COVID-19 towards a more sustainable mode of operation.

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 did not meet this week. The Group are progressing with their rapid review of lessons from the Omicron response. The DPMC Secretariat are working with your office to confirm an in-person meeting with the Group, noting the 1 June 2022 expiry of the Group's terms of reference.

9. Strategic COVID-19 Public Health Advisory Group

9.1 Items to Note/Updates

The Strategic COVID-19 Public Health Advisory Group met on Wednesday 4 May 2022. During the meeting there was discussion on new variants including BA.4, and the COVID-19 minimisation and protection strategy. Officials from the Ministry of Business, Innovation & Employment also attended to discuss the National Quarantine Capability work.

10. Business Leaders Forum

10.1 Items to Note/Updates

The Business Leaders Forum does not currently have a date for its next meeting.

11. Community Panel

11.1 Items to Note/Updates

The Community Panel met on Wednesday 4 May 2022. Peter Mersi and Cheryl Barnes attended to share their reflections on the next phase of the response to COVID-19 and hear the Panel members' experiences as a part of the Community Panel rōpu.

12. Government Modelling Group

12.1 Items to Note/Updates

There are no updates from the Government Modelling Group this week. Future updates will be provided where significant.

13. Upcoming Cabinet Papers

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