

Strategic COVID-19 Public Health Advisory Group

27 February 2022

Hon Dr Ayesha Verrall
Associate Minister of Health (Public Health)
Parliament Buildings
Wellington

Dear Minister

Relaxation of Border Restrictions

Thank you for inviting us to advise on the need for self-isolation of returning travellers.

1. Since their introduction on 19 March 2020, border restrictions have played a key role in New Zealand's successful response to the COVID-19 pandemic. Along with other measures, they have enabled New Zealanders to enjoy a quality of life that has been envied by people in many other nations. Even in Auckland, which has endured more lockdowns than other regions, social and economic life has been freer, over the last two years, than in most comparable countries. Health care for conditions other than COVID-19 has been less disrupted in this country, and many thousands of deaths have been prevented.
2. Everyone has been aware that the border restrictions have come at a significant cost, to citizens and families and also to the economy. Sectors such as tourism and international education have been especially affected. While much of their downturn was inevitable because of global disruption, international travel has begun a slow recovery around the world.
3. Back in March 2020, few of us could have foreseen that border restrictions would still be in place – though with modifications – two years later. The pandemic has proved to be a greater threat to humanity than any other infectious disease experienced in our lifetime. The ability of the SARS-CoV-2 virus to mutate has forced countries to respond to successive waves of new infections. By controlling our borders, New Zealand has so far dealt with the threat of new variants, such as Alpha and Delta, more effectively than nearly every other country. The emergence of the Omicron variant has now ushered in a new era, as the virus has become so infectious that previous control strategies are no longer realistic.

Reviewing border restrictions in a dynamic environment

4. The many modifications to border restrictions over the last two years do not need to be enumerated here. Sometimes there have been calls for

more radical changes that may have appeared sensible on the surface, but would have had adverse consequences for health and society.

5. In November 2021, for example, there were concerted calls to drop all quarantine requirements for most vaccinated people arriving in Auckland, on the grounds that such travellers were less likely to be infected than Auckland residents at the time. Setting aside important reservations about the estimates on which this argument was based, it overlooked the fact that COVID-19 is a cluster-based infection. Most of the Auckland cases belonged to a limited number of clusters of people. Travellers from overseas would have seeded many new clusters in otherwise unaffected human contact networks, in Auckland and potentially throughout New Zealand. This would have led to a major increase in Delta cases. Fortunately the Government did not yield to the pressure, so our Delta outbreak was brought under control before the arrival of the Omicron variant. In Australia, hospitals were still struggling to deal with very large numbers of sick patients, infected with the Delta variant, when the Omicron outbreak took off.
6. Throwing open the borders in November would have had another adverse consequence: the Omicron variant would have been circulating widely in New Zealand before the end of the year. Although Omicron did eventually creep into the community, we have had two or three important extra months to prepare for our Omicron wave. This has allowed us to get more people vaccinated, to administer booster doses, to prepare health services further, and to learn more from the rapidly accumulating scientific research on Omicron and from the experience of other countries in trying to manage it.
7. This experience illustrates two important points. First, while it is essential to continually review border restrictions as the pandemic evolves, changes must be based on a rigorous assessment of the evidence. Second, new variants of the virus are likely to emerge, so there is always a possibility that some changes may need to be modified or even reversed.

Rapid change in the epidemiological situation

8. We have previously noted that people need to be helped to understand that there is inevitable uncertainty, as the global situation evolves and the virus continues to mutate. Demands for “certainty” and “detailed plans with dates” are simply unrealistic.
9. In a very short period of weeks, the pattern of risk in New Zealand has shifted dramatically. On 23 January, there were 24 new cases reported in the community and 47 detected at the border. Exactly one month later (on 23 February), the equivalent numbers were 3,297 in the community and 8 at the border.

10. In coming weeks, the virus will spread very widely in the community, so that most people will be exposed to it – although we expect that our high level of vaccination (and especially administration of boosters) will reduce the burden of severe illness and help to reduce the spread of infection.
11. The marked reduction we have been observing in the number of infected people arriving at our border probably reflects two factors. The prevalence of infection in many countries has been declining as they passed the peak of their first Omicron wave, and the arrangements for pre-departure testing of travellers may have become more effective.
12. ***Given the rapid change in risks posed, we believe it would now be appropriate to drop the requirement for self-isolation of fully vaccinated travellers after they arrive in New Zealand.*** This could apply both to returning New Zealanders and to tourists when borders are opened more generally. To minimise the risk of adverse consequences, there would need to be a number of conditions which we discuss below.
13. Our group is not entirely unanimous about the question of timing. Most consider that the self-isolation requirement could be dropped as soon as the arrangements to be discussed below have been put in place. One of us (P.H.) believes that the change should wait until the Omicron wave has peaked. In practice, there may not be a large difference between these positions.

Evolution of the virus

14. Our committee has continued to study evidence and consult experts about the likely evolution of SARS-CoV-2. Just as many people assumed that the Delta variant would continue to be dominant, it is tempting to imagine that the current Omicron variants represent the last roll of the dice. This cannot be assumed. There is rampant replication of the virus around the world, and a new variant could well emerge and displace Omicron during 2022. There will be a selective advantage for any variant that can escape the immunity conferred by natural infection or vaccination (or both). Such a variant might be more or less virulent in causing human disease.
15. When New Zealand was pursuing its elimination strategy, with strict border controls, we had advance warning about any new variant emerging around the world. Hence there was a delay of several months before the Delta and Omicron variants penetrated our community. In establishing new arrangements for incoming travellers, we need to minimise the risk of being taken unawares by a new variant of the virus. Apart from careful monitoring of international reports, this will require genomic surveillance of cases occurring in new arrivals (see below). Early detection of a new and more dangerous variant entering New Zealand could be crucial, to allow us to administer additional vaccination or acquire specific antiviral treatments.

The concept of “full vaccination”

16. In this report, we are commenting on the conditions required for vaccinated travellers (and their children). We assume that unvaccinated people will continue to enter the MIQ system as at present.
17. In all the other countries we have studied, travellers are regarded as “fully vaccinated” if they have received two doses of a recognised vaccine. In some countries, there is also a requirement that the vaccines should have been administered within a defined period before arrival (e.g. 270 days, in the case of Denmark).
18. Recent evidence indicates that, with the Omicron variant, three doses of current vaccines (i.e. two primary doses, followed by a booster) are needed to obtain maximal protection for adults, from infection and its consequences. Hence, in the future, there could be a case for requiring three doses of an approved vaccine, before regarding an adult as “fully vaccinated”. We are not aware of any country that is currently requiring this for international travellers, although Western Australia will be making it a condition for domestic travel from other Australian states.

Arrangements for arriving travellers

19. We make the following recommendations:
 - a. It is assumed that requirements for pre-departure testing will continue as at present, although we have not been able to review the logistical issues involved.
 - b. All travellers arriving from overseas should be tested as soon as possible for SARS-CoV-2. It would be ideal if they could have a rapid PCR test at the airport (using either a nasal swab or saliva sample), but we realise this may not be practicable at present. In the future, a LAMP test would be a good substitute. If PCR testing is not feasible, a rapid antigen test (RAT) should be carried out at the airport or within 24 hours of arrival. Ideally this would be supervised, but in any case travellers should be required to report the result of this test.
 - c. A positive RAT should be followed by a PCR test in all cases, solely for the purpose of enabling whole genome sequencing. As already mentioned, this will be an essential surveillance tool for detecting the arrival of new variants in New Zealand.
 - d. Those who return a positive result should be managed in the same way as people in New Zealand who become infected with SARS-CoV-2.
 - e. Other travellers should only be required to self-isolate until they show a negative result from their arrival test.

- f. All incoming travellers should be given clear information about our public health and social measures for controlling COVID-19, such as gathering limits under the COVID Protection Framework, mask wearing, and vaccine passes. Clearly arrangements will be needed for new arrivals to obtain vaccine passes.
- g. For any adult traveller who has received only two vaccine doses, every effort should be made to facilitate their receipt of a third dose as soon as possible after arrival, taking into account the period since their second dose.

A cautionary note

20. While we hope that many remaining restrictions can be progressively lifted in the future, the Government will need to caution that changes might become necessary if the global situation deteriorated markedly. This would be most likely to arise if a dangerous new variant of SARS-CoV-2 emerged overseas. In such a circumstance, it would be likely that many other countries would be reviewing their border arrangements.

Yours sincerely

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