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**DEPARTMENT OF THE  
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**MINISTRY OF  
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MANATŪ HAUORA



**NEW ZEALAND  
CUSTOMS SERVICE**  
TE MANA ĀRAI O AOTEAROA



**BORDER EXECUTIVE BOARD**



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



# COVID-19 Response Weekly Report

14 January 2022

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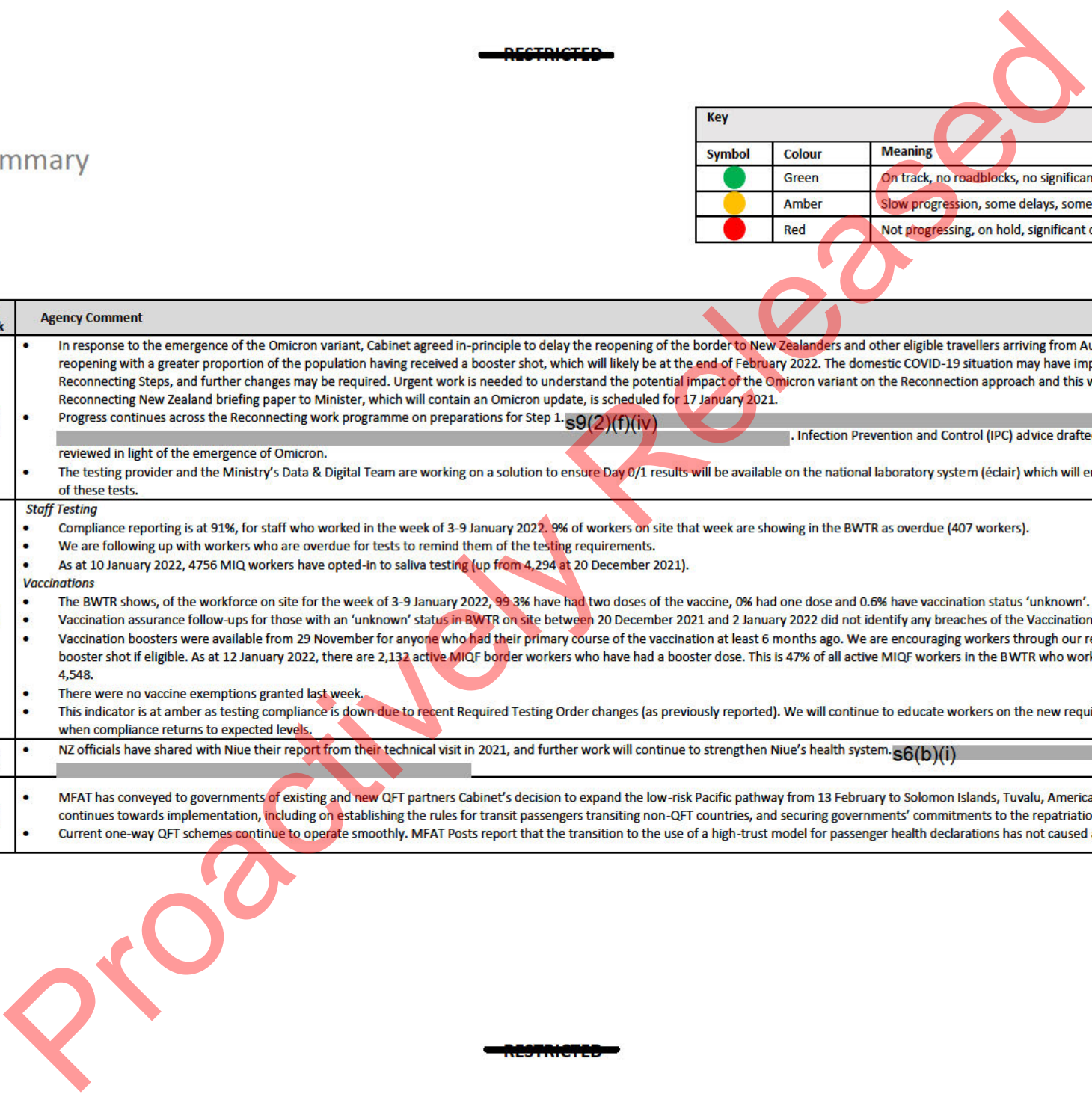
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# 1. Status Summary

Key		
Symbol	Colour	Meaning
<span style="color: green;">●</span>	Green	On track, no roadblocks, no significant delays anticipated
<span style="color: yellow;">●</span>	Amber	Slow progression, some delays, some roadblocks present
<span style="color: red;">●</span>	Red	Not progressing, on hold, significant delays

## Border

	Agency	Last Week	This Week	Agency Comment
Border Measures	MoH	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<ul style="list-style-type: none"> <li>In response to the emergence of the Omicron variant, Cabinet agreed in-principle to delay the reopening of the border to New Zealanders and other eligible travellers arriving from Australia (Step 1) to align the reopening with a greater proportion of the population having received a booster shot, which will likely be at the end of February 2022. The domestic COVID-19 situation may have implications for the timing of all the Reconnecting Steps, and further changes may be required. Urgent work is needed to understand the potential impact of the Omicron variant on the Reconnection approach and this work is underway. An updated Reconnecting New Zealand briefing paper to Minister, which will contain an Omicron update, is scheduled for 17 January 2021.</li> <li>Progress continues across the Reconnecting work programme on preparations for Step 1. <span style="background-color: grey; color: black;">s9(2)(f)(iv)</span>. Infection Prevention and Control (IPC) advice drafted for airports and airlines will be reviewed in light of the emergence of Omicron.</li> <li>The testing provider and the Ministry's Data &amp; Digital Team are working on a solution to ensure Day 0/1 results will be available on the national laboratory system (éclair) which will enable the monitoring and compliance of these tests.</li> </ul>
	Testing and vaccination of border workforce	MBIE	<span style="color: yellow;">●</span>	<span style="color: yellow;">●</span>
Two-way new travel pathways QFT		MAFT	<span style="color: green;">●</span>	<span style="color: green;">●</span>
	MFAT	<span style="color: green;">●</span>	<span style="color: green;">●</span>	<ul style="list-style-type: none"> <li>MFAT has conveyed to governments of existing and new QFT partners Cabinet's decision to expand the low-risk Pacific pathway from 13 February to Solomon Islands, Tuvalu, American Samoa, Kiribati and Nauru. Work continues towards implementation, including on establishing the rules for transit passengers transiting non-QFT countries, and securing governments' commitments to the repatriation of RSE workers.</li> <li>Current one-way QFT schemes continue to operate smoothly. MFAT Posts report that the transition to the use of a high-trust model for passenger health declarations has not caused any issues to date.</li> </ul>







### Managed Isolation and Quarantine and Return to the Community

Place and conditions of stay	Agency	Last Week	This Week	Agency Comment
	MBIE	●	●	<p><i>Ventilation Systems</i></p> <ul style="list-style-type: none"> <li>Ventilation remediation work has been completed at 31 of our 33 facilities, with 19 of those facilities fully signed off.</li> <li>Air Filtration Units were installed in all remaining quarantine rooms prior to Christmas.</li> </ul>
	MBIE	●	●	<p><i>Health workforce supporting MIQ</i></p> <ul style="list-style-type: none"> <li>The difficulty in recruiting and retaining health workforce continues to have implications for the MIQ system.</li> <li>The current border settings and MIQ practices mean we are in a strong position with regards to protecting NZ from the Omicron variant, however the large number of Omicron cases at the border and the increase of quarantine capacity needed is placing pressure on staff.</li> <li>DHBs are wanting to offer staff permanent contracts to provide more security to staff and alleviate concerns about the short-term nature of MIQ.</li> <li>MoH is working with DHBs and MBIE to better understand the gaps in the workforce and identify areas where the operating model can be amended as policy settings change.</li> </ul>
	MBIE	●	●	<p><i>P2/N95 Mask Implementation</i></p> <ul style="list-style-type: none"> <li>As of 7 January 2021 MBIE has completed approximately 2,380 tests with a pass rate of approximately 85%. We have set a testing target of 4,500 workers (based on the average workers on site per week).</li> <li>Completion of fit testing of our current workforce is expected by 31 January. From 1 February we will transition to BAU testing of new employees or new Defence Force rotations (who have not previously been tested).</li> <li>There are very low numbers of failed results that are not related to facial hair. We are beginning to work with MOH to identify alternate respiratory options for these workers.</li> <li>To date, we have had low numbers of First Security workers tested, and we expect the percentage of 'fails' to increase when they take up testing as they are a heavily bearded workforce.</li> <li>We forecast an overall fail rate of 22%, or 990 workers. We know many of those that fail will be in our security related roles.</li> <li>MIQs policy at present is that a fit test is required (a pass is not). However, we are doing some work currently to consider if it may become a mandatory site entry requirement to pass/or have completed a fit test.</li> </ul>

### Community Protection







Case investigation, surveillance and testing	Agency	Last Week	This Week	
	MoH	●	●	<p>As at 11.59pm, 11 January 2022, there have been:</p> <ul style="list-style-type: none"> <li>11,210 community cases since 17 August 2021. There are 678 community cases recorded as 'not recovered' that have been added in the past 21 days.</li> <li>31 cases who are currently in hospital.</li> <li>There are 4,832 open contacts.</li> </ul> <p><i>Testing operations</i></p> <ul style="list-style-type: none"> <li>Testing demand decreased over the holiday period. This was expected since we have seen this decrease in demand with all previous holiday periods / public holidays.</li> <li>Testing teams were still able to scale up and down as required over the holiday period when new cases were identified within a particular region/DHB.</li> <li>Mobile testing services were utilised to do testing at homes / aged residential care facilities / vulnerable communities etc., as required.</li> </ul> <p><i>Laboratory testing and capacity</i></p> <ul style="list-style-type: none"> <li>Laboratory testing demand decreased over the holiday period, down to the lowest level of 5,716 tests on 26 December 2021.</li> <li>Seven day rolling average has decreased from 21,019 tests processed pre-Christmas to as low as 10,705 on 1 January 2022.</li> <li>Several laboratories have received delivery of equipment purchased with support from the Ministry of Health and are now awaiting commissioning and validation before operationalisation.</li> <li>The Ministry of Health have purchased rapid PCR testing platforms and allocated these to DHBs and regions to support testing in specific regional and high-risk settings.</li> <li>Revised baseline volumes with considerations of additional testing equipment introductions will be available in weekly dashboard reporting commencing again on 14th January 2022.</li> </ul> <p><i>Rapid antigen rollout</i></p> <ul style="list-style-type: none"> <li>Community pharmacies continue to support supervised rapid antigen testing for the travellers leaving Auckland and those requiring proof of test for carriage condition.</li> <li>40,289 supervised tests were completed by 9 January 2022.</li> <li>Testing peaked at 4,496 on Christmas eve (24 December 2021).</li> <li>There were 29 positive and 21 failed results.</li> <li>As part of the rollout to community providers, 240 providers have been identified across various priority populations (Māori, Pacific, disability and mental health and addiction providers, as well as rural) to undertake supervised rapid antigen tests (RATs). Work is progressing on distributing RATs to these providers.</li> <li>Work has been progressed to develop the testing framework for Omicron, which includes the role of rapid antigen tests in the low, medium and high settings.</li> <li>Work is underway to ensure alignment with the Omicron strategy and Test, Trace, Isolate and Quarantine (TTIQ).</li> <li>Work is underway to engage with sectors identified in the testing framework as part of implementation planning.</li> </ul>

### Vaccination

Agency	Last Week	This Week	Agency Comment on Status of Focus Area
MoH			<p>As at 11.59 pm on 11 January 2022:</p> <ul style="list-style-type: none"> <li>8,494,785 vaccinations have been delivered, including 3,882,793 people who are fully vaccinated.</li> <li>95 percent of the eligible population has now received at least one dose. 93 percent of the eligible population is now fully vaccinated.</li> <li>4,900 doses of AstraZeneca have been administered.</li> <li>594,947 booster doses have been administered.</li> <li>4,742,266 My Vaccine Passes have been issued.</li> <li>Nineteen DHBs have hit or passed 90 percent first doses, and Northland is on 89 percent.</li> <li>Fifteen DHBs have all reached 90 percent fully vaccinated.</li> <li>Vaccinations for 5-to-11-year-olds will commence on 17 January 2022.</li> <li>On 21 December 2021, the eligibility for boosters reduced from six months after completion of the primary course to four months, with strong uptake from eligible consumers.</li> <li>Booster campaigns for residents in aged residential care facilities are progressing, with all DHBs expecting to complete booster vaccinations of eligible residents by early-to-mid-February 2022.</li> <li>All DHBs continue to focus on vaccinating hesitant and under-vaccinated populations, using a combination of small, targeted events and initiatives, mobile vaccine clinics, and onboarding additional Primary Care and community pharmacies as vaccination sites.</li> </ul>

Implementation and operation

### Resurgence Planning and Response

Agency	Last Week	This Week	Agency Comment on Status of Focus Area
DPMC			<ul style="list-style-type: none"> <li>An Omicron planning sprint is underway with a NRG workshop held on 11 January, which sought to identify actions that agencies can undertake within the next week-month, to prepare for cases on Omicron in the community. Summary collateral is being developed and will be shared with stakeholders, including CCB next week.</li> <li>Winter planning is due to commence in early February.</li> </ul>
MoH			<ul style="list-style-type: none"> <li>The COVID-19 Protection Framework Assessment Committee will meet on 17 January 2022 to undertake an assessment of traffic light settings ahead of the decision made by Ministers with Power to Act on 19 January 2022.</li> <li>The Ministry of Health has been working at-pace to determine operational shifts in our response in-light of the Omicron variant, so we can continue to protect New Zealanders under the COVID-19 Protection Framework. Initial steps included the development of an Omicron Strategy to guide our response; followed by a proposed TTIQ public health model which went to Hon Dr Ayesha Verrall as the acting Minister of Health on 11 January 2022 for discussion. Ministry Officials met with Ministers on 12 January 2022 to discuss the model and are working to incorporate feedback received. An updated model will be shared with Ministers once feedback has been incorporated before finalisation.</li> <li>This work continues to move at-pace and will be an iterative process as we understand more from what the science is telling us and learn from the international context. We will continue to provide updates to you as this work progresses.</li> </ul>
MoH			<ul style="list-style-type: none"> <li>The Ministry continues to monitor data on Omicron as it emerges. This includes the impact of Omicron on vaccine efficacy, severity of illness, and transmissibility as well as the impact of the variant on countries worldwide.</li> <li>The Ministry has now published a revised version of Aotearoa New Zealand's Surveillance Strategy. This version replaces previous versions published in January 2021 and August 2021. COVID-19 surveillance's goal is to monitor, evaluate and inform the equitable delivery of Aotearoa New Zealand's COVID-19 Minimisation and Protection Strategy (of which the COVID-19 Protection Framework will be part). The Strategy has five key objectives:                             <ul style="list-style-type: none"> <li>Objective One: monitor and describe the incidence, prevalence, geographic spread, and severity of COVID-19 in the population to estimate the burden of disease, assess trends, viral changes, and inform appropriate prevention and mitigation measures.</li> <li>Objective Two: assess COVID-19 relevant data and impacts on equity settings and populations at higher-risk for transmission, and poorer clinical and other outcomes.</li> <li>Objective Three: monitor critical health services, systems, and behaviours with the specific objective of measuring the potential impact of the COVID-19 pandemic on the delivery of care in hospitals and the health system, including impact on the workforce and community care.</li> <li>Objective Four: monitor COVID-19 at the international border, international intelligence and evidence related to the pandemic, and other health security risks (ie, other communicable and infectious diseases) to determine how they may impact Aotearoa New Zealand.</li> <li>Objective Five: evaluate the impact of central decision making on the public health response to adjust the choice of strategies, as well as timing and intensity.</li> </ul> </li> </ul>

COVID-19 Management planning including review of the response

Readiness planning



Resurgence Planning and Response (Continued)

QFT response

Agency	Last Week	This Week	Agency Comment on Status of Focus Area
MBIE	●	●	<p><i>MIQ's Response to the Delta Outbreak (community cases) and the increase number of Omicron cases (border)</i></p> <ul style="list-style-type: none"><li>• MIQ is running two quarantine facilities in Auckland and work is underway to convert the Novotel Ellerslie into a dual facility to enable MIQ to support border returnees and those who test positive. There are a number of Delta cases that continue to be supported by care in the community.</li><li>• Further work is underway across the regions to determine where there is a need to move facilities from isolation to quarantine. This may have an impact on the number of people we can bring back to New Zealand as the need for quarantine facilities increases.</li><li>• With the increase to the duration of MIQ stays to 10 days, this is also putting pressure on facilities.</li></ul>

Proactively Released

## 2. COVID-19 Insights

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

#### 2.1.1 The Impact of Long COVID Overseas

##### Introduction

The Insights and Reporting Team in the DPMC's COVID-19 Group have analysed the impact overseas of post COVID-19 health related conditions, known collectively as Long COVID, and how this impacts the workforce and wider society. This report includes a definition of Long COVID, its prevalence, its impact on workforces and social welfare implications, government responses to it internationally, and its economic impact overseas. Countries analysed include the United Kingdom, Spain, Sweden, Ireland, and the United States.

##### Long COVID Definition

Most people with COVID-19 recover completely and return to normal health. However, some people who have been infected with COVID-19 report a diverse range of symptoms beyond the usual time of recovery. Throughout the pandemic, various definitions have been used to describe the ongoing health impacts of COVID-19.<sup>1</sup> The term 'Long COVID' has been commonly used. Long COVID has been observed in various studies and anecdotal reports, and the definition and attributed symptoms of the condition has varied. In October 2021, the World Health Organisation (WHO) proposed the following definition:

*"a condition that occurs in individuals with a history of probable or confirmed COVID-19 infection with symptoms that last for at least two months and cannot be explained by an alternative diagnosis. Common symptoms include fatigue, shortness of breath and cognitive dysfunction (brain fog and memory loss) as well as a range of other symptoms that generally impact on every-day activities."<sup>2</sup>*

##### Long COVID Prevalence Overseas

It is difficult to determine the prevalence of long COVID. In the countries analysed for this report, the reported prevalence of Long COVID among those who have had COVID-19 generally varied between 4% and 30%.<sup>3</sup> Given the difficulties in defining the illness, and therefore precisely quantifying it, as well as different studies varying, these are estimates. Larger international studies are now underway, which will help give a clearer picture of the frequency of Long COVID. Additionally, more research is required to identify which demographic groups are more likely to be impacted by Long COVID. Some factors have been identified as potential risk factors including older age, higher body mass index and being female.<sup>4</sup> It is also unclear how effective vaccines are against the prevention of developing Long COVID, beyond the protection they offer against contracting COVID-19 in the first place.<sup>5</sup> Details of the prevalence of Long COVID by country are included below:

**United Kingdom** – the United Kingdom Office for National Statistics estimated that by 2 October 2021, 1.9% of the population, or 1.2 million people in the United Kingdom, were experiencing some form of Long COVID.<sup>6</sup> A further study suggested that around 1 in 7 children suffered from Long COVID 15 weeks after infection. This equates to 15% of all cases observed up until that point.<sup>7 8</sup>

**Spain** – initial estimates suggest 10% of all COVID-19 cases, or half a million people in Spain could be suffering from Long COVID. However, some medical and data organisations in Spain such as Datadista, have suggested that the real figure could be closer to 10-15% of actual case numbers, or between 750,000–1.1 million sufferers, as the real number of cases, particularly early on in the pandemic, were likely under reported.<sup>9</sup>

**Sweden** – there is no official data on the number of Long COVID cases in Sweden, however the Swedish Royal Academy of Science estimated in December 2021 that between 50,000 and 100,000 people are likely to have been affected, which would equate to between 4-8% of cases recorded in Sweden at the start of December.<sup>10</sup>

<sup>11</sup>

**Ireland** – although evidence is limited, Ireland's Minister of Health predicted 10% of the country's 600,000 cases have been impacted by Long COVID. Ireland's Health Service Executive has noted the difficulty in collecting case data and has called for longer term observational studies to take place.<sup>12</sup>

**United States** – estimates suggest that between 23-30% of COVID-19 cases developed long-COVID-19, which would equate to between 11.5 and 15 million people. These estimates are based on private studies rather than official data. Studies in the United States also found that those hospitalised were 46 times more likely to develop Long COVID.<sup>13</sup>

### **Impacts and Responses to Long COVID Overseas**

Across the example countries analysed there have been varying degrees of government response both in terms of research and direct support for sufferers of Long COVID. There have also been varying degrees of social, workplace and economic impacts observed. These are explored below.

#### *Government Responses to Long COVID*

Governments are at varying stages of their responses to Long COVID with some countries yet to fully define the disease, whilst others have pledged significant amounts of money towards research and providing guidance. In part due to the fact that the condition remains only partially understood much of the response from overseas governments has come in the form of guidance on how to define and deal with Long COVID and research funding. Details of the government responses to Long COVID by country are included below:

**United Kingdom** – the government has yet to specify that Long COVID is a disability as part of the Equality Act. The government has, however, invested £34 million (NZ\$67.9 million) through the National Health Service, (NHS), in 80 clinics across England, dedicated to the treatment of Long COVID. The NHS has also established an app that provides information on Long COVID symptoms and advice on managing recovery. The United Kingdom has also invested £20 million (NZ\$39.2 million) into 15 new studies researching Long COVID.<sup>14</sup>

**Spain** – in November the Ministry of Health included Long COVID in its “Action Protocol” related to COVID-19 exposure, which in practice means that workers with Long COVID must be assessed to determine whether they require adaptations to their work settings upon their return. The government has also recognised COVID-19 as an occupational illness for some frontline workers, which ensures that those impacted by COVID-19, receive lifetime social insurance coverage to deal with longer term side effects. Spain’s leading public research agency, the Carlos III Health Institute (ISCIII), is currently undertaking a comprehensive study on Long COVID, with the aim of agreeing a common diagnosis and definition, mapping its prevalence domestically, and measuring its possible impact on the Spanish public healthcare system.<sup>15</sup>

**Sweden** – the government has undertaken a number of initiatives to highlight and target issues related to Long COVID. The National Board of Health and Welfare produced recommendations to support decision makers and health care staff in dealing with Long COVID as well as guidance to social security providers mentioned further in the section on social welfare below. The Board updates its recommendations as and when new data becomes available. In January 2021, the Swedish Research Council allocated 50 million SEK (NZ\$8.17 million) for research into Long COVID, including improving understanding of symptoms, causes and treatments for the condition.<sup>16</sup>

**Ireland** – it is reported that there has been little in the way of direct government action in Ireland in relation to defining Long COVID, and its implications on workers. This has led to some advocacy groups within Ireland, including Long COVID Ireland and the Irish Society of Chartered Physiotherapists, to call for better understanding of the condition and to standardise treatment. A prominent independent study conducted in Ireland identified a relationship between Long COVID and heart conditions.<sup>17</sup>

**United States** – In July 2021 the Department of Health and Human Services and Department of Justice jointly released guidance on how Long COVID can be considered a disability under the Americans with Disabilities Act (ADA). The ADA protects people with disabilities from workplace discrimination and compels employers to make reasonable accommodations for employees with disabilities. The United States government is funding research worth \$1.15 billion, (NZ\$1.70 billion), over four years through the National Institutes of Health to understand the causes of Long COVID.<sup>18</sup>

#### *Recognition of Long COVID’s Impact on Workforce and Social Welfare Implications*

COVID-19 related welfare benefits in each country analysed ranged from very limited support to specific benefits related to COVID-19, however there appeared to be at least some barriers to access in each example. There was no evidence reported to suggest that Long COVID had led to any major business continuity issues in any of the example countries analysed. However, the health impacts of Long COVID on workers remains only partly understood in many countries, including the countries detailed in this report. As such the overall



social and financial impact of Long COVID is also poorly understood. Details of the workforce and social welfare implications of Long COVID by country are included below:

**United Kingdom** – Long COVID is not specifically defined as a disability in the United Kingdom and so receipt of disability benefits is not guaranteed. The United Kingdom’s Trade Union Congress (TUC) reported several instances of workers facing suspicion regarding the legitimacy of their diagnosis from employers, with some employees being subjected to HR processes. The TUC has also recommended the government undertake an inquiry into the disproportionate impact of Long COVID on certain groups, as well as specifying Long COVID as a disability under the Equality Act which would allow access to disablement benefits.<sup>19</sup>

**Spain** – COVID-19 sick leave cost the Spanish social security system an estimated €1.8bn (NZ\$3.0 billion) in 2020, accounting for nearly 20% of total disability spending (€10 billion or NZ\$16.7 billion). Although 90% of workers were able to return to work within 3 weeks of infection, an estimated 100,000 people were absent for longer than 12 weeks. Due to a lack of official recognition of long COVID, it is standard practice for extended COVID-19 related leave to be classed under “common” illness leave which entitles workers to a reduced level of sick pay.<sup>20</sup>

**Sweden** – The Social Insurance Agency has looked to the National Board of Health and Welfare for guidance on how to assess people with Long COVID and whether they qualify for a sickness benefit. Currently employers are expected to pay two weeks of sick leave, after which the Social Insurance Agency would support patients through already established sickness entitlements.<sup>21</sup>

**Ireland** – Employers in Ireland are advised to treat Long COVID as they would any disability and allow for reasonable modifications to an employee’s method or manner of work to allow them to return to the workplace. Specific COVID-19 related sickness payments of €350 (NZ\$584) per week run to a maximum of 10 weeks. Workers can apply for special leave with pay for as long as it takes to recover if a specific link between attending work and contracting the virus can be shown. The Service Industrial Professional and Technical Union, (SIPTU) estimated that up to 400 healthcare workers were suffering from Long COVID.<sup>22</sup>

**United States** – Since December 2020, around 16,000 people with Long COVID successfully applied for social security disability benefits that average \$1,280 (NZ\$1863) a month.<sup>23</sup> However, it is noted that many sufferers have found it difficult to apply for disability benefits, as rules stipulate that symptoms of a disability should have lasted at least 12 months before a claim can be made, whilst the administration of social security is running at reduced capacity due to in person services being cancelled.<sup>24</sup>

#### *Economic Impacts of Long COVID*

A growing body of research that suggests that the long-term economic impacts of COVID-19 may be significant, as explored below.

In February 2021 the WHO published a policy brief which aimed to raise awareness of Long COVID and to provide a resource for those in decision-making roles. It pointed to the debilitating nature of the condition noted that it may have significant economic consequences for patients, their families and for society.<sup>25</sup> In commentary around the report, the European Regional Director of the WHO, Hans Kluge, stated that Long COVID could have “severe social, economic, health and occupational consequences”, and that “the burden is real and significant”. Hans Kluge also noted that Long COVID is a priority for the WHO and should be for all health authorities.<sup>26</sup>

A study conducted by the Mount Sinai hospital in New York looked at how Long COVID can affect people’s ability to work. The study surveyed patients who had recovered from an initial COVID-19 infection. Half were unable to return to full employment.<sup>27</sup> Two thirds of the study subjects reported brain fog and memory loss, and some reported an inability to form new memories and difficulty speaking. The symptoms of Long COVID were noted in people across all age groups.<sup>28</sup>

A study in the United Kingdom found that 1 in 5 patients discharged from hospital after suffering from COVID-19 left with a new disability linked to Long COVID.<sup>29</sup>

An assessment of the global burden of Long COVID (which analysed the years of life lived while experiencing disabling consequences of disease, and years of life lost because of premature death) found that 30% of the COVID-19 health burden could be due to COVID-19 induced disability.<sup>30</sup> A study published in July 2021, which reported on a survey of nearly 4,000 people from 56 countries, identified fatigue, brain fog and post-

exertional malaise as the most common symptoms of Long COVID.<sup>31</sup> Two thirds of participants were still experiencing an average of 14 symptoms after 6 months. 45% of participants reported needing to reduce their work schedule and 22% were unable to work at all.<sup>32</sup>

## 2.2 Insight of Note Written by the Ministry of Health

### 2.2.1 COVID-19 International Perspectives

Daily reported COVID-19 cases globally continue to surge to record levels; over 2.4 million cases are being reported daily and almost 17 million cases have been reported in the past week.<sup>33</sup> Global deaths have declined since the start of December, with 6,100 deaths reported daily.<sup>34</sup> New reported cases in Oceania, North America, South America, Asia, and Europe are increasing, while cases are plateauing in Africa. Deaths globally have not yet surged; however, it may be too soon to predict the full impact Omicron could have on deaths globally. Omicron has been detected in at least 142 countries to date and is now the predominant variant in at least 34 countries.<sup>35</sup> Due to limited whole genome sequencing in many jurisdictions, the prevalence of the variant is very likely higher than reported.

In Aotearoa New Zealand, the only Omicron cases as of 12 January were from international arrivals, detected at the border. As of 12 January 2022, there has been a surge in cases detected at the border, with 309 imported cases reported in the past two weeks. In general, countries with a significant surge in Omicron cases have responded by promoting the booster vaccination campaign, increasing use of rapid antigen tests (RATs), revising contact definitions, and shortening isolation periods for cases. However, case numbers in these countries are still increasing. Key challenges for countries with surges in cases driven by the Omicron variant include lack of accessibility to RATs and PCR testing leading to high test positivity, limited health system capacity including workforce shortages, lags and underreporting of cases and deaths, and pandemic fatigue resulting in lower adherence to restriction measures. Australia and the United States of America have been included in the following country case studies.

Point of departure	Acute	Historical	Total	Arrivals	Acute cases per 1000 arrivals
Australia	54	2	56	1,232	43.8
United States of America	44	0	44	545	80.7
Unknown	35	0	35	-	-
United Arab Emirates	34	0	34	88	386.4
India	28	0	28	370	75.7
Iraq	24	0	24	9	2,666.7
Fiji	23	0	23	53	434.0
United Kingdom	16	4	20	919	17.4
Singapore	15	0	15	90	166.7
Brazil	5	0	5	15	333.3
France	4	0	4	74	54.1
Philippines	4	0	4	104	38.5
Malaysia	3	0	3	31	96.8
Saudi Arabia	3	0	3	26	115.4
Ireland	2	0	2	71	28.2
Pakistan	2	0	2	31	64.5
Portugal	2	0	2	6	
South Africa	2	0	2	71	28.2
Sri Lanka	2	0	2	22	90.9
Total	309	6	315	5,349	

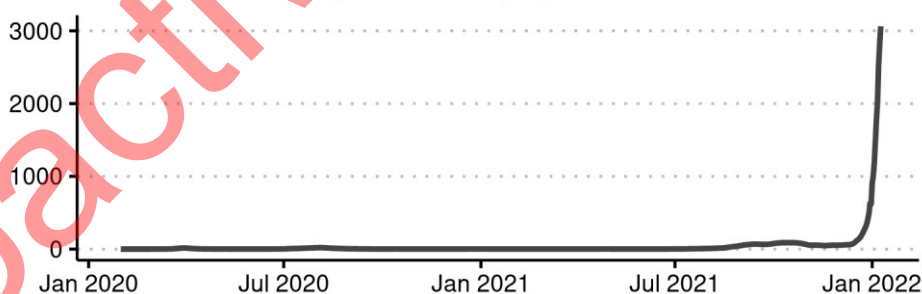
Source: Ministry of Health. Note: Table excludes jurisdictions with only one imported case

### Australia<sup>36</sup>

- With Omicron now the dominant variant in Australia, COVID-19 cases continue to far exceed previous waves and are likely markedly underestimated. There are currently almost 700,000 known active cases in the country, around 2.7% of the population.<sup>37</sup>
- While all states are experiencing an unprecedented surge in cases, except Western Australia, most cases are currently being reported in New South Wales (NSW), Victoria and Queensland, reporting 48%, 30% and 14% of the 473,643 cases in the 7 days to 10 January 2022, respectively.<sup>38</sup>
- The true number of cases and tests are markedly underestimated. The testing system is under extreme strain; there is a lack of access to testing, particularly in NSW and Victoria. As a result, test positivity is climbing rapidly, currently at an all-time high of 22.5%.<sup>39</sup>
- s9(2)(ba)(i)
- The proportion of infections that result in hospitalisations and deaths in Australia is far lower than in previous outbreaks; however, due to the volume of cases, hospitalisations are at a record high and climbing. Over 3,800 are hospitalised across Australia as of 10 January, compared to a peak of just over 1,500 during the Delta wave in late 2021.<sup>41</sup>
- Of note, COVID-19 hospitalisation counts include both those in hospital due to COVID-19 and those who have COVID-19 but are hospitalised for other reasons.<sup>42</sup>
- Deaths are also increasing, with a 7-day average of 17 deaths per day.<sup>43</sup>
- The test, trace, isolate and quarantine (TTIQ) system has been overhauled in light of the Omicron variant. Australia has moved to rapid antigen testing as the primary diagnostic tool for COVID-19.<sup>44</sup> Positive RATs are required to be self-reported, and are no longer followed up with a PCR Test.<sup>45</sup>
- RATs are fully subsidised for close contacts and those with symptoms but otherwise must be privately purchased.<sup>46</sup>
- At the international border, arrivals are no longer tested on day 5-7 after arrival. Fully vaccinated travellers with a pre-departure test may enter Australia, while testing and quarantine upon arrival differs by state.<sup>47</sup>

### COVID-19 cases in Australia

Daily new cases per million population



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

### United States of America

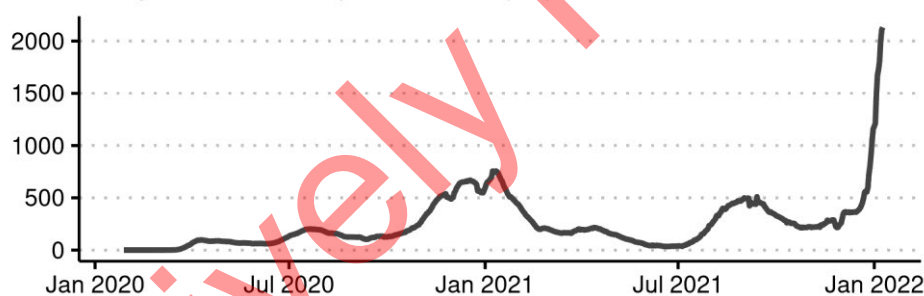
- With the Omicron variant spreading rapidly in the USA, the 7-day rolling average of daily new COVID-19 cases has risen to an all-time high of just over 700,000 cases, compared to 394,000 cases only one week prior in the population of 329 million.<sup>48</sup>
- The Northeast region, including Rhode Island, New York, and New Jersey has the highest daily case rates.<sup>49</sup>



- Test positivity is at an all-time high at 24.3%.<sup>50</sup> Case numbers are likely to be underestimated due to long wait-times at free testing sites, lack of accessibility to RATs due to high cost and unavailability, and inconsistencies in the reporting of self-administered RATs.<sup>51</sup>
- Daily new confirmed COVID-19 deaths have increased to 1,615 from 1,233 a week prior.<sup>52</sup>
- The number of COVID-19 patients in hospital and ICU has also increased since the end of 2021 to 130,459 and 22,697, respectively.<sup>53</sup>
- According to the CDC, hospitalisations in those aged 4 and younger have risen to the highest levels since the beginning of the pandemic; this age group remains ineligible for vaccination, which may explain the rise in part.<sup>54</sup>
- The US Department of Health and Human Services states that 24% of US hospitals are reporting a “critical staffing shortage” as frontline health care workers are either infected or forced to quarantine due to COVID-19 exposure. To protect hospital capacity, some facilities have removed all elective surgeries.<sup>55</sup>
- The USA has focussed on promoting its booster vaccination campaign; 36.3% of the population have received a booster dose.<sup>56</sup>
- President Biden’s former health advisors cautioned focussing on vaccines alone, noting that mask-wearing and linking testing to treatments were also critical. They recommended easy access to affordable tests, more aggressive use of vaccine mandates (particularly in workplaces), improved data collection by the CDC, and faster development of vaccines and treatments.<sup>57</sup>

### COVID-19 cases in United States of America

Daily new cases per million population



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

#### India

- India is preparing for a third wave, likely driven by the Omicron variant. COVID-19 cases have been rapidly increasing since the start of 2022, with a current 7-day rolling average of 112,120 new cases, an increase from 14,618 a week prior in a population of 1.38 billion.<sup>58</sup>
- Omicron has been detected in 27 states across India. Scientists working on genome sequencing of positive clinical samples have noted that the Omicron variant is rapidly replacing the Delta variant in several states such as Delhi and Maharashtra.<sup>59</sup>
- In the current surge, approximately 5% to 10% of active COVID-19 cases in major cities have needed hospitalisation.<sup>60</sup>
- At a health system level, health officials have noted that India is better prepared since the last Delta surge in July 2021 since they have “bolstered healthcare, built oxygen plants, and added beds to hospitals”. Furthermore, approximately 47% of the population is fully vaccinated with two doses or has antibodies from previous infections. In March 2021, <1% of the population was fully vaccinated.<sup>61</sup>
- In response to the Omicron surge, the country has focussed on improving vaccination rates. From 3 January 2022, COVID-19 vaccinations began for children aged between 15 and 18 years. From 10 January 2022, the country began administering third ‘precautionary booster doses’ to priority

groups including health care and frontline workers as well as those aged 60 years and over with co-morbidities.<sup>62</sup>

- Many regions have also reintroduced restrictions. Delhi now has a night curfew from 10pm to 5am, 50% capacity for offices and public transport, closure of public venues including cinemas, gyms, bars, schools and universities, and limits on the opening of shops and malls with non-essential goods and services.<sup>63</sup>

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.

#### **COVID-19 Care in the Community**

There has been considerable work completed by the COVID-19 Care in the Community programme providing the sector with guidance on the next steps for the programme:

- 20 December 2021: The updated version of the *COVID-19 Care in the Community Framework* was distributed to the sector. This framework provides direction for organisations and providers who are caring for people who have tested positive for COVID-19 (and their whānau/household), and who are isolating in the community.
- 20 December 2021: A letter from the Ministry of Health was sent to District Health Board (DHB) Chief Executives to inform them of the extension of the funding of the Community-Supported Isolation and Quarantine (Community-SIQ) service until 30 June 2022, and funding arrangements for alternative accommodation over the summer period. This provided DHBs with some certainty while the Ministry of Health and the key COVID-19 Care in the Community agencies work together to determine the appropriate lead agency for alternative accommodation.
- 22 December 2021: A letter from the Ministry of Health was sent to DHB and Primary Health Organisation (PHO) Chief Executives providing them with funding information to support primary care (Kaupapa Māori and Pacific providers, general practice, and community pharmacies) delivery of COVID-19 Care in the Community clinical services. This provided an update on decisions made at the 20 December 2021 Cabinet meeting.
- 22 December 2021: Two accommodation-specific documents were published on the Ministry of Health's website providing guidance for: temporary accommodation providers such as campervans, holiday parks and motels; and isolating in apartments.
  - The documents were developed in consultation with housing agencies such as the Ministry of Business, Immigration and Employment (MBIE), Ministry of Housing and Urban Development (MHUD) and Kāinga Ora.

The COVID-19 Care in the Community programme is currently reviewing the suite of advice issued in late December 2021 to ensure it reflects the emerging threat of the Omicron variant. We are also actively implementing a range of initiatives to prepare for the potential of an Omicron outbreak. These include:

- Self-service and automation of digital platforms to allow primary care to manage an increased number of cases. New functionality across key platforms that support the delivery of COVID-19 Care in the Community have been developed or are under active development, with incremental releases expected over the next fortnight. Text messaging has proven to have a higher engagement rate than other mediums such as phone calls, My COVID Record, and emails. We are looking to embed more text message functionality such as positive cases receiving notification of their test results and information packs with web links via text. This enables greater nationwide consistency and ensures that positive cases receive consistent information during their isolation period.
- Cases will be able to complete contact tracing information online rather than via phone.
- Revision of the COVID-19 Care in the Community Framework and accommodation guidance to ensure they reflect public health advice on the Omicron variant.
- Liaising with the Ministry of Social Development (MSD) to consider an increase of scale in prioritisation of welfare support for those in greatest need.
- Engagement meetings with general practice and community pharmacy to provide a briefing on working assumptions as we continue planning for Omicron.



## Metrics

On 21 December 2021, Cabinet approved the proposed measures for the COVID-19 Care in the Community programme as outlined in the Cabinet paper "*COVID-19 Care in the Community – Health System Readiness and Preparation*". The team continues to develop the dashboard reporting on the metrics as outlined in the Cabinet paper.

Additionally, the team is looking at different/additional metrics for Omicron based on the self-service model.

## DHB resurgence plans and regional plans

Based on the findings from desktop reviews of a sample of DHB Resurgence Plans the team 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 with DHBs on the parts of their plans which were not ready, to identify progress and clarify issues and support needed.

## Workforce

The focus for the workforce team is on:

- planning and supporting regions in regard to Omicron community transmission
- understanding workforce planning and support needs for 'Aged Residential Care' ARC
- involvement in initial discussions on booster vaccine mandates.

## Next steps

We will identify any changes and further work required to prepare for a potential outbreak of the Omicron variant.

### 3.1.2 Vaccination Order

#### Temporary Medical Exemptions

As at 9.00am on 12 January 2021, 1,494 applications for a Temporary Medical Exemption have been received.

- 997 applications were processed by the Panel and presented to the Director-General. 507 were declined and 490 were granted exemptions. Of this, 351 were granted exemptions for two-dose non-placebo vaccine trial participants (Category 3A).
- 379 applications were returned as incomplete and unable to proceed to the Panel.
- 118 applications are open.
- The panel will next meet on 17 January 2022.

#### Temporary Significant Service Disruption

As at 4.00pm on 11 January 2021, 445 applications for a Significant Service Disruption Exemption have been received.

- 248 applications have had decisions made by the Minister (Hon Chris Hipkins). 235 were declined, 11 were granted, one was returned for further information (Access Health) and one has decided not to proceed with the application.
- Five 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.
- 23 applications were pending consideration by the Panel on 11 January 2021, including applications for New Zealand Health Group for three staff who work for the same family and one additional person for another client.
- 156 applications were returned to PCBU applicants as they were incomplete from the triage process.

- No applications are awaiting triage in the inbox.

Over this week and next, (10 – 23 January 2021) the Ministry is hosting webinars for key stakeholders on upcoming changes to the Vaccination Order.

### 3.1.3 COVID-19 Vaccine and Immunisation Programme

As at 11.59 pm on 11 January 2022, 8,494,785 vaccinations have been delivered, including 3,983,660 first doses and 3,882,793 second doses. 4,900 of the doses administered are AstraZeneca vaccines.

33,385 immunocompromised people have received their third primary dose.

594,947 booster doses have been administered.

95 percent of the eligible population has now received at least one dose, and 93 percent of the eligible population are fully vaccinated. Of those fully vaccinated, 12.1 percent are Māori and 6.7 percent are Pasifika.

652 sites were active on 11 January 2022.

#### **Driving uptake**

Nineteen DHBs have hit or passed 90 percent first doses. The remaining DHB, Northland, is at 89 percent. 15 DHBs have reached 90 percent second doses.

The Ministry continues to support the DHBs with lower vaccination rates. 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 preparing for vaccination of 5 to 11-year-olds.

#### **5 to 11-year-olds**

Medsafe granted provisional approval for the use of the paediatric vaccine for children aged 5 to 11 years on 16 December 2021. Following COVID-19 Vaccine Technical Advisory Group advice, Cabinet approved the 'decision to use' on 20 December 2021.

The programme is confident in its operational readiness to begin the rollout of the paediatric vaccine to this age cohort from 17 January 2022. As there is sufficient supply of the paediatric vaccine, all children aged 5 to 11 years will become eligible on 17 January 2022.

The rollout of the paediatric vaccine will take a whānau-based approach, utilising pre-existing vaccination delivery methods. 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.

Paediatric doses will be available at a smaller number of vaccination sites. This was decided to allow sites to order paediatric doses and for these sites to be made available on Book My Vaccine for paediatric appointments. When selecting sites to administer paediatric vaccines, DHBs were asked to consider the location and nature of providers to support achieving equitable outcomes, to focus on areas with low vaccination rates and promote access.

#### **Booster Doses**

On 21 December 2021, it was announced that the timeframe for eligibility for booster doses would change from six months after completing the primary vaccine course to four months.

Demand for booster doses has been strong. As at 17 January 2022, there will be 1,567,551 consumers eligible for booster doses. As at 11 January 2022, 595,676 eligible people had received a COVID-19 booster dose. As of 17 January 2022, there is expected to be approximately 965,000 people eligible who have not yet received or booked a booster vaccination. From 17 January 2022, the Book My Vaccine site will be able to provide bookings for boosters with the four-month timeframe.

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. Fourteen DHBs are expected to have completed booster vaccinations of eligible ARC residents by the end of January 2022. The remainder expect to complete in early to mid-February 2022.

### **Equity**

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

First dose rates for Māori and Pacific peoples continue to increase, with Māori now over 88 percent first doses and Pasifika over 95 percent.

DHBs are focussed 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.

### **Technology**

As at 11.59pm on 11 January 2022, 4,742,266 My COVID Passes have been issued to 3,757,725 individuals. This represents 96.2 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.

The COVID Immunisation Register (CIR) will be able to record administration of vaccines to 5-to-11-year-olds from 17 January 2022.

#### 3.1.4 Technical Advisory Group: Update

##### **COVID-19 TAG**

The next COVID-19 Technical Advisory Group (COVID-19 TAG) meeting is scheduled for 28 January 2022 and an update will be provided in a future Weekly Report.

##### **CV TAG**

The next COVID-19 Vaccine Technical Advisory Group (CV TAG) meeting is scheduled for 18 January 2022 and an update will be provided in a future Weekly Report.

##### **Therapeutics TAG**

The COVID-19 Therapeutics Technical Advisory Group (Therapeutics TAG) will meet on 14 January 2022. Topics discussed will follow in the next update.

##### **CT TAG**

The COVID-19 Testing Technical Advisory Group (CT TAG) did not meet in the week commencing 10 January 2022. The next CT TAG meeting has not been scheduled as of yet.



### 3.1.5 Communications Issues and Activities

As at 11 January 2022

Date	Activity	Lead agency	Comms material	Ministerial Involvement
11/01/22 ongoing	Omicron planning: preparing messaging and guidance around a new Test, Trace, Isolate and Quarantine (TTIQ) model to manage Omicron in the community. This includes the use of Rapid Antigen Tests.	MoH	Communications, key messages, website, stakeholder engagement	Optional
11/01/22	Testing/Data & Digital: text notifications for positive test results.	MoH	Stakeholder comms	Optional
11/01/22	Border workforce booster requirement	MoH/ MBIE	Stakeholder comms	No
11/01/22	Health System Preparedness: Stakeholder communications around funding and Omicron planning for the Care in the Community Framework and health system preparedness.	MoH	Website, health stakeholders	No
12/01/22	Updated Guidance for international aircrew to reduce the risk of COVID-19infection published.	MoH	Website update, stakeholder communications	No
11/01/22 ongoing	Delta community outbreak: daily communications and support for the health sector and public, including cases beyond Auckland throughout the regions. Locations of interest and updated health advice.	MOH/DPMC	Talking points, key messages, communications, website, stakeholder communications	Optional
17/01/22	Auckland boundary: Reminder of travel conditions being lifted on 17 January 2022.		Talking points, stakeholder communications	Optional

## 4. Managed Isolation and Quarantine Weekly Report

### 4.1 Items to Note/Updates

#### 4.1.1 MIQ Response to the COVID Outbreak

With an increasing number of returnees testing positive to Omicron and the continued number of community cases, there is a significant strain on our capacity. MIQ has two quarantine facilities in Auckland and work is underway to convert the Novotel Ellerslie to a quarantine facility to ensure MIQ has capacity for positive cases. Whilst most Delta positive cases are cared for by Care in the Community, there are still some high-risk cases that are referred to MIQ by ARPHS.

Across the regions the following work is underway to support both returnees and positive cases:

- Grand Mercure Wellington has increased their quarantine capacity from 13 to 26.
- Initial work is underway in Hamilton to look at options for positive border cases.

The impact of the move from a 7 day stay to a 10-day stay has also placed a strain on capacity and MBIE-MIQ is working through various options to ensure both returnees and positive cases can be accommodated.

#### 4.1.2 Reconnecting NZ: Self-isolation for Opening the Australia Border

Following the announcement to postpone the opening of the Australian border, the work underway by agencies slowed down as resources were moved to help bring eligible returnees back from Australia. This week work has recommenced with a meeting of officials from MBIE, Ministry of Health, Customs and DPMC. This group is working towards an implementation date of 28 February pending further consideration by Cabinet of the timeline and implementation options later in January.

Work continues via various work streams such as communications, testing and monitoring/compliance however, until key policy decisions are made Reconnecting New Zealand progress is limited.

#### 4.1.3 Issuing of MIQ Vouchers for Eligible Returnees From Australia

Officials have been working to facilitate the return of people from Australia who have been significantly impacted by the deferral of Step One of Reconnecting New Zealand (briefing 2122-2262 refers).

MBIE have focused on 3 groups of people:

1. People who travelled to Australia following the Government's announcement on 24 November 2021, and before 22 December 2021, with return tickets to New Zealand from 17 January 2022 onwards. These people did not have a managed isolation voucher as they had expected to return to self-isolate.
2. People due to travel from Australia between 17 January 2022 and late February 2022 who do hold a voucher but who have been affected by flight cancellations. MBIE are working with airlines and those people to reschedule their vouchers to match up with rescheduled flights.
3. Those travelling from Australia who held a managed isolation voucher for prior to the end of February who proactively cancelled it thinking they would not need it as they would be able to self-isolate from 17 January 2022.

MBIE have been working closely with airlines to contact these travellers over the past 10 days to provide them with an MIQ voucher if they wish to return before February.

As of Tuesday 11 January, we have issued vouchers for 542 passengers (324 rooms) who travelled to Australia between November 24 2021 and December 22 2021, or who held a valid voucher and cancelled it on the basis that they could self-isolate after 17 January 2022.

MBIE are also implementing a new emergency allocation category for New Zealand citizens in Australia who face significant and severe hardship if they do not return to New Zealand in the next 2 months.

This new category is available for people that made significant steps between 24 November and 22 December 2021 to return to New Zealand between 17 January and 29 February on the basis that Step One would be implemented and they would face significant issues if their travel is delayed beyond that timeframe.

Examples include the sale of homes or termination of leases, resigning from their job, and/or acceptance of employment in New Zealand which cannot be delayed.

#### 4.1.4 Invoicing Resumed After Data Issue

MBIE have been working with MOH on a data issue caused by the change to people staying 7 days in MIQ and then self-isolating at home for 3 days. This caused a temporary pause on invoicing from 10 December 2021 to 5 January 2022. The issue has been corrected.

#### 4.1.5 Reducing the Fee Waiver Backlog

At the end of 2021 MBIE reported on the backlog of fee waiver applications. As of Wednesday 15 December, MBIE reported that 4,013 applications were waiting to process or being processed, and there were a further 1,108 applications where MBIE were waiting for information from the customer.

The team worked over the Christmas period, but progress was slowed by a significant number of staff being on much needed leave. The team is back to full strength this week augmented by staff from other areas.

The table below shows the current state of work on hand, from the initial backlog number as at 13 December 2021 (Please note, the numbers differ slightly from the numbers provided on 15 December to align with the usual reporting period on Monday each week and this will be consistent for future reporting).

Status	Backlog at 13 Dec 2021	New Applications Received	Backlog at 09 Jan 2022
Processing or to be processed	3979	592	3325
Waiting for Customer	1108	5	1454
<b>Total</b>	<b>5087</b>	<b>597</b>	<b>4779</b>

The team have taken action on 1,587 applications during the period from 13 December to 9 January. 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 597 new applications received since 13 December 2021, the work on hand has a net reduction of 308. MBIE anticipate continuing to significantly reduce the backlog over the next four weeks.

It should be noted that there will always be a significant volume of work on hand in this area due to incoming volumes each day, and the frequent need to request further information from applicants.

#### 4.1.6 Rydges Auckland departing the MIQ hotel network

A decommissioning team is being established for the planned exit of the Rydges Auckland who's contract is due to expire 30 April 2022. They have advised that they do not wish to extend beyond this date and contractually we do not have any further sole rights of renewal on this contract. The Rydges has functioned as an isolation facility with 267 rooms.

There are three additional hotels (Rydges Rotorua, SO and Four Points) that have the right to terminate for convenience on 120 days' notice. From July 2022 onward MBIE no longer have sole rights of renewal for any of the hotels, further extensions will be by mutual agreement. As such, further delays to commissioning decisions means hotels may make the decision themselves on when to leave, and that may be at an unsuitable time.

## 4.2 Policy Update

### 4.2.1 Delayed Commencement of the Air Border Order 2022 and the Isolation and Quarantine Order 2021 Amendment

Due to the deferred reopening of New Zealand's borders in response to the Omicron variant, the commencement of the Air Border Order 2021 and the Isolation and Quarantine Order 2021 amendments will be delayed from 16 January until 27 February to retain current border settings. MBIE have identified two amendments to take effect on 16 January, including changing the definition of "aircrew" in the Air Border



Order, and bringing into effect the agreed change to allow for practical departure from MIQ 6 hours early (currently it is 3 hours). This is due to be signed by Minister Verrall on your behalf on 14 January. MBIE are continuing to work with the Ministry of Health and PCO to ensure that the delayed Order amendments will be fit for purpose at the point they take effect.

### 4.3 Operational Update

#### 4.3.1 MIAS Lobby Release

There was a lobby release on 16 December 2021 with 3,344 rooms for the period December 2021 – March 2022.

The first room release for 2022 via MIAS was on Thursday 6 January 2022. This room release continued with the new ‘Travel Document Verification’ feature in MIAS, which restricts booking a room in MIAS, to passengers that are legally eligible to enter New Zealand.

There have been over 28,000 passengers attempt to verify in MIAS. 26,157 (92% of all attempts) passengers have been successfully verified. 2,259 (8%) passengers are not successfully verified, consisting of: 1,485 (5%) failing verification and, 774 (2.7%) being not currently eligible to enter NZ.

Of the 2,259 passengers that are not successfully verified, there are currently 187 (0.7%) known passengers that are candidates for manual verification. A manual verification process is currently being implemented and will be in place before the next room release.

The inability to verify some passengers gained media attention. An MIQ media response was delivered on the weekend, updating the MIQ website, informing that:

- MIQ is aware that a small percentage of passengers with valid New Zealand visas may not be able to be verified on the Managed Isolation Allocation System (MIAS).
- MIQ is aware that 187 people who have the legal right to enter NZ cannot currently be verified by the system.
- MIQ are investigating the issue and actively seeking to resolve it as a matter of priority.

The next room release is scheduled for Thursday 20 January 2022.

#### 4.3.2 MIQ’s Role in Afghanistan Evacuation

A total of 958 evacuees from Afghanistan have arrived in New Zealand. The table below shows the MIQ status of the Afghanistan evacuation programme as at 10am Wednesday 15 December:

TOTAL Returnees in MI currently	8
TOTAL Departed Returnees	950 (excludes births after arrival)
TOTAL Expected Arrivals (Jan through to 13 Feb)	293 (estimated)

MFAT has advised that cases related to the recent judicial review will not be treated as part of the Afghan Emergency Resettlement, but the 100 (approx.) visas granted by the Associate Minister of Immigration will be.

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

#### 4.3.3 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 (19 of which are fully signed off)	2	49% (3,096 rooms)

Remediation work for all but two facilities (Chateau on the Park Christchurch and Stamford Plaza Auckland) was completed last year as planned and the total number of facilities fully signed off is currently 19.

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

Re-test results have been received for a further five facilities within the last two weeks and are with our HVAC engineer to review.

The re-test results for the Grand Mercure Wellington have been reviewed by our HVAC engineer and all 116 rooms have achieved MIQ preferred conditions. VRAG acceptance of the results and final signoff for the facility is now being progressed.

#### 4.3.4 Air Filtration Units (AFU)

There are 815 AFUs in stock (to be shared between MBIE and MOH) and the lead-time to get MIQ's units to the facilities is around 2-4 days (depending on location). In addition to the 815 units there are a further 1,500 arriving in the country on 24 January that are available for purchase.

AFU's were dispatched prior to Christmas for quarantine rooms at Sudima Rotorua (51), Sudima Christchurch (28), Commodore Christchurch (54), Distinction Hamilton (50) and Grand Mercure Wellington (66). An additional 12 AFU's were removed from the Bay Plaza following decommissioning, reconditioned, and redeployed to Grand Mercure Wellington.

#### 4.3.5 Vaccination of Frontline Staff

For workers on site for the week 3-9 January 2022, BWTR shows that 99.3% had two doses of the vaccine, 0% had one dose and the remaining 0.6% (28 workers) had vaccine status 'unknown'.

Of the 28 workers with an 'unknown' vaccination status, 9 still require an NHI match. The Workforce Testing Team is investigating the remaining 19 workers, to confirm vaccination status.

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

Of the 104 workers who were NHI-matched but showing vaccination status 'unknown' between 20 December 2021 and 2 January 2022:

- 99 have been confirmed as being compliant with the Vaccination Order; and
- 5 have been contacted and MBIE are awaiting a response to confirm vaccination status.

Vaccination boosters were available from 29 November for anyone who had their primary course of the vaccination at least 6 months ago. MBIE are encouraging workers through our regular communications channels to get their booster shot if eligible. As at 12 January 2022, there are 2,132 active MIQF border workers who have had a booster dose. This is 47% of all active MIQF workers in the BWTR who worked in the last 28 days; a total of 4,548.

#### 4.3.6 Staff Testing

Reporting from BWTR shows that 4,318 people undertook work in our facilities last week, and the table below shows how many of those workers were compliant with the Testing Order, were overdue for a test or still needed to be NHI-matched.

Workers on site 3-9 Jan 2022	Workers on nasal testing regime	Workers on saliva testing regime	Total	Percentage of total NHI-matched workers on site
Compliant NHI-matched workers	1800	2101	3901	91%
Overdue NHI-matched workers	188	219	407	9%
Need NHI-match	10	0	10	
Workers on site	1998	2320	4318	

Of the 407 overdue, 238 of those are less than 4 days overdue, 135 are 4-10 days overdue and 34 are 11+ days overdue. The Workforce Testing and Vaccination team will be following up with these workers to make sure they get tested as required.

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

Of the 10 that still need a NHI-match, 7 were created in BWTR in the last 7 days.

In the week ending 2 January 2022, 29 workers were showing as '11+ days overdue' in BWTR. Of those 29 workers, 14 workers have a swab confirmed, 12 have been contacted and MBIE are awaiting a response, 2 have been escalated to MOH, and 1 is no longer employed.

#### 4.3.7 Saliva Testing

As at 10 January 2022, 4,756 MIQ workers have opted-in to saliva testing across all active MIQF sites (up from 4,294 at 20 December 2021).

### 4.4 Current Judicial Review, Dispute Resolution, Ombudsman and OPCAT cases

#### 4.4.1 s9(2)(f)(iv)

[Redacted content]

#### 4.4.2 Disputes Tribunal Case

A claim has been lodged in the Disputes Tribunal against MBIE surrounding an individual being liable for MIQ fees. This matter has been set down for hearing on 2 February 2022 at 11.30 AM. The crux of the complaint is that the individual interpreted the instruction of returnees "having 90 days to pay" as meaning they would receive their invoice within 90 days of their exit. They did not receive their invoice within 90 days and therefore believe that they do not need to pay the MIQ fee. The complainant entered MIQ on 19/11/2020, and their invoice was issued over 12 months later, on 1/12/2021. MBIE are currently reviewing the facts of the case.

#### 4.4.3 Ombudsman

MBIE have received two new notifications from the Ombudsman Office this week. MBIE are currently managing thirty cases; five on emergency allocations, fifteen on fee waivers; four on exemptions from managed isolation, two on difficulties booking on MIAS, one on unlawful detention, one on MIQ survey and two on managed isolation facilities. MBIE are seeking Crown Law advice on some opinions to support our responses.



#### 4.4.4 OPCAT

Our reply to the Ombudsman's provisional report for The Holiday Inn Auckland Airport is due by 14 January 2022.

#### 4.5 Invoicing

The table below shows the number of invoices issued up to 12 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	6,805	4,295	423	2,087	\$64,298,190	51,026,113	1,598,552	11,673,525	636	\$3,475,693
Maritime	601	485	38	78	\$3,020,087	\$2,635,935	\$42,621	\$341,530	17	\$49,479
Aircrew	229	216	1	12	\$2,179,635	\$1,838,601	-\$433	\$341,467	8	\$101,437
Other	30,754	19345	2109	9300	\$104,718,499	\$68,668,303	\$5,508,596	\$30,541,599	4467	\$14,498,615
<b>Total</b>	<b>38,389</b>	<b>24,341</b>	<b>2,571</b>	<b>11,477</b>	<b>\$174,216,411</b>	<b>\$124,168,953</b>	<b>\$7,149,337</b>	<b>\$42,898,121</b>	<b>5,128</b>	<b>\$18,125,223</b>

\*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.

##### 4.5.1 Collections Recommended

Recovery activities on all accounts was paused during Christmas/New Year from 20 December until 9 January and resumed on 10 January. Despite this, funds continued to be received due to instalment agreements in place.

3,630 invoices worth \$13.429m has been passed to our partner. As of 9 January, \$2.440m has now been paid (up \$626k).

An additional \$599k of debt is under instalment and is expected to convert to payments received over the coming weeks.

Of the invoices sent, 701 customers worth \$2.481m have now submitted waiver applications and while applications are processed, they stay as outstanding debt.

##### 4.5.2 Debt Recovery

Of the now 1,610 invoices worth \$5.178m sent to a debt collection agency:

- \$1.007m (up \$29k, 19%) has been paid (or will be paid through instalment).
- \$627k is currently awaiting information from customers or has been credited due to an error.
- A further \$1.633m (this includes the no address/gone overseas category and passive collection) requires more detailed tracing.
- \$418k currently have waiver applications under assessment and the remaining \$1.493m debt continues to be a work in progress.

##### 4.5.3 Fees Collection

A solution has been implemented for the invoice process for returnees staying 7 days which started 14 November. This process follows the current automated process and adjust invoicing for returnees who stayed 8-13 days in the transition period and were released from MIQ on 14 November.

Work will begin shortly make sure MBIE are ready for the 10 day stays without self-isolation.

Invoicing is now up to returnees leaving MIQ on 14 November. Due to implementing changes for the self-isolation trial and 7 day MIQ stays, the MOH data issue detailed in "items to note" and the Christmas Holidays,

MBIE are now four weeks behind our normal processing timeframes. MBIE are therefore working on securing extra resources for the start of the year and this will enable the MIQ Invoicing team to catch up.

Afghanistan returnees have now been waived. Aircrew data for invoicing has now been received to process September/October invoices in January. MBIE are up to date on invoicing for arrivals on small maritime craft.

The system used to email the backlog returnees from August 2020 to 24 March 2021 has sent emails to returnees up to 11 January 2021. This has led to 1,413 invoices sent so far valued at \$4.7m.

#### 4.5.4 Weekly Average Invoicing and Debt Recovery at 74%

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

Recent Weeks	Average invoicing per week (\$)
Past week	229,750
2-4 weeks	1,180,648
5-8 weeks	3,132,096
9+ weeks	2,218,854

The debt recovery percentage, against all invoices raised, percentage sits at 74% due with just over \$7.1m of outstanding invoices which have not fallen due yet. There has been a movement in overdue invoices due to the new invoicing process going live over 90 days ago and the increase in invoicing from then onwards increases the outstanding amount as invoicing is brought up to date.

#### 4.5.5 Waivers

The table below breaks down the waiver application information between 11 August 2020 and 9 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 Applications	In Progress	Total Completed	Completed Financial Hardship Applications	Completed Special Circumstances Applications	Approved Waiver Applications		Declined Waiver Applications	
					Financial Hardship	Special Circumstances	Financial Hardship	Special Circumstances
12495	4904	7591	1019	6572	88	5526	931	1046

## 4.6 Upcoming Communications Issues and Activities

### 4.6.1 As at 11 January 2022:

Date	Activity	Lead agency	Comms material	Ministerial Involvement Y/N
17 January TBC	Changing Novotel Ellerslie from an isolation to a quarantine facility	MIQ	Proactive to workforce and on website	N
25-26 January	Judicial Review – Grounded Kiwis	MIQ	Unable to comment while before the Court	N
31 January	MIQ/Border workforce to have booster	MIQ/BEB/Employers	Proactive communications across all MIQ facilities and employers	N



#### 4.8 Large Group Arrivals Update

Summary of approved group arrivals as of 12 January 2022 (to March 2022)

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Construction Sector Accord	Jan 2022	60	38(51 pax)	Arrivals are spread across the month.
Refugee Quota	12 Jan	7	2 (7 pax)	Numbers per arrival window were planned to increase in 2022 with an aim to reach the quota for the FY 21/22. MIQ capacity for Refugees and Afghanistan Evacuees has reduced to 120 rooms per month which could pose a challenge to meeting the quota. <b>s9(2)(a)</b>
	13 Jan	18	10 (18 pax)	
	14 Jan	9	6 (9 pax)	
	15 Jan	9	5 (9 pax)	
	31 Jan – 13 Feb	130	70 tbc	
	14 – 27 Mar	120	60 tbc	
	25 Apr – 8 May	130	70 tbc	
Afghanistan Evacuees	11 Jan	33	12 (33 pax)	Countries neighbouring Afghanistan are restricting entry and exit requirements. Qatar has not resumed flights out of Kabul, Iran has closed its borders, and Pakistan has set a strict 30-day visa limit. These restrictions pose a risk to MIQ with the reduced room capacity per month as there are over 1,000 visa holders anticipated to make movement. The 801 pax in the pipeline consist of 400 anticipated undocumented travellers MFAT are aware of, 293 pax out of Pakistan (previously 362), 108 pax approved by the Associate Minister of Immigration, and 50 pax who are consular cases. The above forecasted movement will challenge capacity planning for MIQ.
	14 Jan	5	2 (5 pax)	
	17-23 Jan	29	11 (29 pax) tbc	
	24-30 Jan	68	31 (68 pax) tbc	
	31 Jan – 6 Feb	41	19 (41 pax) tbc	
	7-13 Feb	117	54 (117 pax) tbc	
	From Jan 2022	801	593 (801 pax) tbc	
EXPO	27 Jan	16	16 tbc	
	29 Jan	44	44 tbc	
	3 Feb	45	45 tbc	
	5 Feb	75	75 tbc	
	26 Feb	44	44 tbc	
	12 March	25	25 tbc	
	Dec	25	21(24pax)	
Exporters	Jan	30	30 tbc	Arrivals are spread across the month.
	Feb	90	90 tbc	
	March	150	150 tbc	
NZDF	20 Jan	60	60 tbc	December arrivals for NZDF are scattered over several days as the aircraft had broken down. An additional 4 vouchers have been issued for those who had gone for the aircraft's repair.
	23 Feb	80	80 tbc	
Antarctic Programme	10 Jan	170	108	These arrivals are for the combined US Antarctic Programme (USAP) as well as the Italian, French, German and Korean programme. EOI for 70 pax in March (MFAT have requested this be moved to 14 Feb), which has not yet been assessed or approved.
	19 Jan	36	36 tbc	
	4 Feb	13	13	
	7 Feb	25	25	
	14 Feb	12	12	
Cricket: South Africa Men's	4 Feb	35	35 tbc	Engagement with NZC has begun. The team are seeking an exemption to train. Work is underway with NZC and the Ministry of Health for the exemption to train. 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. The team will be accommodated at the Chateau on the Park in Christchurch.
Netball: Silver Ferns	21 Jan	24	22 (26 pax)	
Ministerial Travel	Jan	20	tbc	
	Feb	20	tbc	
Sports and Culture	Jan	40	8(11 Pax)	

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Critical health workers	1 – 14 Jan 22	150	46 (71 pax)	Arrivals are spread across the month.
	15 – 31 Jan	150	33 (57 pax)	
	1 – 14 Feb	150	tbc	
	15-28 Feb	150	tbc	
	Mar	300	tbc	
Cricket: Women's Cricket World Cup				
Non-playing personnel	Jan/Feb	405	tbc	Final number of non-playing personnel is expected to be up to 340, with the bulk arriving over the period 10-13 Feb.
India	26 Jan	31	31	India is seeking a training exemption. Draft advice is currently being prepared by MoH. This team will be accommodated at the Chateau on the Park in Christchurch.
South Africa	9 Feb	31	31	
Pakistan	10 Feb	28	28	
Bangladesh	4 Feb	26	26	
West Indies	10 Feb	27	27	
England	10 Feb	31	31	
Australia	10 Feb	31	31	
Cricket: Netherlands Men	7 Mar	35	tbc	

#### Time Sensitive Travel (TST)

The Time Sensitive Travel window for arrivals in March/April 2022 is due to close on 21 January 2022. To date, applications for 16 workers have been received. This translates to 7 rooms as 9 applicants are critical health workers and have been referred to the Ministry of Health to apply under their group allocation. Expected arrivals for January is 113 rooms. Expected arrivals for February is 119 rooms

#### 4.9 Emergency Allocation Applications

8,631 applications have been processed since 30 October 2020. 458 applications were received in the week ending 9 January 2022 and 138 applications were processed. Of the 138 applications processed in the week ending 9 January 2022, 74% were approved.

Emergency Allocation Applications	Weekly Totals	Year to Date Totals
	2 January – 9 January 2022	30 October 2020 to 9 January 2022
Approved	103	5229
Declined	35	3402
Applications processed	138	8631

\*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.

<b>Total Rooms Approved Under Emergency Allocation from 2 January to 9 January 2022</b>	<b>113</b>
Rooms allocated in MIAS	106
Awaiting flight details or MIAS registrations from the applicants to complete the room allocation process	7

## 5. Border Executive Board Report



### 5.1 Key Issues Being Considered

#### 5.1.1 Border Executive Board

The governance board held an interim meeting on 12 January 2022. Interim meetings have been held over the holiday period to provide oversight and support for Reconnecting New Zealanders and the response to the Omicron COVID-19 variant. The key matters discussed are noted below.

- **Omicron** – work is underway within border agencies on the impact on workforces and services. It is anticipated DPMC will lead work to identify essential government departments and services.
- **Managed Isolation and Quarantine (MIQ)** – there were no issues requiring attention by the Board. An emerging issue has been identified relating to the ability to reschedule MIQ travellers who have their travel dates changed due to airlines cancelling flights. MBIE will be providing advice on options to manage capacity constraints.
- **Workshop with business** – as agreed with Minister Verrall, the Chief Executive of MBIE will host a workshop on 20 January 2022 to engage specific stakeholders on current border settings, the work undertaken in late 2021 (Future Borders sprint), and issues faced by exporters (specifically isolation settings).
- **Day 0/1 testing on arrival** – work continues to identify solutions to day 0/1 testing arrangements for arriving travellers. Airport space is very constrained and therefore landside testing options are being developed.
- **COVID-19 boosters for border workers** – the challenges of information not being available to support compliance of border workers requiring a booster by 31 January 2022 was raised. Due to privacy reasons, the Ministry of Health cannot advise PCBUs who is/is not vaccinated until 17 January when the amendment to the Vaccinations Order comes into effect. The Border Workforce Testing Register cannot report the booster status of workers until 31 January 2022. The Ministry of Health is exploring solutions to support compliance.

The next interim meeting is scheduled for 19 January 2022. Formal governance board meetings resume from 26 January 2022.



## 6. New Zealand Customs Service Weekly Report



### 6.1 Items to Note/Updates

#### 6.1.1 Vaccination Requirements for Non-New Zealand Citizens Arriving by Air

For the period 27 December 2021 to 9 January 2022, the following three infringements were issued to passengers whose vaccination documentation showed that their second vaccinations were administered less than 14 days before their departure to New Zealand.

- 27 December 2021 – \$4,000 infringement issued to a passenger arriving from Australia direct.
- 30 December 2021 – \$4,000 infringement issued to a passenger arriving from Tonga direct.
- 2 January 2022 – \$4,000 infringement issued to a passenger arriving from Dubai.

	Date	27 Dec	28 Dec	29 Dec	30 Dec	31 Dec	1 Jan	2 Jan	Week Total	%
	Non-NZ citizens	196	167	232	253	210	199	126	1383	
Primary Actions (Passport Control)	Vaccination status verified	160	131	187	208	162	167	96	1111	80.3%
	Exceptions	34	35	44	42	47	32	27	261	18.9%
	Exemptions	0	0	0	2	0	0	0	2	0.1%
	Referred to Secondary Area	2	1	1	1	1	0	3	9	0.7%
Secondary Area Actions	Compliant	1	1	1	0	1	0	2	6	66.6%
	Non-compliant	1	0	0	1	0	0	1	3	33.3%

	Date	3 Jan	4 Jan	5 Jan	6 Jan	7 Jan	8 Jan	9 Jan	Week Total	%
	Non-NZ citizens	140	175	129	153	169	199	123	1117	
Primary Actions (Passport Control)	Vaccination status verified	126	153	103	124	151	165	93	935	83.6%
	Exceptions	14	22	26	28	18	34	39	181	16.2%
	Exemptions	0	0	0	1	0	0	0	1	0.1%
	Referred to Secondary Area	0	0	0	0	0	0	0	0	0.0%
Secondary Area Actions	Compliant	0	0	0	0	0	0	0	0	
	Non-compliant	0	0	0	0	0	0	0	0	

#### 6.1.2 Pre-Departure Testing

For the period 27 December 2021 to 9 January 2022, there were six warnings issued to parents of children who had arrived without PDT documentation. Six infringements were also issued as follows:

- On 27 December 2021, \$500 infringements were issued to two passengers from Australia who had PDT tests done but had not received the results from the clinic.
- On 29 December 2021, a \$500 infringement was issued to a passenger from the UAE who was unable to access their PDT documentation which was on their phone.
- On 2 January 2022, a \$1,000 infringement was issued to a passenger from the US who did not have a PDT test as they thought their positive home antigen test and a letter from the doctor stating they had recovered was sufficient.
- On 7 January 2022, a \$500 infringement was issued to a passenger from Dubai as their PDT certificate was not compliant.
- On 7 January 2022, a \$1,000 infringement was issued to a passenger from the UK as they presented a proof of recovery from COVID-19 certificate in lieu of a PDT.

	Date	27 Dec	28 Dec	29 Dec	30 Dec	31 Dec	1 Jan	2 Jan	Week Total	%
	Passengers subject to PDT	378	448	462	481	458	381	363	2971	
Primary Actions (Passport Control)	Test Certificate Verified	363	437	444	454	433	313	348	2792	94.0%
	Exemption	12	11	17	24	24	68	12	168	5.6%
	Referred to Secondary Area	3	0	1	3	1	0	3	11	0.4%
Secondary Area Actions	Compliant	0	0	0	1	1	0	1	3	27.0%
	Warned	1	0	0	2	0	0	1	4	36.5%
	Infringement	2	0	1	0	0	0	1	4	36.5%
	Prosecution	0	0	0	0	0	0	0	0	0

	Date	3 Jan	4 Jan	5 Jan	6 Jan	7 Jan	8 Jan	9 Jan	Week Total	%
	Passengers subject to PDT	272	362	350	309	380	379	347	2399	
Primary Actions (Passport Control)	Test Certificate Verified	258	349	333	285	356	320	329	2230	93.0%
	Exemption	14	11	17	22	11	59	17	162	6.75%
	Referred to Secondary Area	0	2	0	2	2	0	1	7	0.25%
Secondary Area Actions	Compliant	0	1	0	1	1	0	0	3	42.8%
	Warned	0	1	0	1	0	0	0	2	28.6%
	Infringement	0	0	0	0	1	0	1	2	28.6%
	Prosecution	0	0	0	0	0	0	0	0	0

Proactively Released



## 7. COVID-19 Chief Executives Board

### 7.1 Items to Note/Updates

There will be a brief verbal update for the COVID-19 Chief Executives Board (CCB) on 18 January 2022 and the next regular meeting of the CCB will be on 25 January, 2022.

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

### 8.1 Items to Note/Updates

The next meeting for the COVID-19 Independent Continuous Review, Improvement and Advice Group will be on 25 January, 2022.

## 9. Strategic COVID-19 Public Health Advisory Group

### 9.1 Items to Note/Updates

The next meeting for the Strategic COVID-19 Public Health Advisory Group will be on 26 January, 2022.

## 10. Business Leaders Forum

### 10.1 Items to Note/Updates

The Business Leaders' Forum did not meet this week. The next meeting for the Forum is yet to be confirmed.

## 11. Community Panel

### 11.1 Items to Note/Updates

The Community Panel did not meet this week. The next meeting for the Community Panel will be 2 February, 2022.

## 12. Government Modelling Group

### 12.1 Items to Note/Updates

The interagency modelling group is reviewing international observations around Omicron outbreaks (case growth, hospitalisations and deaths) in different jurisdictions. Te Pūnaha Matatini have begun reparameterising their models to reflect Omicron, but it is still too early to have reliable data for some key parameters.

There will be a near-term focus on international insights and community transmission modelling, relevant for forthcoming ministerial decisions on reconnecting. This will also include re-estimation of the risks of imported cases associated with the steps for *Reconnecting New Zealanders*, using the jurisdictional risk model which is based on recent detected cases within MIQ.

### 13. Upcoming Cabinet Papers

s9(2)(f)(iv)



Proactively Released

- <sup>1</sup> World Health Organisation. A clinical case definition of post COVID-19 condition by a Delphi consensus. 6 October 2021
- <sup>2</sup> World Health Organisation. A clinical case definition of post COVID-19 condition by a Delphi consensus. 6 October 2021
- <sup>3</sup> Some studies of patients hospitalised with COVID-19 in these countries have shown a higher prevalence of long COVID.
- <sup>4</sup> Ministry of Health. Long COVID. <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/about-covid-19/long-covid> - Accessed 12 January 2021 – Accessed 12 January 2022
- <sup>5</sup> Nature. <https://www.nature.com/articles/d41586-021-03495-2#ref-CR1> – Accessed 12 January 2022
- <sup>6</sup> RE: FORMAL MESSAGE: UNITED KINGDOM: COVID-19: IMPACT OF LONG COVID – 17 December 2021 - UNCLASSIFIED
- <sup>7</sup> Our World In Data. Coronavirus (COVID-19) Vaccination. <https://ourworldindata.org/covid-vaccinations> - Accessed 24 December 2021
- <sup>8</sup> <https://www.reuters.com/business/healthcare-pharmaceuticals/english-study-finds-long-covid-affects-up-1-7-children-months-after-infection-2021-09-01/>
- <sup>9</sup> FORMAL MESSAGE: SPAIN'S EXPERIENCE OF "LONG COVID" – 16 December 2021 – UNCLASSIFIED
- <sup>10</sup> RE: FORMAL MESSAGE: COVID-19: Tasking request: Impact of COVID and long COVID on workplaces and business – 18 December 2021 - UNCLASSIFIED
- <sup>11</sup> Our World In Data. Coronavirus (COVID-19) Vaccination. <https://ourworldindata.org/covid-vaccinations> - Accessed 24 December 2021
- <sup>12</sup> FORMAL MESSAGE: IRELAND WAITS FOR LONG COVID STRATEGY – 17 December 2021 – IN CONFIDENCE
- <sup>13</sup> FORMAL MESSAGE: COVID-19: IMPACT OF COVID AND LONG COVID ON WORKPLACES AND BUSINESS: UNITED STATES – 18 December 2021 - UNCLASSIFIED
- <sup>14</sup> RE: FORMAL MESSAGE: UNITED KINGDOM: COVID-19: IMPACT OF LONG COVID – 17 December 2021 - UNCLASSIFIED
- <sup>15</sup> FORMAL MESSAGE: SPAIN'S EXPERIENCE OF "LONG COVID" – 16 December 2021 – UNCLASSIFIED
- <sup>16</sup> RE: FORMAL MESSAGE: COVID-19: Tasking request: Impact of COVID and long COVID on workplaces and business – 18 December 2021 UNCLASSIFIED
- <sup>17</sup> FORMAL MESSAGE: IRELAND WAITS FOR LONG COVID STRATEGY – 17 December 2021 – IN CONFIDENCE
- <sup>18</sup> FORMAL MESSAGE: COVID-19: IMPACT OF COVID AND LONG COVID ON WORKPLACES AND BUSINESS: UNITED STATES – 18 December 2021 - UNCLASSIFIED
- <sup>19</sup> RE: FORMAL MESSAGE: UNITED KINGDOM: COVID-19: IMPACT OF LONG COVID – 17 December 2021 - UNCLASSIFIED
- <sup>20</sup> FORMAL MESSAGE: SPAIN'S EXPERIENCE OF "LONG COVID" – 16 December 2021 – UNCLASSIFIED
- <sup>21</sup> RE: FORMAL MESSAGE: COVID-19: Tasking request: Impact of COVID and long COVID on workplaces and business – 18 December 2021 - UNCLASSIFIED
- <sup>22</sup> FORMAL MESSAGE: IRELAND WAITS FOR LONG COVID STRATEGY – 17 December 2021 – IN CONFIDENCE
- <sup>23</sup> FORMAL MESSAGE: COVID-19: IMPACT OF COVID AND LONG COVID ON WORKPLACES AND BUSINESS: UNITED STATES – 18 December 2021 - UNCLASSIFIED
- <sup>24</sup> FORMAL MESSAGE: COVID-19: IMPACT OF COVID AND LONG COVID ON WORKPLACES AND BUSINESS: UNITED STATES – 18 December 2021 - UNCLASSIFIED
- <sup>25</sup> Reuters. Debilitating 'long-COVID' may have severe health, social impacts: WHO. <https://www.reuters.com/article/us-health-coronavirus-longcovid-idUSKBN2AP1JR> - Accessed 23 December 2021
- <sup>26</sup> Reuters. Debilitating 'long-COVID' may have severe health, social impacts: WHO. <https://www.reuters.com/article/us-health-coronavirus-longcovid-idUSKBN2AP1JR> - Accessed 23 December 2021
- <sup>27</sup> CNBC. Long Covid 'is a very debilitating condition with serious cognitive conditions,' says researcher behind new study. <https://www.cnbc.com/2021/10/25/long-covid-is-a-very-debilitating-condition-with-serious-cognitive-conditions-says-researcher-behind-new-study.html> - Accessed 23 December 2021
- <sup>28</sup> CNBC. Long Covid 'is a very debilitating condition with serious cognitive conditions,' says researcher behind new study. <https://www.cnbc.com/2021/10/25/long-covid-is-a-very-debilitating-condition-with-serious-cognitive-conditions-says-researcher-behind-new-study.html> - Accessed 23 December 2021
- <sup>29</sup> Nature. Count the cost of disability caused by COVID-19. <https://www.nature.com/articles/d41586-021-01392-2#ref-CR1> – Accessed 23 December 2021
- <sup>30</sup> Nature. Count the cost of disability caused by COVID-19. <https://www.nature.com/articles/d41586-021-01392-2#ref-CR1> – Accessed 23 December 2021
- <sup>31</sup> The Lancet. Characterizing long COVID in an international cohort: 7 months of symptoms and their impact. [https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370\(21\)00299-6/fulltext](https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(21)00299-6/fulltext) - Accessed 12 January 2021
- <sup>32</sup> Forbes. Long Covid Has Over 200 Symptoms And Leaves 1 In 5 Unable To Work, Study Finds. <https://www.forbes.com/sites/roberthart/2021/07/15/long-covid-has-over-200-symptoms-and-leaves-1-in-5-unable-to-work-study-finds/?sh=754b5ae05eb2> – Accessed 23 December 2021
- <sup>33</sup> Our World in Data. Coronavirus [Internet]: Our World in Data; 2022 [cited 12 Jan 2022]. Available from: <https://ourworldindata.org/coronavirus>.
- <sup>34</sup> Our World in Data. Coronavirus [Internet]: Our World in Data; 2022 [cited 12 Jan 2022]. Available from: <https://ourworldindata.org/coronavirus>.
- <sup>35</sup> Airfinity. COVID-19 Pandemic Report; 7 January 2022.
- <sup>36</sup> Please note, some content below was received in confidence through formal messages, this content should not be shared further.
- <sup>37</sup> Australian Health Situation Report; 12 January 2022
- <sup>38</sup> Australian Health Situation Report; 10 January 2022
- <sup>39</sup> Our World in Data. Coronavirus [Internet]: Our World in Data; 2022 [cited 12 Jan 2022]. Available from: <https://ourworldindata.org/coronavirus>.
- <sup>40</sup> Canberra FM 9 January. Ministry of Foreign Affairs; 2022.
- <sup>41</sup> Our World in Data. Coronavirus [Internet]: Our World in Data; 2022 [cited 12 Jan 2022]. Available from: <https://ourworldindata.org/coronavirus>.
- <sup>42</sup> Covid-19: The NSW Omicron outbreak is not what you think [Internet]: Stuff; 2022. Available from: <https://www.stuff.co.nz/national/explained/127440590/covid19-the-nsw-omicron-outbreak-is-not-what-you-think>.
- <sup>43</sup> Our World in Data. Coronavirus [Internet]: Our World in Data; 2022 [cited 12 Jan 2022]. Available from: <https://ourworldindata.org/coronavirus>.
- <sup>44</sup> Canberra FM 9 January. Ministry of Foreign Affairs; 2022.
- <sup>45</sup> Positive COVID RAT tests may not be recorded in official figures, but one expert says Australia needs to move on [Internet]: ABC news; 2022. Available from: <https://www.abc.net.au/news/2022-01-06/covid-rat-test-end-of-accurate-pcr-results/100740984>.
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