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INNOVATION & EMPLOYMENT**
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**DEPARTMENT OF THE
PRIME MINISTER AND CABINET**
TE TARI O TE PIRIMIA ME TE KOMITI MATUA



**MINISTRY OF
HEALTH**

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

11 February 2022

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1. Status Summary

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

Border

	Agency	Last Week	This Week	Agency Comment	
Two-way QFT	Border Measures	MoH	●	●	<ul style="list-style-type: none"> Step 1, enabling New Zealanders to enter on the medium-risk (self-isolation) pathway from Australia, will commence at 11.59pm 27 February 2022. Step 2, enabling New Zealanders to enter on the medium-risk (self-isolation) pathway from the rest of the world, commences on 11.59pm 13 March 2022. Steps 3 to 5 will be sequenced between April to October 2022. Arrivals under the medium risk pathway will administrate a Day 0/1 and Day 5/6 rapid antigen test (RAT), and if a positive result is returned, they will be required to take a PCR test at a Community Testing Centre. Arrivals under the medium risk pathway will also undertake either a 10-day or 7-day isolation, dependent on which phase of our Omicron response we are in. This aligns with isolation requirements for close contacts in the community. Ministry of Health has drafted detailed guidance for self-isolation requirements under various settings, including use of shared facilities. This guidance will be published in due course. Additional advice will be provided regarding the feasibility of student hostels and international travel under the Reconnecting approach, and legislative amendments required to enable travel via self-isolation. The Ministry of Health will notify Reconnecting Ministers by 20 February 2022, ahead of Steps 1 and 2, if there are any critical public health or operational reasons Steps 1 and / or 2 cannot proceed as planned. Cabinet has agreed to change the medium-risk pathway settings against operational changes required to respond to Omicron in the community. The day 0/1 PCR testing at airports initially proposed will be replaced with: <ul style="list-style-type: none"> Day 0/1 self-administered RAT testing, with a requirement for PCR testing in a community testing centre if tested positive, for the three phases of the Omicron response. Increase the period of self-isolation from 7 to 10 days for Phase One of the Omicron response and revert to 7 days for Phase Two and Three of the response. Replace the series of at least three self-administered RATs before leaving self-isolation with a day 5/6 self-administered RAT and, if a positive result is returned, a PCR at a Community Testing Centre for all three phases of the Omicron response. The programme is working towards a start time and date of 11 59pm, 27 February 2022 (Step 1 of Reconnecting New Zealanders).
		MBIE	●	●	<p>Staff Testing</p> <ul style="list-style-type: none"> Compliance reporting is at 88% (down 1% from last week) for staff who worked in the week of 31 January – 6 February 2022. 12 % of workers on site that week are showing in the BWTR as overdue, which equates to 526 workers overdue workers compared to 509 overdue workers last week. We are following up with workers who are overdue for tests to remind them of the testing requirements. The dip in overall compliance last week appears to have been due to an IT issue with the laboratories' app required for dropping of saliva testing samples. This has now been resolved. As at 8 February 2022, 5,235 MIQ workers have opted-in to saliva testing (up from 5,080 at 31 January 2021). <p>Vaccinations</p> <ul style="list-style-type: none"> The BWTR shows, of the workforce on site for the week of 31 January – 6 February 2022, 98.9 percent have had two doses of the vaccine, 0.1% had one dose and 1 percent have vaccination status 'unknown'. Vaccination assurance follow-ups for those with an 'unknown' status in BWTR on site between 24 -30 January 2022 did not identify any breaches of the Vaccination Order. Vaccination boosters were available from 29 November for anyone who had their primary course of the vaccination at least 6 months ago. More information on the status of MIQ workers with boosters is detailed in the body of this report. There were no vaccine exemptions granted last week. This indicator is at amber as testing compliance is down due to November 2021 Required Testing Order changes (as previously reported). We will continue to educate workers on the new requirements and will move to green when compliance returns to expected levels.
		MFAT	●	●	<ul style="list-style-type: none"> s6(a) on a flight departing Auckland for Niue on 9 February have been identified as close contacts of New Zealand COVID-19 cases. All passengers have so far tested negative.

Border (Continued)

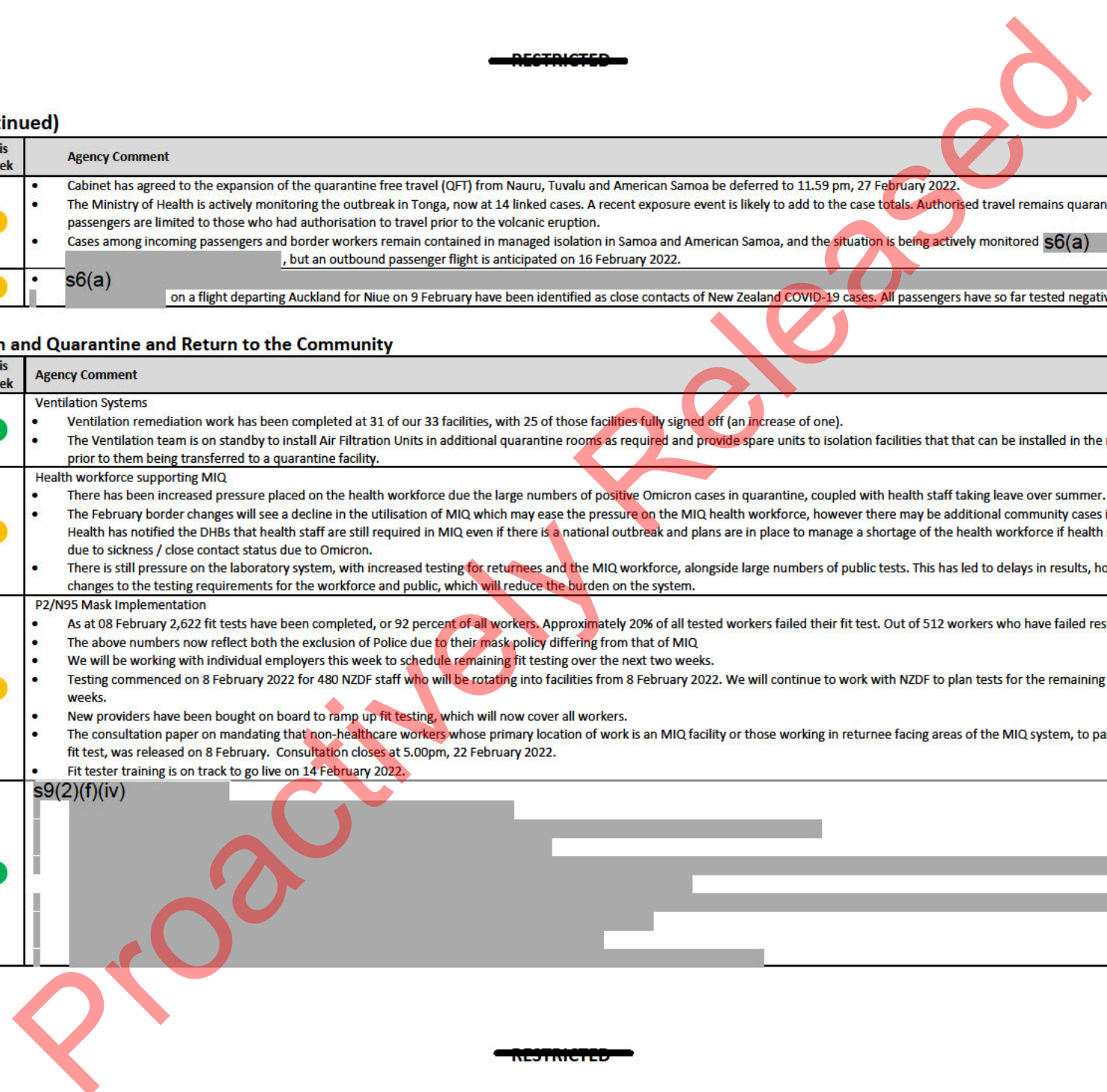
Reopening new travel pathways - Pacific Islands

Agency	Last Week	This Week	Agency Comment
MoH	●	●	<ul style="list-style-type: none"> Cabinet has agreed to the expansion of the quarantine free travel (QFT) from Nauru, Tuvalu and American Samoa be deferred to 11.59 pm, 27 February 2022. The Ministry of Health is actively monitoring the outbreak in Tonga, now at 14 linked cases. A recent exposure event is likely to add to the case totals. Authorised travel remains quarantine free at this time, but passengers are limited to those who had authorisation to travel prior to the volcanic eruption. Cases among incoming passengers and border workers remain contained in managed isolation in Samoa and American Samoa, and the situation is being actively monitored s6(a)
MFAT	●	●	<ul style="list-style-type: none"> s6(a) on a flight departing Auckland for Niue on 9 February have been identified as close contacts of New Zealand COVID-19 cases. All passengers have so far tested negative.

Managed Isolation and Quarantine and Return to the Community

Place and conditions of stay

Agency	Last Week	This Week	Agency Comment
MBIE	●	●	<p>Ventilation Systems</p> <ul style="list-style-type: none"> Ventilation remediation work has been completed at 31 of our 33 facilities, with 25 of those facilities fully signed off (an increase of one). The Ventilation team is on standby to install Air Filtration Units in additional quarantine rooms as required and provide spare units to isolation facilities that that can be installed in the rooms of returnees testing positive, prior to them being transferred to a quarantine facility.
MBIE	●	●	<p>Health workforce supporting MIQ</p> <ul style="list-style-type: none"> There has been increased pressure placed on the health workforce due the large numbers of positive Omicron cases in quarantine, coupled with health staff taking leave over summer. The February border changes will see a decline in the utilisation of MIQ which may ease the pressure on the MIQ health workforce, however there may be additional community cases in quarantine. The Ministry of Health has notified the DHBs that health staff are still required in MIQ even if there is a national outbreak and plans are in place to manage a shortage of the health workforce if health staff are required to stand down due to sickness / close contact status due to Omicron. There is still pressure on the laboratory system, with increased testing for returnees and the MIQ workforce, alongside large numbers of public tests. This has led to delays in results, however, there are impending changes to the testing requirements for the workforce and public, which will reduce the burden on the system.
MBIE	●	●	<p>P2/N95 Mask Implementation</p> <ul style="list-style-type: none"> As at 08 February 2,622 fit tests have been completed, or 92 percent of all workers. Approximately 20% of all tested workers failed their fit test. Out of 512 workers who have failed results, 468 are due to facial hair. The above numbers now reflect both the exclusion of Police due to their mask policy differing from that of MIQ We will be working with individual employers this week to schedule remaining fit testing over the next two weeks. Testing commenced on 8 February 2022 for 480 NZDF staff who will be rotating into facilities from 8 February 2022. We will continue to work with NZDF to plan tests for the remaining 70 who will rotate in the next few weeks. New providers have been bought on board to ramp up fit testing, which will now cover all workers. The consultation paper on mandating that non-healthcare workers whose primary location of work is an MIQ facility or those working in returnee facing areas of the MIQ system, to pass a P2 /N95 particulate respirator fit test, was released on 8 February. Consultation closes at 5.00pm, 22 February 2022. Fit tester training is on track to go live on 14 February 2022.
MBIE		●	<p>s9(2)(f)(iv)</p>



Community Protection

Case investigation, surveillance and testing

Agency	Last Week	This Week	
MoH	●	●	<ul style="list-style-type: none"> As of 11.59pm 9 February 2022, there have been 13,977 community cases since 17 August 2021. There are 2,470 community cases recorded as 'not recovered' that have been added in the past 21 days. As of 9 February, there are 12 cases who are currently in hospital. As of 10 February, there are 5,843 open contacts exposed within the ten days to 9 February. <p>Testing and supply operations</p> <ul style="list-style-type: none"> 15,972 tests were processed on 8 February 2022 with a rolling 7-day average of 18,083. On 8 February, 80.3 percent of tests were processed within 24 hours, and 90.4 percent of tests were processed within 30 hours. As at 4 February 2022, the baseline COVID-19 laboratory PCR testing capacity is 57,000 tests per day. This baseline capacity includes the use of pooling, which it is expected will not be used as frequently when positivity rates increase, which would then reduce the baseline capacity. The baseline capacity without pooling was 29,000. Community pharmacies continue to support supervised RATs for travellers required to have evidence of a negative test result for domestic travel. An additional cohort added to the eligibility criteria from 1 February 2022 is unvaccinated people requested to attend a court hearing. These people will be issued with a letter by the Ministry of Justice to present to a participating pharmacy. These tests will continue to be done free of charge until 30 June 2022.

Vaccination

Implementation and operation

Agency	Last Week	This Week	Agency Comment on Status of Focus Area
MoH	●	●	<p><i>As of 11.59 pm on 8 February 2022</i></p> <ul style="list-style-type: none"> 9,856,172 vaccinations have been delivered, including 3,937,564 people who are fully vaccinated, and 1,665,645 booster doses have been administered. 96 percent of the eligible 12+ population has now received at least one dose, and 94 percent is now fully vaccinated. 85 percent of the eligible 5+ population has now received at least one dose. 80 percent of the eligible population is now fully vaccinated. 202,841 Pfizer paediatric doses have been administered, with 44 percent of children aged 5-to-11-years having either booked or received their first dose of vaccine. 19 DHBs have hit or passed 90 percent first doses, and Northland is 104 first doses from reaching 90 percent. Seventeen DHBs have reached 90 percent fully vaccinated. Auckland, Capital & Coast, and Canterbury DHBs have also achieved 90 percent fully vaccinated for Māori. <ul style="list-style-type: none"> Medsafe approved Novavax's vaccine application on 4 February 2022. The COVID-19 Vaccine Technical Advisory Group (CV-TAG) will provide advice to Cabinet to inform any decision to use the Novavax vaccine in New Zealand. <p>Booster Doses</p> <ul style="list-style-type: none"> From 4 February 2022, the interval for receiving a booster has reduced to three months after completion of the primary vaccination course. All people aged 18 and older are urged to receive their booster dose as soon as possible after they become eligible. The COVID-19 Vaccine Technical Advisory Group (CV-TAG) will be providing advice around mid-February on the use of boosters for under-18s. On 9 February 2022, the week-long 'Big Boost' campaign was launched to encourage uptake of booster doses. Whakarongorau's call campaigns to reach eligible consumers at higher risk continue. Automated eligibility notifications continue for people eligible for their booster dose, with follow-up communications scheduled for 14 days after the original notification. DHBs are providing increased capacity to meet demand for booster doses and paediatric vaccinations. <p>Paediatric Vaccines</p> <ul style="list-style-type: none"> The rollout of the paediatric vaccine to tamariki Māori will be complemented by the Māori tamaiti vaccination programme. This programme has been co-designed with Māori health professionals, teachers, principals, tamariki and specialists and puts tamariki Māori and whānau at the forefront of the development, design, and implementation. DHBs have worked alongside iwi and Māori providers to create a list of low decile schools with higher enrolled Māori populations as the priority for community-based pop-up clinics on or near school grounds.

Resurgence Planning and Response

	Agency	Last Week	This Week	Agency Comment on Status of Focus Area
COVID-19 Management	DPMC	●	●	<ul style="list-style-type: none"> The country remains at RED setting in Phase 1 of the Omicron outbreak. Non-Health components of Phase 2 of the Omicron response are ready to be implemented. DPMC has supported the development and implementation of the Close Contact Exemption Scheme and the Bubble of One The AOG system is refining its plan to support the three phase Omicron strategy, an multi-agency workshop occurred this week on non-health impacts, triggers and interventions of Phase 3. AOG Winter planning is now underway, MOH winter planning will provide core input to system wide winter planning. Planning for next iteration of National Management Approach and an interim supplement is under consideration.
Resurgence planning including review of the response	MoH	●	●	<ul style="list-style-type: none"> The Ministry of Health has developed a new testing plan to respond to an outbreak of the Omicron variant of COVID-19, with a focus on Phase 2 and Phase 3. Preparations for moving into Phase 2 are well underway. Based on the testing plan, most RATs will be unsupervised tests, for the community and workforces. Supervised tests are likely to be a much smaller proportion of testing overall, and will focus on those who need support with a test, or where there is a requirement, for the test to be observed. The use and supply of both PCR and RATs will be prioritised around protecting our priority populations from severe disease and/or death, ensuring equity and limiting the impact on society through the protection of critical workers and critical infrastructure. RATs will be prioritised for use based on the outbreak stage and where they will contribute most to the public health response, and prioritising these for supply if supply is constrained. The Ministry of Health has also been supplying DHBs and community providers (Māori, Pacific, disability, mental health and addiction, aged residential care, rural/remote) with RATs to ensure supplies are available when needed. Community provider testing guidance and training links are now online. The Ministry of Health has developed a mixed distribution model for distributing RATs that supports the public health response and equitable access to free testing. This will ensure tests reach those who need them most, including those who are symptomatic, priority populations and workers carrying out critical activities. This model is focussed on creating a self-service capability for RATs for most people so that even in the high outbreak scenario the Ministry of Health's distribution channels do not become overloaded. <p>Supply of RATs</p> <ul style="list-style-type: none"> On 9 February 2022, the Ministry of Health had 4.9 million RATs stock on hand, plus approximately 1.8 million RATs that have been distributed to end points in readiness. The estimated total volume in the system is 6.7 million. The Ministry of Health continues to build its stocks of RATs with additional orders and delivery confirmations happening each day. As at 9 February, there were approximately 185 million RATs on order to the end of June 2022, with delivery confirmed for 20.5 million to the end of February 2022, and a further 52.3 million to the end of March 2022.
	MBIE	●	●	<p>MIQ's Response to the Delta Outbreak (community cases) and the increased number of Omicron cases (border)</p> <ul style="list-style-type: none"> MIQ continues to run three quarantine facilities in Auckland to support the high number of border returnees testing positive for Omicron. Due to the increasing number of positive cases, options are being looked at should we need to convert an isolation facility to quarantine. The number of referrals from ARPHS has remained constant over the past week with few numbers coming to MIQ, with the majority of cases being cared for by Care in the Community. Across the regions we are seeing an increasing number of Omicron in the community however, most of these cases are not coming into MIQ as we are preserving the rooms for border returnees that test positive. As the number of positive Omicron cases in the community rises, conversations continue with various stakeholders across the regions to see how more quarantine capacity can be acquired. Options include converting facilities to dual facilities.

2. COVID-19 Insights

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

2.1.1 Areas With The Highest COVID-19 Vulnerability Factors in New Zealand

Note that the figures referenced in the below text can be found in Appendix 2 at the end of this report.

The purpose of this insights report is to highlight and expand on previous analysis showing the areas with the highest COVID-19 vulnerability factors, considering socioeconomic, health, and cultural related factors. This insight will focus heavily on work carried out by Te Punaha Matatini (TPM), published as Delta was the dominant variant globally, as a basis for showing where these at-risk communities exist and will expand on some of the considerations that formed the basis of that work.¹

The TPM research aimed to identify how the risk of transmission of COVID-19 varied throughout New Zealand, taking into consideration the connections between geographical areas due to employment and schooling.² This was then overlaid with data from an earlier study carried out at the University of Canterbury, which identified three factors which make populations vulnerable to COVID-19 and mapped where these communities are located.³ The three factors for COVID-19 vulnerability were:

- A) socioeconomic deprivation,
- B) long-term health conditions, and
- C) behavioural and sociocultural factors.

Other risk factors, such as the percentage of the population over the age of 65 were also taken into consideration.⁴

TPM's analysis of the intersection of transmission risk and vulnerabilities showed the most at-risk regions were Invercargill, Whangārei, New Plymouth, Napier, Wellington, and Hamilton.⁵

A) Socioeconomic Deprivation

In the University of Canterbury's work, socioeconomic deprivation was measured using data from the 2018 census, including, unemployment, need for support, lack of qualifications, home ownership, overcrowding and living conditions.⁶ Overlaying the geographic prevalence of these socioeconomic factors with transmission risk, TPM produced a map of where the most at risk communities are, shown in figure 1, with Invercargill, Napier, and Whangārei at particular risk from the impact of socioeconomic deprivation.⁷

The socioeconomic sub-topics of unemployment, and overcrowding and living conditions, are further explored below.

Unemployment and Proportion of Working Age Population Receiving Jobseeker Support

As mentioned in the University of Canterbury study, and as per the most recent Index of Deprivation compiled by the University of Otago, one of the major dimensions of deprivation is unemployment.⁸ Although not a direct measure of unemployment, the proportion of the working population receiving jobseeker support gives a guide to unemployment levels. Within New Zealand the proportion of the working age population receiving jobseeker support varies, with the national average at 6% as of 28 January 2022.⁹ The regions with the highest proportions of the population receiving jobseeker support are Northland (10.2%), the Bay of Plenty (8.4%) and Taranaki (7.2%) as shown in figure 2. As can also be observed in the health related data below, deprivation is a major

indicator of a number of COVID-19 comorbidities and shows the interconnectivity of a number of these vulnerability factors.

There is also a disparity in ethnicity when it comes to unemployment. Data covering the average unemployment rate for the year ending June 2021, showed that 8.6% the Māori labour force and 8.9% of the Pasifika labour force were employed during this period. This is compared to 3.8% of the European workforce.¹⁰

Overcrowding and Living Conditions

Another major measure of deprivation is overcrowding in houses, with examples from overseas showing that overcrowding has a direct link to higher COVID-19 case numbers and mortality rates. Research from the Health Foundation in the United Kingdom published at the end of 2020 found that overcrowded housing contributed to the spread of COVID-19 early in the pandemic. More detailed research looking at cases between 1 May 2020 and 2 February 2021 found that the risk of contracting COVID-19 increased significantly as the number of people per bedroom in a household increased.^{11 12}

The most recent data on overcrowding in New Zealand comes from the 2018 Census. Over the whole population around 1 in 9 people in New Zealand live in an overcrowded home, that is a home where there are 1 or more further bedrooms required, based on the baseline that there should be no more than 2 people per bedroom in a dwelling.¹³ Figure 3 shows the proportion of the population living in overcrowded homes in New Zealand, with the regions with the highest proportion of overcrowded houses being Counties Manukau (12.1%), Auckland (9.6%), and Tairāwhiti (7.7%).¹⁴

The 2018 census also revealed that overcrowded living conditions in New Zealand are more common in both Pasifika and Māori populations. The census found that close to 40% of Pasifika, and around 20% of Māori live in crowded housing, with nearly 25% of Māori tamariki and rangatahi, living in crowded housing.¹⁵

The quality of housing people live in also impacts both the physical and mental health of residents and has been strongly linked to poorer health outcomes in some instances.^{16 17 18} Figure 4 shows the percentage of households reporting that their house is either sometimes, or always, damp, with the highest proportion of damp housing reported in Northland (24%), Auckland (23%), and Tairāwhiti (23%).

B) Long-term Health Conditions

Some long-term health conditions including cancer, cardiovascular disease, diabetes, renal conditions and respiratory illness make patients more susceptible to hospitalisation or death as a result of COVID-19 infection.¹⁹ The University of Canterbury mapped the prevalence of these illnesses as part of their study into the variation in vulnerability across New Zealand. This also took into consideration the prevalence of these amongst different ethnic groups as well as lifestyle factors such as smoking, which is also known to increase the risk of poor health outcomes from COVID-19 infection.²⁰ TPM overlaid the long-term health condition data with their transmission risk data to produce the map shown in figure 5 below. The regions with the highest risk due to heightened transmission and health vulnerability were Invercargill, Whangārei, and Whanganui.²¹

As mentioned, the data used to produce the map in figure 5 took into consideration ethnicity due to the variability in the prevalence of health conditions and lifestyle factors across different ethnicities. The most recent Ministry of Health, Health Survey data illustrates how health conditions vary between ethnicities and levels of deprivation. The charts in figure 6 show the ratio of prevalence between different groups, with 1 being equal prevalence.

C) Sociocultural Vulnerability

The University of Canterbury mapped sociocultural vulnerability using linguistic isolation data, i.e. communities where English or Māori is not widely spoken. Data measuring the numbers of people who did not have secondary school qualifications was also used to map this vulnerability factor, as a proxy for measuring lack of awareness of local services in a given population.²² This was mapped alongside the transmission risk by TPM to produce figure 7. The regions with the highest sociocultural risk factors combined with transmission risk are Napier, Hamilton, and Tauranga.²³ Although used in this instance as measures of sociocultural vulnerability, it could also be argued that these factors are also socioeconomic issues, again highlighting the interconnectivity of a number of these factors.

Food Insecurity

Aside from the direct impact of having either a higher risk of contracting COVID-19 or suffering from poor outcomes as a result of COVID-19 infection, a major indirect impact that disproportionately impacts certain communities linked to cultural factors is food insecurity.²⁴ During the pandemic, issues experienced by ethnic communities have included a lack of supply of culturally appropriate food, hesitancy in accessing food banks due to feelings of shame, and a mistrust of government. Ethnic communities, particularly Middle East/Latin American/African and Asia (MELAA) make up a significant proportion of hospitality workers and small business owners, which are sectors particularly affected by lockdowns. This makes these communities at particular risk of food insecurity due to lost earnings and higher utility bills from being at home more.²⁵

Other Risk Factors

There are additional risk factors which can make a population more vulnerable to COVID-19, such as age, and vaccination status, as explored below.

Age

Risk from severe illness as a result of COVID-19 infection increases with age.²⁶ Figure 8 illustrates the median age of people living in each DHB compared to the median age of 37.7 over the whole of New Zealand. The regions with the highest median age are the West Coast, Nelson Marlborough, and Wairarapa.²⁷

Median age also varies significantly between ethnicities in New Zealand with the median age for Europeans at 41.2, Asian at 31.3, Māori at 25.4 and Pasifika at 23.4. This suggests an elevated risk of developing severe COVID-19 infection for European populations compared to other ethnic groups.²⁸

Vaccination

Despite relatively high vaccination levels across the whole of New Zealand, vaccination levels remain uneven across DHBs. Figure 9 shows the variation in vaccination levels between DHBs at the time of writing, with the regions with the lowest vaccination levels being Northland (87%), Tairāwhiti (89%) and Whanganui (89%).²⁹

Data on vaccination levels by ethnicity shows variation across different communities. Levels of those fully vaccinated amongst Māori and Pasifika are 71% and 80%, respectively, for all ages above 5, compared to 85% across the total population, which means their populations are at increased risk. The levels of booster vaccinations amongst eligible Māori and Pasifika are 66% and 54%, compared to 70% in the wider population.³⁰

2.2 Insight of Note Written by the Ministry of Health

Daily reported COVID-19 cases globally have been declining since late January after a peak of over 3.4 million daily cases. Just under 2.8 million cases are being reported daily. Global deaths continue to increase since early January with over 10,600 deaths being reported daily. New cases are declining across all continents.³¹

Omicron is now the dominant variant in at least 78 countries worldwide, in most jurisdictions with sufficient data. Omicron lineages are emerging similarly to what was seen with Delta. Current sequencing data suggests that BA.2 is now the dominant Omicron sub-lineage in at least six countries including Denmark, India, Maldives, Nepal, Philippines and Qatar. Due to limited whole genome sequencing and testing, the prevalence of the variant is very likely higher than reported.³²

As COVID-19 cases are climbing to record levels across the world, high levels of infection in communities mean that large proportions of the population are required to isolate and be tested at any given time due to being a COVID-19 case or contact. This is causing strains on testing systems, as well as substantial workforce shortages, most concerningly in the health and aged-care workforce, but also food production, transport, and other workforces critical to supply chains. In fact, the biggest burden on the healthcare system is the lack of workforce due to infection, being managed as a close contact, exhaustion, or leaving the workforce.

The following report outlines key measures taken to reduce the burden of contact and case isolation on critical workforces in Australia.

Australia

In late December in response to rising Omicron cases, Australia narrowed the category of contacts required to isolate.³³ Individuals would only be required to be tested and isolate if they lived with a COVID-19 case or had spent more than four hours with a case.³⁴ If you are a close contact of someone who has COVID-19 in Australia, you must isolate for 7 days from the last time of contact.³⁵ In most Australian states, cases are required to isolate for seven days and can then leave isolation if not symptomatic, a test is generally not required to leave isolation. South Australia requires isolation for 10 days and Western Australia for 14 days.

The Australian government is also briefly subsidising some telehealth services as it deals with Omicron.^{36 37} In mid-January, the state of Victoria declared a system-wide emergency for four to six weeks across its hospitals known as a 'Code-Brown' as up to 5,000 staff were not working because of COVID-19. This streamlines emergency management systems when there is an influx of patients over a short period of time. Hospitals can redeploy workers to areas of greatest need, postpone leave to boost staffing numbers, and redistribute resources to ensure critical patients are prioritised. Defence personnel have also been deployed to help drive ambulances in the stretched paramedic network.

The NSW government may possibly mandate COVID-19 boosters for healthcare workers. Given that 0.6% of the health workforce previously resigned after refusing two doses of the vaccine, the government are concerned a booster mandate may prompt more staff to leave.³⁸ In South Australia, the Government will invest in 51 full-time equivalent (FTE) paramedics to expand the Ambulance Service's capacity in response to increasing demand.³⁹

Australia will deploy up to 1,700 Australian Defence Force personnel to support staff in the aged care sector. This aims to stabilise outbreaks and support staff shortages in residential aged care facilities. However, the Prime Minister noted they cannot replace skilled aged care workers, but they will assist across facilities including logistics and general duties tasks.⁴⁰ In South Australia, people who perform duties in Aged Care Facilities must have a booster dose or have evidence of a booking to receive a COVID-19 booster shot.⁴¹

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

National Alternative Accommodation Service to support COVID-19 Care in the Community

The Ministries of Health, Social Development, Housing and Urban Development, Kāinga Ora, and the Ministry of Business Innovation and Employment (MBIE) are proposing that MBIE lead a National Alternative Accommodation Service. This service will source, procure, and fund alternative accommodation for those with COVID-19 who cannot safely isolate at home.

In light of increasing cases of Omicron, MBIE and the COVID-19 Care in the Community programme have expedited the establishment of the service by using a phased approach. The first phase includes the rapid set up of an accommodation sourcing service using a third-party provider to directly assist care coordination hubs to source and secure accommodation (established on 4 February 2022). The next phase will be to centralise the overall process and agree on the provision of funding (subject to Cabinet decisions in March 2022).

The Ministry of Health will continue to work in partnership with MBIE and housing agencies on the operational requirements to support this service.

More detail on the service will be included in the COVID-19 Care in the Community Cabinet paper you will be presenting to the Social Wellbeing Committee in mid-March 2022.

Population-based risk stratification tool

The COVID-19 Care in the Community programme is collaborating with the Data & Digital Directorate and sector stakeholders to develop a risk stratification tool.

A risk stratification tool will allow the health sector to understand its population profiles and manage resources, such as rapid antigen tests (RATs), therapeutics and hospitalisation prioritisation, while also ensuring that those who can manage their COVID-19 isolation period independently are enabled to do so. This will free up primary care and hospital level care resources for those who need it the most.

The first version of the tool is aimed to launch to the Auckland region on 11 February 2022.

Digital tools to support self-isolation

Self-service tools and data automation will be significant features of managing high volumes of Omicron cases in the community. The model shifts the burden of responsibility from the health system to the patient for low-risk cases, reducing the burden on scarce health resources, as well as enabling a scalable contact tracing response.

Elements of the self-service model that are currently under development include:

- An online COVID-19 Health hub for broader COVID-19-related health management: Bookings, My Covid Record, Care in the Community plans and actions, testing and contact tracing connections and services (unauthenticated available now, authenticated version due to go live for public use on 17 February 2022).
- Patient online self-service contact tracing (pilot under way, due to be publicly available on 15 February 2022).
- Self-declaration of clinical risk factors (publicly available as of 9 February 2022).
- Enhanced digital daily checks of COVID-19 cases (due to go live 28 February 2022).

- Digital self-reporting of RAT results in My COVID Record (complete but will be made publicly available when we move to phase two of the Omicron strategy).

DHB Resurgence and Readiness Planning Update

Based on the findings from the desktop reviews of a sample of DHB Resurgence Plans, the Health System Preparedness Programme team created a checklist for DHBs to assess and confirm their preparedness for COVID-19 resurgence over the summer period. All DHBs completed the checklist by 23 December 2021.

An amended checklist focussed on Omicron preparedness was sent to DHBs for completion in the week beginning 24 January 2022. All DHB responses were received by 4 February 2022. The data received will be collated to establish a new baseline for COVID-19 preparedness in light of the increasing prevalence of Omicron in the community. The Ministry will be working closely with DHBs to identify challenges and ways to support DHBs to remediate any issues with COVID-19 preparedness.

Next steps

The Ministry will liaise with the Minister Little's office on how to best report progress on resolving the issues identified in the assurance checklists and how DHB preparedness can be linked into wider DHB Performance conversations.

3.1.2 Vaccination Orders

We are continuing to work with DHBs to meet their mandatory booster vaccination timelines.

We are supporting DHBs in identifying staff requiring a booster under the Vaccinations Order mandating booster vaccination. Daily reporting is shared with DHBs to track affected worker booster status and to inform planning mitigation actions on a provider-by-provider basis, should service coverage issues emerge.

We sent out decline letters to four Significant Service Disruption (SSD) applications for extensions on 4 February 2022. One declined applicant has been escalated via the Minister and the Director-General.

s9(2)(b)(ii)

Temporary Medical Exemptions

As at 9.00am 8 February 2022, 1,859 applications for a Temporary Medical Exemption have been received.

- 1,247 applications were processed by the Panel and presented to the Director-General. 654 were declined and 593 were granted exemptions. Of these, 360 were granted exemptions for two-dose non-placebo vaccine trial participants.
- 508 applications were returned as incomplete and unable to proceed to the Panel.
- 101 applications are open: 88 open under the previous eligibility criteria (version 3) up to 26 January 2022, and 13 open under revised eligibility criteria (version 4) from 27 January 2022.
- The panel met on 8 February 2022 and will next meet on 14 February 2022.

Temporary Significant Service Disruption

As of 5.00pm 4 February 2022, 453 applications for a Significant Service Disruption Exemption have been received.

- 248 applications have had decisions made by the Minister. 235 were declined, 11 were granted, one was returned with a request for further information, and one has decided not to proceed with the application.
- 31 applications from persons conducting a business or undertaking (PCBUs) have been assessed by the panel and are awaiting a final decision.
- After the panel assessment, nine have withdrawn, one of which has been addressed through the latest amendments to the order.

- Four were returned to the PCBU with a request for further information to support the Panel's assessment.
- One application is pending consideration by the Panel on 8 February 2022.
- 160 applications were returned to PCBU applicants as they were incomplete, which was picked up during the triage process.
- No applications are awaiting triage in the inbox.
- The panel met on 8 February, will next meet on the 15 February 2022.

Enforcements – Vaccination Order compliance for week ending 4 February 2022

Over the period from 12.01am 29 January 2022 to 12.00am 4 February 2022, five complaints/concerns were received under the Vaccination Order

- Three individual health practitioners were contacted by letter to clarify their vaccination duties under the Vaccinations Order.
- There are currently three active investigations underway:
 - Two carers in a residential house not vaccinated.
 - A pharmacist practicing unvaccinated.
 - A dentist who has been warned but appears to be continuing to practice unvaccinated.

3.1.3 COVID-19 Vaccine and Immunisation Programme

As at 11.59 pm on 8 February 2022, 9,856,172 vaccinations have been delivered, including 4,010,447 first doses, 3,937,564 second doses, 39,437 third primary doses, and 1,665,645 booster doses.

- 7,002 doses of AstraZeneca have been administered
- 202,841 paediatric first doses have been administered to 5-to-11-year-old children
- 85 percent of the eligible population 5 years and older has now received at least one dose, and 80 percent of this population are fully vaccinated. Of those fully vaccinated, 12.3 percent are Māori and 6.8 percent are Pasifika
- 43 percent of the eligible population aged 5-to-11-years has now received their first dose
- 710 vaccination sites were active on 8 February 2022.

Driving uptake

Nineteen DHBs have hit or passed 90 percent first doses for their eligible population over the age of 12. As at 11.59pm on 8 February 2022, Northland is 104 doses from reaching the 90 percent first dose milestone. Seventeen DHBs have reached 90 percent second doses. Auckland, Capital & Coast, and Canterbury DHBs have reached 90 percent fully vaccinated for Māori.

All DHBs have increased capacity at their vaccination sites to accommodate the increase in demand for booster doses and paediatric vaccines. This has included operating sites with extended hours, opening additional drive-through clinics and deploying additional staff to community clinics.

In response to the emergence of the Omicron variant in the community, DHBs are re-establishing drive-through and stadium vaccination sites to enable high volume delivery, while maintaining physical distancing and safety measures under the "red" setting.

DHBs are engaging with essential workforces supporting the supply and food chain to provide priority access to boosters for these workforces.

Several DHBs ran vaccination events over the Waitangi long weekend to drive uptake. These events included an iwi-led whanau event offering vaccinations for all eligible ages in Palmerston North, and a South Canterbury stadium vaccination event.

5-to-11-year-olds

Strong uptake of the paediatric vaccine continues, with 44 percent of children aged 5-to-11-years-old having either booked or received their first dose as at 11.59pm on 8 February 2022.

DHBs have worked alongside iwi and Māori providers to create a list of low decile schools with higher enrolled Māori populations as the priority for community-based pop-up clinics on or near school grounds. Vaccinations at these pop-up clinics are offered to all whānau, with parents and guardians encouraged to get boosters or primary doses alongside their tamariki. Kai and other health promotional activities are offered alongside the clinics.

Māori providers and local iwi have been engaged to hold education sessions, both in locations such as marae and kōhanga reo and online webinars, to encourage vaccinating tamariki.

A judicial review to challenge Medsafe's decision to approve the Pfizer vaccination for 5-to-11-year-olds, and Cabinet's decision to use the vaccine for 5-to-11-year-olds has been lodged in the High Court by a group of parents. An interim hearing took place on 27 January 2022, with the decision following on 2 February 2022 which refused the interim order request.

Booster Doses

Demand for booster doses has been strong. As at 8 February 2022, 1,665,645 people have received a booster dose. This represents 54 percent of the 3,110,156 people who are currently eligible for a booster. This percentage has reduced from previous weeks due to the change in booster dose eligibility adding approximately 1.1 million more eligible people to the total.

Anyone aged 18 and over who has completed their primary course of vaccine is being urged to get their booster as soon as possible after becoming eligible. From 4 February 2022, the interval between completion of the primary vaccine course and eligibility for a booster dose reduced to three months. The booster roll-out has been accelerated as one of several measures to protect New Zealand against the Omicron variant.

Outbound call campaigns continue to encourage uptake of boosters, with a focus on priority groups such as Māori and Pacific people over 65, areas with lower booster uptake, and areas with known community transmission. Reminder texts and emails to those who have become eligible for boosters continue.

The week from 9 February 2022 will be a national week promoting uptake of booster doses "The Big Boost". DHBs will be running extended hours and small-scale initiatives to encourage people to get their booster dose.

Administration of booster doses for residents in Aged Residential Care (ARC) is nearly complete. All ARC facilities were scheduled to receive booster dose visits before the end of January 2022. There are rare instances where some ARC facilities have been rescheduled to early February 2022. This has been as a result of medical or other logistical challenges (for example, one facility that has been dealing with an outbreak of gastroenteritis). DHBs are working with the remaining ARC facilities to complete booster dose visits as soon as possible.

Vaccination Order

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

The Ministry of Health is supporting DHBs through data-sharing agreements to identify staff requiring a mandated booster dose under the Vaccination Order in order to facilitate priority access for these workers.

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.

DHBs are 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 vaccination.

All regions have events planned to raise uptake among Māori, with a particular focus on tamariki Māori. For example, Northland iwi providers have reinstated their successful partnership with the Rugby for Life Trust to engage with youth across the region, with 30 events planned to reach 6,000 children, approximately 70 percent of whom are Māori.

The rollout of the paediatric vaccine to tamariki Māori will be complemented by the Māori tamaiti vaccination programme. This programme has been co-designed with Māori paediatricians, doctors, nurses, teachers, principals, tamariki and specialists and puts tamariki Māori and whānau at the forefront of the development, design, and implementation.

DHBs continue to work with Disability Support Services and residential providers to offer outreach and advise on available clinics, including upcoming events.

Novavax

On 4 February 2022, Medsafe approved the application for the Novavax COVID-19 vaccine.

The Ministry of Health will provide advice to Cabinet to inform any decision on the use of Novavax as part of New Zealand's COVID-19 vaccination programme.

Technology

As at 11.59pm on 8 February 2022, 5,082,686 My COVID Passes have been issued to 3,847,025 individuals. This represents 96.8 percent of the fully vaccinated population. The total number of passes generated is higher due to the ability for consumers to request a new pass be generated if, for example, they have lost the original pass they downloaded and need to replace it.

3.1.4 Technical Advisory Group: Update

COVID-19 TAG

The next COVID-19 TAG meeting is scheduled for 25 February 2022 and an update will follow in a future report.

CV TAG

The COVID-19 Vaccine Technical Advisory Group (CV TAG) met on 1 February 2022 and discussed the following items:

- Vaccine rollout.
- Proposal to allow lower dose formulation in some people with Myalgic encephalomyelitis (ME).
- Uptake of vaccines by age and ethnicity.
- Priority groups for shortened interval among 5-11-year-olds.
- Novavax decision to use in primary courses.
- Shortened booster interval.

The next CV TAG meeting is scheduled for 8 February 2022 and an update will follow in a future report.

Therapeutics TAG

The COVID-19 Therapeutics Technical Advisory Group (Therapeutics TAG) did not meet in the week commencing 31 January 2022. The next Therapeutics TAG meeting is scheduled for 11 February 2022 and an update will follow in a future report.

CT TAG

The next CT TAG meeting has not been scheduled as of yet.

3.1.5 Communications Issues and Activities

As at 9 February 2022

Date	Activity	Lead agency	Comms material	Ministerial Involvement
9/02/22 ongoing	COVID-19 Contact Tracing Form: Pilot with Reach Aotearoa to provide low risk cases the ability to self-service by completing contact tracing online instead of undertaking a case interview with a contact tracer.	MoH	Key messages, website, stakeholder communications	No
9/02/22 ongoing	Omicron Phase 2 planning: updating public messaging and guidance in preparation for the move to Phase 2 of the Omicron Response Plan.	MoH/DP MC	Communications, talking points, key messages, website, stakeholder engagement	Yes
9/02/22 ongoing	Health System Preparedness: Omicron information sessions and upcoming training on the COVID-19 clinical co-ordination module for the primary care sector and regional health co-ordination centres.	MoH	Website, health stakeholders	No
9/02/22 ongoing	Omicron community outbreak: daily communications and support for the health sector and public, including cases in several regions across the country. Delta cases continue in various regions. Locations of interest and updated health advice.	MOH/DP MC	Talking points, key messages, communications, website, stakeholder communications	Optional
9/02/22 ongoing	Testing: Finalising Omicron Phase 2 information – community providers, critical workers.	MoH	Stakeholder engagement	Yes
11/02/22	Reconnecting New Zealand – self-isolation guidance.	MoH	Complete health guidance and Q&As, stakeholder engagement	Optional
14/01/2022 TBC	Health Hub go live: assisted support for care in the community.	MoH	Communications, website, Q&As underway	Optional

4. Managed Isolation and Quarantine Weekly Report

4.1.1 MIQ response to the COVID Outbreak

In Auckland, quarantine capacity continues to be under pressure. There is a high number of border returnees testing positive which is putting pressure on quarantine facilities. Options are being looked at to increase quarantine capacity.

The Distinction Hotel in Hamilton has begun taking border returnees which has eased a little bit of pressure for the regions.

Though there has been a significant increase in community cases, these are not being referred to MIQ and instead are being cared for via Care in the Community unless there is an inability for people to safely self-isolate. In Auckland and Christchurch, there are a small number of rooms for close contacts who are unable to self-isolate at home.

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

4.1.2 MIQ Workforce Booster update

As noted last week, MBIE have been working through some data issues with the information provided by the Ministry of Health to date on boosters. MBIE are still actively working through this together and expect to have this resolved imminently which will ensure our data and reporting is aligned going forward.

MBIE are tracking at 91% of all MIQF workers who are required to receive a vaccination booster by 15 February have already done so. However, Ministry of Health figures indicate this could be higher, which is what MBIE are working to align.

Targeted engagement is underway for those yet to receive their booster ahead of 15 February. MBIE continue to encourage all MIQF workers to get their booster shot as soon as they are eligible from three months.

Site entry processes are in place to ensure from 15 February, only workers compliant with the Vaccinations Order are able to gain entry to an MIQ facility.

4.1.3 s9(2)(f)(iv)

[Redacted content]

4.1.4 Re-designation of Amohia

On 28 January, MIQ advised that the Distinction Hamilton (then known as the Amohia) will be re-designated from a Community Isolation and Quarantine Facility to a Managed Isolation Facility (MIF). MIQ also advised

that engagement with key stakeholders began for the re-designation of this facility in order to respond to the pressures on our Managed Isolation Capacity.

Over the last two weeks MIQ worked with Waikato Tainui, the owners of JetPark Hamilton and the Distinction Hamilton and the Waikato District Health Board to reconfigure these facilities so that the JetPark could become a Community Isolation and Quarantine facility, and the Distinction could become a MIF. Waikato Tainui have confirmed that Jetpark will be known as the Amohia, the Community Isolation and Quarantine facility to care for the people of the Waikato.

On 4 February, the Pou Tiaki team and the Waikato DHB Director of Tikanga, Ikimoke Tamaki-Takarei, led a blessing/karakia, which was attended by Kiingi Tuheitia, Pootatou Te Wherowhero VII (via Zoom). MIQ were represented by Head of MIQ Operations, Commodore Melissa Ross.

The Amohia (Jetpark Hamilton) will have 50 rooms available for community cases and began accepting cases from 4 February.

From 12 February, the Distinction Hamilton will revert to a Managed Isolation Facility (MIF) for border returnees. Through these reconfigurations, managed isolation capacity has increased by approximately 60 rooms.

4.1.5 Incoming 501 Deportees

The next cohort of deportees from Australia will arrive on 14 and 15 February. This will be the last cohort to enter the Ramada MIF before Step One of Reconnecting New Zealanders comes into effect on 27 February. From 28 February vaccinated deportees from Australia will no longer have to enter MIQ and instead will be able to self-isolate. Any non-vaccinated deportees from Australia will still need to enter MIQ on arrival into NZ.

MIQ is in discussion with the Ramada on future arrangements, given there won't be sufficient numbers of deportees entering New Zealand to warrant the ongoing operation of the MIF. The number of people requiring MIQ is likely to be low and will be manageable across MBIE's network.

MIQ is working with Police, Corrections, MSD and other agencies to plan support for deportees entering self-isolation. Lack of suitable accommodation in Auckland is an issue and agencies are considering the option of the Ramada being contracted by the ^{s6(b)(i)}

New Zealand Police is submitting a briefing to the Minister of Police on the current situation and it is anticipated this paper will be shared with all relevant Ministers.

4.2 Operational Update

4.2.1 MIQ's Role in Afghanistan Evacuation

A total of 1,132 evacuees from Afghanistan have arrived in New Zealand. The table below shows the MIQ status of the Afghanistan evacuation programme as at 10.00am Wednesday 9 February 2022:

TOTAL Evacuees from Afghanistan that are Currently in MI	30
TOTAL Evacuees from Afghanistan that have Departed MI	1,102: 1,011 Afghan Nationals (excludes births after arrival), NZ National: 1, AoG staff: 90
TOTAL Expected Arrivals (through to end of Feb 2022)	210 (estimated)

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

4.2.2 Ventilation

Remediation work completed (total number of facilities = 33)	Facilities yet to complete remediation	% of rooms complete within the portfolio of facilities fully signed off
31 completed (25 of which are fully signed off)	2	74% (4,359 rooms)

Remediation work for all but two facilities (Chateau on the Park Christchurch and Stamford Plaza Auckland) has been completed and the total number of facilities fully signed off is currently 25.

Access to rooms to complete remediation work or final retesting continues to be a challenge due to facility high occupancy rates.

Remediation work at the final two facilities (Chateau and Stamford) have been delayed due to supply chain issues. Completion is now expected by the end of February 2022 with retesting to follow.

Last week final signoff was obtained for IBIS Hamilton with all 126 rooms achieving MIQ preferred conditions. The final signoff for the Rydges Rotorua is expected later this week.

4.2.3 Air Filtration Units (AFU)

There are 397 units in stock with the supplier that are allocated to MBIE. The team is on standby to install AFU's in additional quarantine rooms as required and provide spare units to facilities – similar to the five Christchurch isolation facilities that were provided units to be used in the rooms of returnees testing positive, prior to them being transferred to a quarantine facility.

4.2.4 Vaccination of Frontline Staff

For workers on-site for the week 31 January to 6 February 2022, BWTR shows that 98.9% had two doses of the vaccine, 0.1% had one dose and the remaining 1% (45 workers) had the vaccine status 'unknown'.

Of the 45 workers with an 'unknown' vaccination status, 11 still require an NHI match. The Workforce Testing Team is investigating the remaining 34 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 21 workers who were NHI-matched but showing a vaccination status 'unknown' between 24-30 January 2022, 20 have been confirmed as being compliant with the Vaccination Order and one is compliant but appears to be an NHI issue which MBIE have passed to MOH.

4.2.5 Staff Testing

Reporting from BWTR shows that 4,627 people undertook work in MBIE facilities last week. The table below shows how many of those workers were either compliant with the Testing Order, overdue for a test or still needed to be NHI-matched.

Workers on site 31 Jan – 6 Feb 2022	Workers on nasal testing regime	Workers on saliva testing regime	Total	Percentage of total NHI-matched workers on site
Compliant NHI-matched workers	1,871	2,130	4,001	88%
Overdue NHI-matched workers	225	301	526	12%
Need NHI-match	11	0	11	
Workers on site	2,107	2,431	4,538	

Of the 526 overdue, 381 of those are less than 4 days overdue (72% of the total), 125 (24%) are 4-10 days overdue and 20 (4%) are 11+ days overdue. The Workforce Testing and Vaccination team will follow up with these workers to make sure they get tested as required.

Of the 11 that still need an NHI-match, 8 were created in BWTR in the last 7 days.

In the week ending 30 January 2022, 14 workers were showing as '11+ days overdue' in BWTR. Of those 14 workers, 6 workers have a swab confirmed, 6 have been contacted and we are awaiting a response, 1 has been instructed to be swabbed and 1 has been escalated to MOH for further action.

4.2.6 Saliva Testing

As at 8 February 2022, 5,235 MIQ workers have opted-in to saliva testing across all active MIQF sites (up from 5,080 last week).

4.3 Judicial Reviews, Dispute Resolution, Ombudsman and OPCAT

4.3.1 Grounded Kiwis Judicial Review

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

4.3.2 Disputes Tribunal case

The Disputes Tribunal was heard on 4 February regarding a returnee who refused to pay their invoice. The position of MIQ was that the Disputes Tribunal did not have jurisdiction over this matter and that there were processes within MIQ to settle this. The referee agreed that the case was outside the Tribunal's jurisdiction. We anticipate that the applicant will make a complaint to the Ombudsman.

4.3.3 Ombudsman Complaints

MBIE are currently managing 39 cases, with 27 of these being preliminary enquiries. Of the 12 active requests; three are on emergency allocations; two on fee waivers; two on exemptions from managed isolation; two on undue financial hardship; one on access to fresh air in a facility; one on calculation of fees and one on unlawful detention. MBIE are seeking Crown Law advice on some opinions to support our responses.

4.3.4 OPCAT

MBIE have received a request for further information following the inspection of the Holiday Inn Auckland Airport and the Grand Mercure Auckland.

MBIE have also received a request for information for Facility 'Standard Operating Procedures'.

4.4 Invoicing

The table below shows the number of invoices issued up to **6 February 2022**.

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

Grouping	Invoices issued (net of credit notes)	Paid	Issued not due	Issued over due	Invoices issued (\$)	Paid (\$)	Issued not due (\$)	Issued overdue (\$)	90+ days over due	90+ days overdue (\$)
Groups /Temp Visa	7,293	4,778	608	1,907	\$66,140,554	\$53,786,573	\$1,903,654	\$10,450,327	851	\$4,730,126
Maritime	654	525	73	56	\$3,204,777	\$2,816,041	\$175,653	\$213,083	20	\$75,829
Aircrew	257	238	9	10	\$3,219,187	\$2,063,574	\$1,039,119	\$116,494	8	\$101,437
Other	31,747	20,432	2,739	8,576	\$106,213,980	\$73,039,522	\$5,278,374	\$27,896,084	4,921	\$16,018,982
Total	39,951	25,973	3,429	10,549	\$178,778,498	\$131,705,711	\$8,396,799	\$38,675,988	5,800	\$20,926,374

Groups have previously only 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, that is, they have the same fee charging structure.

4.4.1 Fees Collection

We usually allow 2-3 weeks from when someone leaves MIQ to invoice, as this time allows us to gather all of the information we need to determine liability and contact details. We are currently approximately six weeks behind our normal processing timeframes due to implementing changes for 7-day MIQ stays, a data issue and the Christmas holidays. Invoicing is up to the point where returnees left MIQ on 22 - 24 November.

The process to email the backlog returnees from August 2020 to 24 March 2021 has sent emails to returnees up to 22 February 2021. This has led to 2,124 invoices sent so far, valued at \$7.0m.

4.4.2 Debt Recovery

Of the now 1,801 invoices worth \$5.858m sent to a debt collection agency:

- \$1.351m (up \$111k) - 23% - has been paid (or is being paid through instalment).
- \$886k is currently awaiting information from customers or has been credited due to an error.
- A further \$2.468m (this includes the no address/gone overseas category and passive collection) requires more detailed tracing.
- \$345k currently have waiver applications under assessment.
- The remaining \$807k debt continues to be a work in progress.

4.4.3 Collections Partner Update

5,656 invoices worth \$21.247m have been passed to our collection partner. For the week ending 6 February 2022, \$4,252k has now been paid (Up \$854k).

An additional \$982k of debt is under instalment and is expected to convert to payments received over the coming weeks.

4.4.4 Weekly Average Invoicing and Debt Recovery at 77%

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

Recent Weeks	Average invoicing per week (\$)
Past week	2,086,772
2-4 weeks	748,522
5-8 weeks	936,299
9+ weeks	2,267,375

The debt recovery percentage is tracking under the FY22 target at 77% (target is 90%).

4.4.5 Waivers

The table below breaks down the waiver application information between 11 August 2020 and 6 February 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. MBIE have included wavier categories Special Circumstances and Undue Financial Hardship Waiver.

*Applicants can apply for Financial Hardship and Special Circumstances at the same time.

Waiver Applications Received excluding Applications not Progressed	In Progress		Total Completed	Completed		Completed Special Circumstances and Undue Financial Hardship Waiver (BOTH)*
	Potential Backlog	Decision being Made		Financial Hardship Applications	Special Circumstances Applications	
13,314	4,090	29	9,195	1,235	7,723	237

Approved Waiver Applications			Declined Waiver Applications		
Financial Hardship	Special Circumstances	BOTH	Financial Hardship	Special Circumstances	BOTH
89	6,355	50	1,146	1,368	187

4.4.6 Reducing the Fee Waiver Backlog

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

- New applications received from 31 January to 6 February 2022 was 237, an increase from 186 last week.
- Net reduction from 13 December 2021 to 6 February 2022 is 997.
- Net reduction (weekly) from 31 January 2022 to 6 February 2022 is 324.

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

Status	Backlog at 13 Dec 2021	New Applications Received since 13 Dec 2021	Backlog at 06 Feb 2022
Processing or to be processed	3,979	1,403	3,749
Waiting for Customer	1,108		341
Total	5,087	1,403	4,090

System actions by Waivers Officers from 31 January to 06 February 2022. Decision Maker activities are excluded.

Actions	Applications Triaged	Assessments Completed	RFI's Sent	Outcomes Sent	Total
Total	178	337	138	267	920

The net reduction has increased significantly this week with steps taken to manage workload. MBIE are continuing to work hard to support the ongoing reduction of this workload.

4.5 Upcoming Communications Issues and Activities

4.5.1 As at 6 February 2022:

Date	Activity	Lead agency	Comms material	Ministerial Involvement Y/N
14 Feb	Venter report on MIQ testing to be released via website	MIQ	Key messages and reactives prepared	N
14-15 Feb	Grounded Kiwis judicial review	MIQ	Reactive communications approach Comms plan and key messages prepared	N
15 Feb	Boosters required for MIQ workers	MIQ	Comms messaging for MIQF workers prepared in lead up to 15 Feb requirement. Key messages and media reactives prepare	N
Week of 15 Feb – Date TBC	Self-isolation pilot evaluation summary report	MIQ	Key messages prepared	N

4.6 Large Group Arrivals Update

Summary of approved group arrivals as of 6 February 2022 (to March 2022)

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Construction Sector Accord	Jan 2022	60	37(48 pax)	Arrivals are spread across the month.
	Feb 2022		39 (63 pax)	
Refugee Quota	31 Jan-6 Feb	14	10 (14 pax)	The original planned intake arrival windows have been replaced with a forecast of 45 pax every second week (90 pax per month).
	7-13 Feb	17	8 (17 pax)	
	14-20 Feb	17	7 (17 pax)	
	21-27 Feb tbc	37	27 (37 pax)	
	14-20 Mar	40	25 (40 pax)	
	Late Mar – Jun tbc	180	120 (180 pax)	
	31 Jan-6 Feb	12	8 (12 pax)	

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Afghanistan Arrivals	7-13 Feb	57	19 (57 pax)	Travellers are testing positive pre-departure which is leading to voucher cancellations. Where possible, last-minute substitutions are being arranged to avoid room wastage.
	14-20 Feb	78	33 (78 pax)	
	21-27 Feb	151	46 (151 pax)	
	28 Feb-6 Mar	99	45 (99 pax)	
	7-13 Mar	85	39 (85 pax)	
	14-20 Mar	37	17 (37 pax)	
	21-27 Mar	19	9 (19 pax)	
	28 Mar - Apr	51	23 (51 pax)	
	Apr tbc	281	127 (281 pax) tbc	
EXPO	27 Jan	16	7 (7 pax)	For the flight due to arrive on 5 February, 10 people have tested positive and need to reschedule. This number might increase with further PCR testing this week.
	29 Jan		21 (31 pax)	
	3 Feb	45	45 tbc	
	5 Feb	75	75 tbc	
	26 Feb	44	44 tbc	
	12 March	25	25 tbc	
Exporters	Jan	30	7(7pax)	Arrivals are spread across the month. Further vouchers will be requested for March.
	Feb	90	40(53 pax)	
	March	150	20 (21 pax)	
NZDF	23 Feb	73	55	
Antarctic Programme	8 Feb (plane delayed)	25	25 (25pax)	Antarctic season is now winding down, however, there is an outstanding request from USAP awaiting Ministerial approval for an additional 70 pax to arrive in March.
	14 Feb	12	12	
Cricket: South Africa Men's				Planning with NZC is underway. An exemption to train has been applied for. NZC have chartered a flight from South Africa to Christchurch for the team in an attempt to reduce the team's risk to exposure Omicron.
	4 Feb	35	29	There is an increased media interest in the Black Caps and Managed Isolation because of their cancelled Australia tour. This has led to an increased interest in the inbound South Africa team too. MIQ officials are increasingly concerned about the team's compliance and behaviour while in MIQ. This has been raised locally in Christchurch and additional measures will be available if needed. A new process for managing close contacts of a positive case within the team has been established by MoH as of Saturday 29 January. The impact of this on MIQ staff and Health staff is being rapidly worked through and operational processes are being developed. The last-minute nature of this change in process brings with it some degree of uncertainty and complexity. Officials are doing their best to mitigate the risks associated with the new process. The team will be accommodated at the Chateau on the Park in Christchurch.
Winter Olympics	18 Feb	7	5	
	21 Feb	2	2	
	22 Feb	33	28	
	23 Feb	10	10	
Winter Paralympics	15 Mar	19	17 (18 pax)	Planning to self-isolate.
Ministerial Travel	Feb	20	0	Preliminary planning
	Mar	20	7	
Sports and Culture	Jan	40	8(11 Pax)	
	Feb	40	39	

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Critical health workers	1 – 14 Feb	150	95 (129pax)	Arrivals are spread across the month.
	15-28 Feb	150	123 (164pax)	
	Mar	300	tbc	
Cricket: Women's Cricket World Cup				
Non-playing personnel	Feb/Mar	239	238	Final number of non-playing personnel is expected to be up to 243, with the bulk arriving in mid-February.
India	26 Jan	31	31	India has had an exemption to train approved. Per the exemption the team is able to train on receipt of a negative day 5/6 test in a single bubble. This team is 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	Other teams will be accommodated in Auckland and Christchurch. No other teams will have an exemption to train.
Cricket: Netherlands Men	4 Mar	35	tbc	Engagement with NZC has begun. The team are seeking an exemption to train.

Time Sensitive Travel (TST)

TST arrivals are expected to require 103 rooms in January, and 111 rooms in February.

The Time Sensitive Travel application window for arrivals in March/April 2022 closed on 21 January 2022. 677 people will occupy 610 rooms. It is expected that a large proportion of these people will cancel their vouchers, or no-show, in favour of self-isolation.

4.7 Emergency Allocation (EA) Applications

9,698 EA applications have been processed since 30 October 2020.

349 EA applications were received in the week ending 6 February 2022 and 312 applications were processed.

Of the 312 applications processed in the week ending 6 February 2022, 67% EA were approved.

Emergency Allocation Applications	Weekly Totals	Year to Date Totals
	31 January – 6 February 2022	30 October 2020 to 6 February 2022
Approved	209	5,937
Declined	103	3,761
Applications processed	312	9,698

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

Total Rooms Approved Under Emergency Allocation from 16 January to 23 January 2022	222
Rooms allocated in MIAS	90
Awaiting flight details or MIAS registrations from the applicants to complete the room allocation process	132

Given the cancellation of the 20 January lobby, the EA system is being used by applicants more than had been anticipated as EAs are the only available option for access to MIQs. This causes significant pressures on the Operations teams to provide timely responses as they assess each application.



5. Border Executive Board Report

5.1 Key Issues Being Considered

5.1.1 Border Executive Board

The Border Executive Board did not meet this week.

An interim update will be circulated to Board members to support compliance with the Vaccination Order that requires those eligible, to have their COVID-19 booster by 15 February 2022. Compliance of active border workers is high, with approximately 98% reported as receiving a booster. Border agencies are actively managing their workforce and are confident they will be compliant by 15 February 2022. Each agency has plans in place should there be any non-compliant workers.

The Border Implementation work stream continues to prepare for the reopening of the border on 28 February 2022. A readiness discussion will take place at the 16 February 2022 board meeting

The next board meeting is 16 February 2022.

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6. New Zealand Customs Service Weekly Report



6.1 Items to Note/Updates

6.1.1 Maritime

SFL Maui

The Liberian-flagged *SFL Maui* is a container ship, carrying 22 crew on board. On 5 February 2022, the vessel arrived at the Port of Tauranga from Sydney, Australia with no crew showing any signs of illness. Toi Te Ora PHU had decided to withhold pratique (quarantine clearance) and to test all crew upon arrival as two members of the crew had tested positive for COVID-19 in Sydney.

Contactless Cargo Plan operations were undertaken at the Port of Tauranga to ensure no disruptions to the supply chain. Two containers containing critical goods (medical equipment) which were due to be discharged and unloaded in Lyttelton were offloaded and sent to Lyttelton via rail.

On 6 February 2022, Customs led two all-of-government meetings to consider the COVID-19 test results from Toi Te Ora PHU. Testing of the crew had revealed one positive case and one indeterminate result. Toi Te Ora PHU recommended the vessel quarantine at anchor off Tauranga due to the better accessibility of resource should crew become further unwell. They have also continued to withhold pratique and the vessel will continue to be a quarantine-flagged vessel as it travels coastwise to Napier, Lyttelton, and Dunedin.

One crew member requested urgent removal from the vessel while in Tauranga due to his father being very ill, Toi Te Ora PHU gave approval and the crew member disembarked.

On 8 February 2022, the Port of Napier performed a practice run of the Contactless Cargo Plan operation prior to the vessel arriving later this week. This tabletop exercise has resulted in a three-day delay to the vessel's schedule, which means the vessel is unable to arrive in Napier prior to 11 February 2022. The shipping company, Maersk, has accepted this schedule change and Napier Port continues to be in regular communications with them.

Once the vessel is alongside at Napier, Toi Te Ora PHU has recommended that crew members undertake a further PCR test as well as self-monitor and advise Toi Te Ora PHU if circumstances change.

Maersk Nadi

The *Maersk Nadi* is a Hong Kong-flagged container ship with 20 crew on board. The vessel arrived in New Zealand waters on 29 January 2022 from Fiji. The ship's captain did not report any crew unwell upon entering New Zealand waters and the vessel was granted pratique. The vessel carried out cargo operations in Nelson, Timaru, and Lyttelton up until 3 February 2022. Customs did not record any non-compliance of crew or port workers for this vessel while in any of these ports.

On 7 February 2022, the vessel arrived at the Port of Tauranga from Lyttelton. The Ministry of Health is now investigating possible links of two COVID-19 positive stevedores from Nelson and Timaru who both recently worked on the vessel. Genome sequencing was undertaken to identify any links between both stevedores' COVID-19 variants.

The results show the Nelson and Timaru cases are not linked to any other sequenced case in New Zealand. There is also no direct link genomic between both stevedores, however both cases are linked to the international genome tree through Fiji, which was the vessel's previous port of call. An investigation is underway by Toi Te Ora PHU and the Ministry of Health to better understand the circumstances by which the stevedores contracted the virus.

Cargo operations for this vessel in Tauranga were contactless. As the vessel was not under quarantine, Customs staff continued to maintain a presence and monitor the port to ensure requirements of the Maritime Border Order were met. On 8 February 2022, the vessel departed for Fiji and the Ministry of Health will advise Fiji Health authorities of the outcome of its investigation. The Ministry of Health, with support from Customs, will

continue to lead communications surrounding this vessel and the Ministry of Trade and Foreign Affairs has also been made aware.

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

For the period 31 January 2022 to 6 February 2022, there were no infringements or warnings issued.

	Date	31 Jan	1 Feb	2 Feb	3 Feb	4 Feb	5 Feb	6 Feb	Week Total	%
Passengers	Total	547	673	515	600	526	490	582	3,933	
	NZ Citizen	366	439	383	303	311	330	330	2,462	62.6%
	Non-NZ Citizen	181	234	132	297	215	160	252	1,471	37.4%
Primary Actions (Passport Control)	Vaccination status verified	145	213	103	278	196	124	234	1,293	87.9%
	Exceptions	35	21	28	18	19	36	17	174	11.8%
	Exemptions	1	0	0	0	0	0	0	1	0.07%
	Referred to Secondary Area	0	0	1	1	0	0	1	3	0.2%
Secondary Area Actions	Compliant	0	0	1	1	0	0	1	3	100%
	Non-compliant	0	0	0	0	0	0	0	0	

6.1.3 Pre-Departure Testing

For the period 31 January 2022 to 6 February 2022, there were no infringements or warnings issued.

	Date	31 Jan	1 Feb	2 Feb	3 Feb	4 Feb	5 Feb	6 Feb	Week Total	%
	Passengers subject to PDT	326	388	288	280	373	342	582	2,622	
Primary Actions (Passport Control)	Test Certificate Verified	290	375	278	273	356	314	572	2,500	95.3%
	Exemption	36	12	10	6	16	26	9	116	4.4%
	Referred to Secondary Area	0	1	0	1	1	2	1	6	0.3%
Secondary Area Actions	Compliant	0	1	0	1	1	2	1	6	100.0%
	Warned	0	0	0	0	0	0	0	0	
	Infringement	0	0	0	0	0	0	0	0	

7. COVID-19 Chief Executives Board

7.1 Items to Note/Updates

The COVID-19 Chief Executives Board held its most recent meeting on Tuesday 8 February 2022. Discussions encompassed planning and preparedness for Omicron; the key risks associated with business continuity, international connectivity, and healthcare capacity; recent announcements and future milestones for Reconnecting New Zealanders; and emerging developments with respect to Pacific communities domestically and internationally.

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

8.1 Items to Note/Updates

The COVID-19 Independent Continuous Review, Improvement and Advice Group met on Tuesday 8 February 2022. The meeting agenda included discussions with representatives from Taumata Kōrero (a collective of Māori providers across Tāmaki Makaurau), and officials from the Ministry of Health, the Ministry of Business, Innovation & Employment, and the Ministry of Social Development. Tuesday's meeting marked the start of their new process of weekly meetings and advice notes. Your office was provided the first advice note that sets out the key issues, risks and observations from the Group's perspective on Thursday 10 February.

9. Strategic COVID-19 Public Health Advisory Group

9.1 Items to Note/Updates

The Strategic Public Health Advisory Group held its most recent meeting on Wednesday 9 February 2022. Participants welcomed Special Advisors Rodney Jones and Shaun Hendy, to explore international Omicron trends and domestic modelling projections respectively. In addition, members discussed the planning underway for Reconnecting New Zealanders and agreed to foreground the evolution of the virus in their considerations over the coming months.

10. Business Leaders Forum

10.1 Items to Note/Updates

You are meeting with the Business Leaders Forum via zoom on Thursday 10 February 2022 from 3.30pm to 4.30pm. An agenda for this meeting has been provided to your office. Proposed topics for discussion include testing, MIQ and border settings, essential businesses and exemptions, contact definitions and home isolation requirements.

11. Community Panel

11.1 Items to Note/Updates

The Community Panel did not meet this week. The next scheduled meeting is on Wednesday 2 March, 2022.

12. Government Modelling Group

12.1 Items to Note/Updates

12.1.1 Section

We are continuing to monitor actual case growth for the Omicron wave against Te Pūnaha Matatini's Branching Process Model. While a succession of long weekends appear to have delayed detection of new cases, we expect this to correct itself in the next week.

We are continuing to work with TPM to refine their model as we understand more about the Omicron wave.

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13. Upcoming Cabinet Papers

s9(2)(f)(iv)



14. Appendix 1 – Audit

	Audit summary	IPC Standard Operating Procedures (SOPs), Operations Frameworks and guidance documents
Managed Isolation and Quarantine Facilities (MIQFs)	Second week of IPC audits being undertaken in Auckland MIQFs this week, with no high-risk findings identified. Round 6 MIQF IPC audits due for completion by 10 February 2022. Continued findings of non-compliance with IPC processes are observed for transport of returnees. A number of Christchurch MIQFs findings remain unclosed from December 2021 audits. Follow-up is occurring to encourage action on these findings.	
Airports	No audit activity at airports this week. Auckland MIQF audits continue to identify a significant number of returnees wearing non-medical masks arriving on buses from Auckland airport. Information on deficits identified at MIQF, transport, and airport audits communicated to Ministry of Health Border and Managed Isolation Clinical Advisor.	
Maritime/Ports	No audit activity at ports this week.	

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15. Appendix 2 – Figures from DPMC Insight Report

Figure 1: Transmission Risk and Vulnerability from Socioeconomic Factors

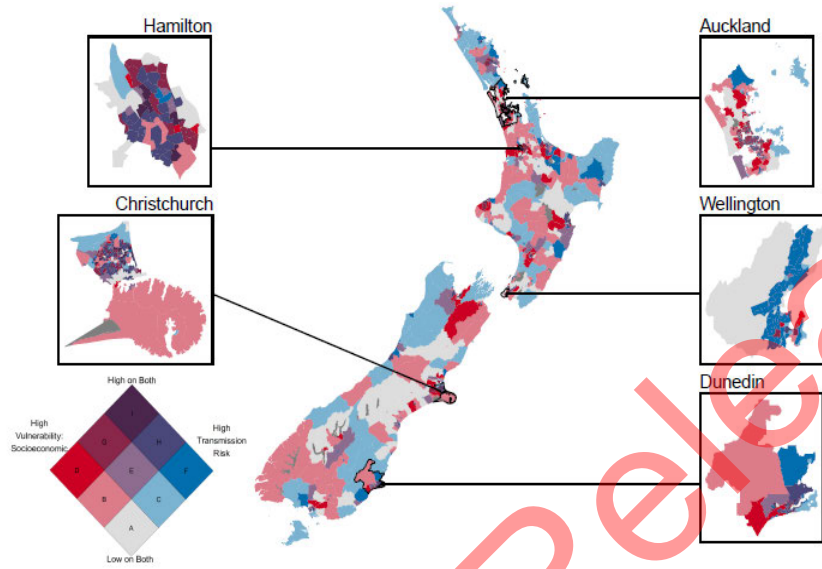


Figure 2: Proportion of Working Age Population Receiving Jobseeker Support

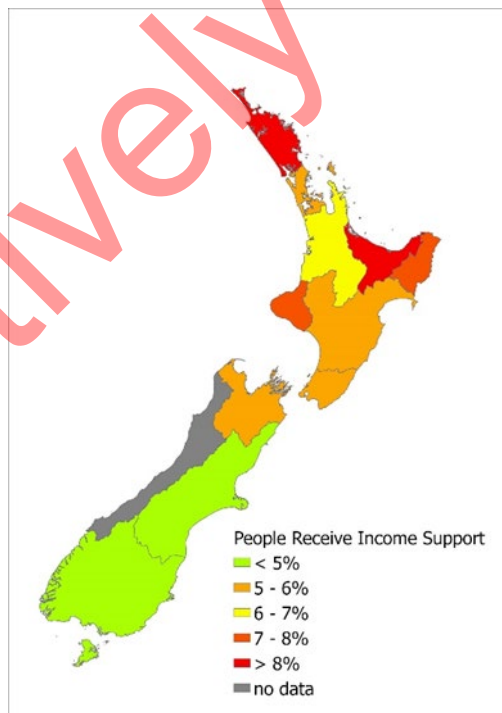


Figure 3: Proportion of Population Living in Overcrowded Housing

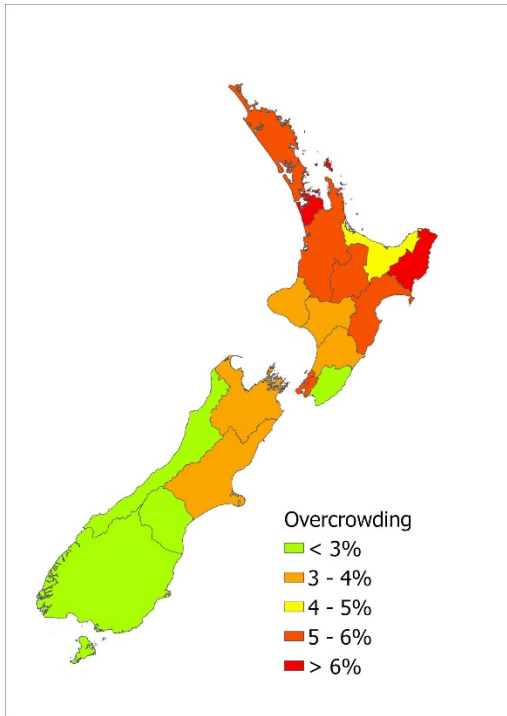


Figure 4: Proportion of Housing Reported as Damp

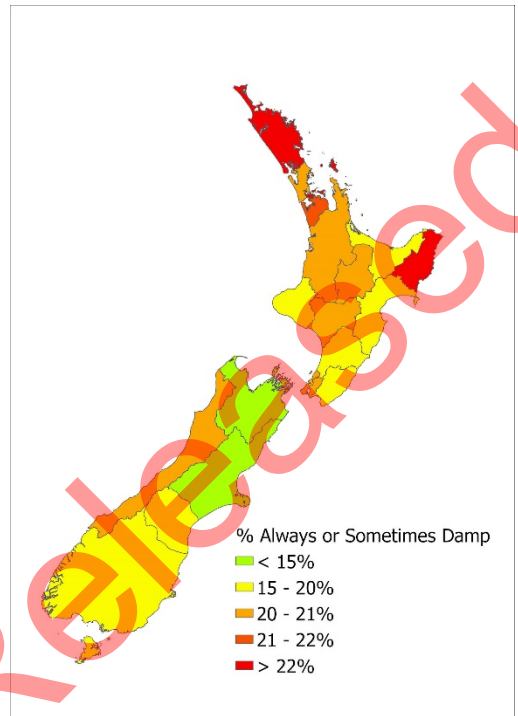


Figure 5: Transmission Risk and Vulnerability from Health Factors Risk

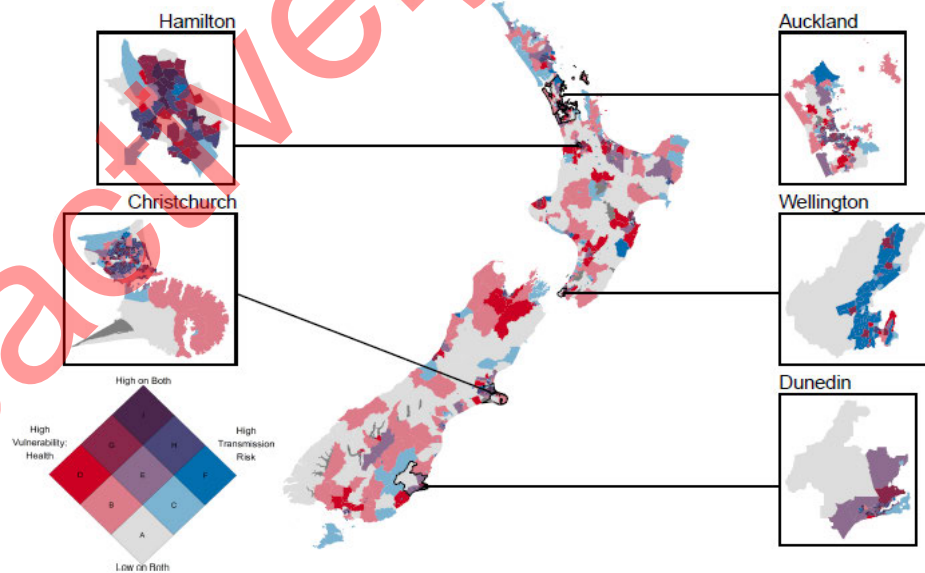


Figure 6: Adjusted Ratios of Disease and Lifestyle Factor Prevalence



Figure 7: Transmission Risk and Vulnerability from Sociocultural Risk

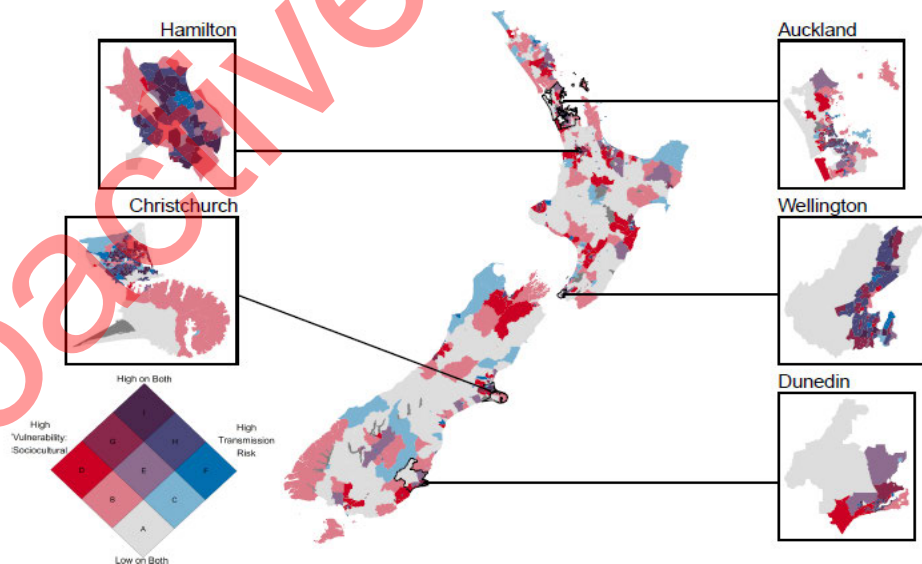
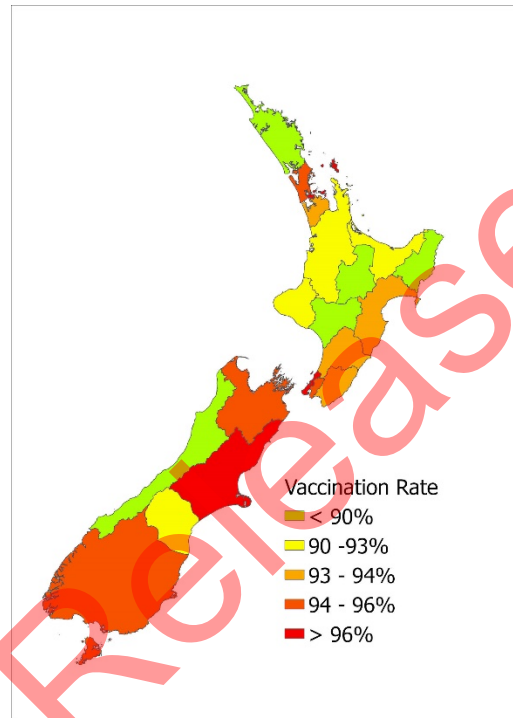
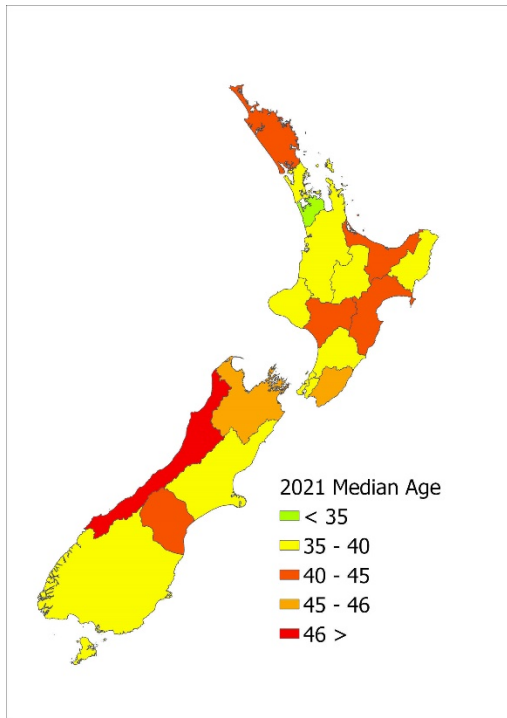


Figure 8: Median Age

Figure 9: Vaccination Levels (Fully Vaccinated)



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