

# Strategic COVID-19 Public Health Advisory Group

27 July 2021

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

Dear Minister

## Timing of Next Phase of Re-opening

In this report we address the following question you have posed:

***Regarding your recommendation (para 25 of June 24 letter) that we consider first relaxing entry requirements for New Zealanders who are returning to the country after being fully vaccinated through New Zealand's COVID-19 vaccination programme...***

- a. Would there be any circumstances in which this could commence before the completion of the vaccination roll-out?***
- b. What other measures would be required – e.g. reduced MIQ stay, self-isolation or additional testing?***
- c. Which travellers departing New Zealand might be eligible for this (noting that identifying eligible individuals might pose operational challenges)?***

1. We did recommend that the process of re-opening borders could start with quarantine-free entry (QFE) or reduced time in MIQ for fully vaccinated New Zealand citizens or residents, who have gone overseas for a short trip and are returning to this country. Nevertheless, we also stated that our group did not believe that border restrictions should be relaxed significantly until the vaccination programme has been fully rolled out (paragraphs 8 and 12 of June 24 letter). This was because, even with the most rigorous precautions as set out in our letter, it would be inevitable that people carrying the virus would enter New Zealand on a regular basis. We pointed out that, with only a partially vaccinated population, the ensuing outbreaks of infection might well be too large for our public health units to extinguish by testing, rapid tracing and isolation of contacts. Raising of alert levels would be almost inevitable, and the vaccine roll-out could be impeded. Moreover, treatment services would probably be stretched beyond capacity.
2. In reconsidering this advice, we have reviewed the recent progress of the COVID-19 pandemic. In the seven weeks since our report on the future of the elimination strategy was submitted, the global situation has deteriorated significantly. Increasing numbers of new cases appear to be linked to the spread of more transmissible variants of SARS-CoV-2. In particular, the Delta variant of concern has now been reported in 124 countries; the World Health Organization expects that this will become the dominant circulating variant over the coming months. The

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Delta variant is more than twice as infectious as the original virus identified in Wuhan. It also appears to be more liable to cause severe disease, requiring admission to hospital.

3. The ability of the Delta variant to cause major outbreaks rapidly is obvious from recent experience in India, Fiji, Australia, and many other countries. It is sobering to see what apparently resulted from the infection of a single person with this variant in Sydney. A recent study from China suggests that, with the Delta variant, the time interval from when a person is exposed to the virus until they show a positive PCR test is shorter, and the viral load at the time of their first positive test is many times higher, than with the virus that was prevalent last year. This suggests that the Delta variant can replicate faster and be more infectious during the early stages of infection. If this is correct, outbreaks caused by the Delta variant will be more difficult to control by testing and contact tracing alone.
4. Even with current settings, New Zealand is liable to experience an outbreak similar to that in New South Wales over the coming months – although presumably we would go into lockdown more quickly. Given the information that has accrued over recent weeks, we would be even more reluctant to recommend relaxation of border restrictions before all eligible citizens have had an opportunity to be vaccinated. We are hoping that New Zealand will achieve a very high vaccination coverage, which would make the re-opening of borders less problematic. The degree of community protection will be increased if eligibility for vaccination is extended to people between 12 and 16 years of age.

### **Considerations for 2022**

5. In our previous report, we recommended a number of steps that will be needed before the phased re-opening of borders commences. These include the selection and piloting of rapid testing at international airports, review and likely expansion of the contact tracing capacity of public health units, mandating of QR scanning at some types of venue, exploration of special measures to assist tracing of returning travellers, and review and strengthening of health system capacity and management systems for dealing with large outbreaks of COVID-19.
6. Here we will also respond to the second part of your question, relating to what measures might be required for fully vaccinated New Zealanders going abroad and returning. Unfortunately it would be premature to specify detailed arrangements at this stage, because we will need to know more about the behaviour of the virus that is prevalent early next year. Given the propensity of this virus to mutate, and the very high rates of replication around the world, it is entirely possible that Delta may have been displaced by an even more transmissible variant (with other unique characteristics) by the end of this year. This illustrates why it is unrealistic for some commentators to be demanding firm plans for re-opening, long in advance.
7. Earlier in New Zealand's response to the pandemic, returning travellers who were required to quarantine at home did not do so consistently, and measures to check on their adherence turned out to be largely ineffective. Various steps could be

taken to enforce self-isolation, but this option has become less attractive with the Delta variant. Most people do not “self-isolate”; they isolate with other household members. Experience in Sydney and elsewhere suggests that, with the more transmissible variant, other members of the household (as well as any visitors to the home) will be very likely to become infected themselves – even if efforts are made to keep apart. So there would be a significant risk of leakage of infection into the community.

8. In the early phases of re-opening, a reduced time in an MIQ facility, say for 5 to 7 days, would seem more realistic. This could be followed by additional testing once or twice in the second week.
9. As already mentioned, precise details would depend on the characteristics of the virus that is dominant at the time. But we recommend that pilot studies should be done now, to assist in decision-making later. First, it would be useful to record the vaccination status (including vaccine type and number of doses) of every traveller entering the MIQ system. Secondly, the current tests performed at Day 3 and Day 12 should be supplemented by an additional test at Day 5. This could use a saliva sample or a nasopharyngeal swab. It will be valuable to see how many vaccinated and unvaccinated individuals develop positive tests during the period from Day 6 to Day 12.
10. You have also asked which travellers departing New Zealand might be eligible for reduced quarantine requirements when this system is eventually introduced. Apart from the requirement to be fully vaccinated with the Pfizer-BioNTech vaccine, we believe the main criterion should be the country or countries to be visited or transited through. At present a person who has spent a fortnight in Brazil or India, for example, would pose a greater risk than someone who has visited a low-risk country. We understand that the Ministry of Health have been developing a system for classifying the risk associated with different countries on an ongoing basis. The reduced quarantine scheme could start with people who have visited low-risk (or medium- and low-risk) countries for a limited period – say up to one month.
11. Because children are currently not eligible for vaccination, we suggest that the scheme should initially be confined to vaccinated adults. Depending on experience, the arrangement could later be extended to include family groups where all the adults have been fully vaccinated.

## **Conclusion**

12. As already indicated, we could not recommend rolling out this scheme until as many New Zealanders as possible have been vaccinated. Our expectation is that, with all the precautions outlined in our previous letter, the scheme would lead to relatively few incursions of the virus and that these could be stamped out quickly. As experience is gained and arrangements are fine-tuned, we expect that QFE or reduced time in MIQ will be offered to a wider range of travellers arriving in New Zealand.

Yours sincerely

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