



**MINISTRY OF BUSINESS,
INNOVATION & EMPLOYMENT**
HĪKINA WHAKATUTUKI



**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

18 March 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
Border measures	MoH	●	●	<ul style="list-style-type: none"> Since 4 March 2022 fully vaccinated arrivals no longer have to self-isolate. Travellers are still expected to do a RAT on day 0/1 and day 5/6 and report the results through an email survey or 0800 number. If an arrival tests positive, they are required to take a PCR test in the community to allow for whole genome sequencing. On 14 March 2022, Cabinet agreed to update border settings for international arrivals who do not meet the 'fully vaccinated' definition, including the removal of the requirement to enter MIQ. Cabinet agreed to bring forward reopening for Australians to align with Step 3 from 11.50pm 12 April 2022, and visa-waiver travellers and existing holders of valid visitor visas from 11.59pm 1 May 2022. It was also agreed by Cabinet that there will be a light-touch approach to monitoring and compliance with RAT's required for arrivals with no active enforcement, owing to the expected volumes of travellers. Ministry of Health officials are monitoring the roll out of steps 1 and 2 alongside border agencies to work to refine operations where necessary, ensuring systems are robust for Reconnecting New Zealanders to the world, with expected arrivals to increase. s9(2)(f)(iv)
Testing and vaccination of border workforce	MBIE	●	●	<p><i>Vaccinations and boosters</i></p> <ul style="list-style-type: none"> Site entry processes are in place to ensure only workers who are compliant with the Vaccinations Order are able to gain entry to an MIQ facility. The BWTR shows, of the workforce on site for the week of 7-13 March 2022, 99.5% have had two doses of the vaccine, 0% had one dose and 0.5% have vaccination status 'unknown'. Of the workers on site the week of 7-13 March 2022, 5 workers (0.2%) were showing in the BWTR as overdue for a booster. The workforce testing and vaccination team will investigate those to identify whether they are breaches of the Vaccination Order or a result of something else (e.g. data error etc.) Vaccination assurance follow-ups for those with an 'unknown' status in the BWTR on site between 28 February and 6 March 2022 did not identify any breaches of the Vaccination Order. However, follow ups regarding boosters identified four workers who were on site who should have had a booster. This indicator is at amber due to the impact on assurance systems brought about with the introduction of RAT testing for workers.
Two-way QFT Cook Islands	MFAT	●	●	<ul style="list-style-type: none"> A further 132 positive COVID cases have been detected in the Cook Islands, bringing the number of active cases to 262 as of 15 March. There are 12 New Zealand tourists with COVID-19. s9(2)(a) The Cook Islands has agreed to pursue an exchange of letters or Third Person Note with New Zealand to update understandings under the bilateral QFT Arrangement. s6(b)(i)
Two way QFT with Niue	MFAT	●	●	<ul style="list-style-type: none"> There are no new cases of COVID-19 after day three testing in Niue. All passengers, other than the index case, and all frontline workers, returned negative PCR tests. Passengers will be tested again on day nine. The 13 frontline workers who went into isolation will remain there for seven days and be tested again on day six.

Border (Continued)

Reopening new travel pathways - Pacific Islands

Agency	Last Week	This Week	Agency Comment
MFAT	●	●	<ul style="list-style-type: none"> As of 16 March, there are 295 active cases in Vanuatu, however the Ministry of Health estimates the true case rate is 3-5 times higher than confirmed case numbers. Isolation centres are being set up on all major islands. Support services for isolation centres (e.g. staffing, food, and transportation to isolation centres) are still being arranged. Home isolation is also acceptable where it can be done safely. Testing-on-arrival applies to arrivals from flights to New Zealand from Vanuatu in March under section 70. As of 12 March, the cumulative number of COVID-19 community cases in American Sāmoa had reached 527, including 54 who had recovered and two who were hospitalised. Two further positive cases have been uncovered in Sāmoa MIQ connected to the 6 March repatriation flight bringing the cumulative number of COVID cases in MIQ to 15. The new cases are close contacts of the frontline health worker who tested positive on 11 March. Sāmoan authorities remain confident there is no community transmission.

Managed Isolation and Quarantine and Return to the Community

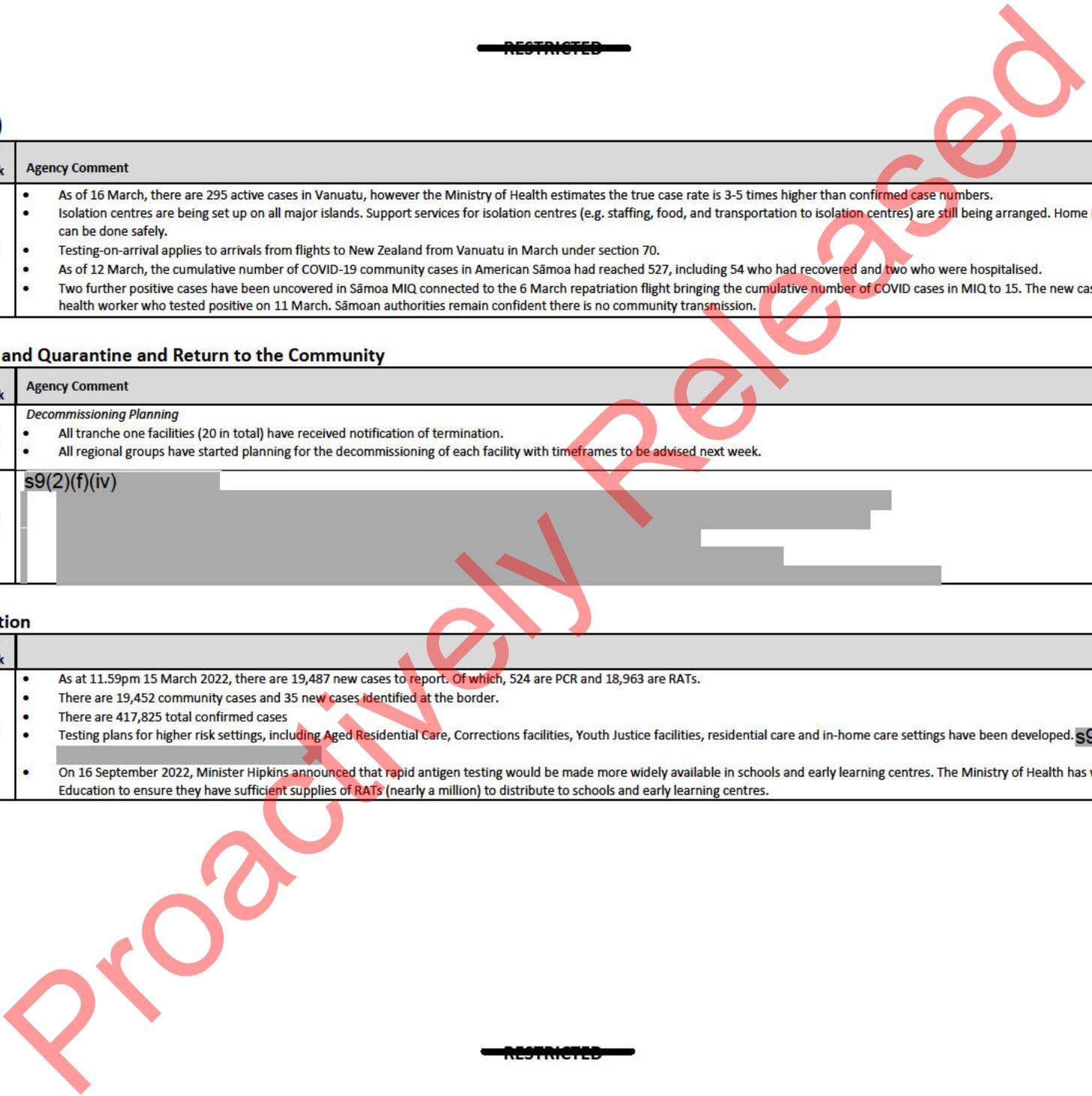
Place and conditions of stay

Agency	Last Week	This Week	Agency Comment
MBIE		●	<p><i>Decommissioning Planning</i></p> <ul style="list-style-type: none"> All tranche one facilities (20 in total) have received notification of termination. All regional groups have started planning for the decommissioning of each facility with timeframes to be advised next week.
MBIE	●	●	s9(2)(f)(iv)

Community Protection

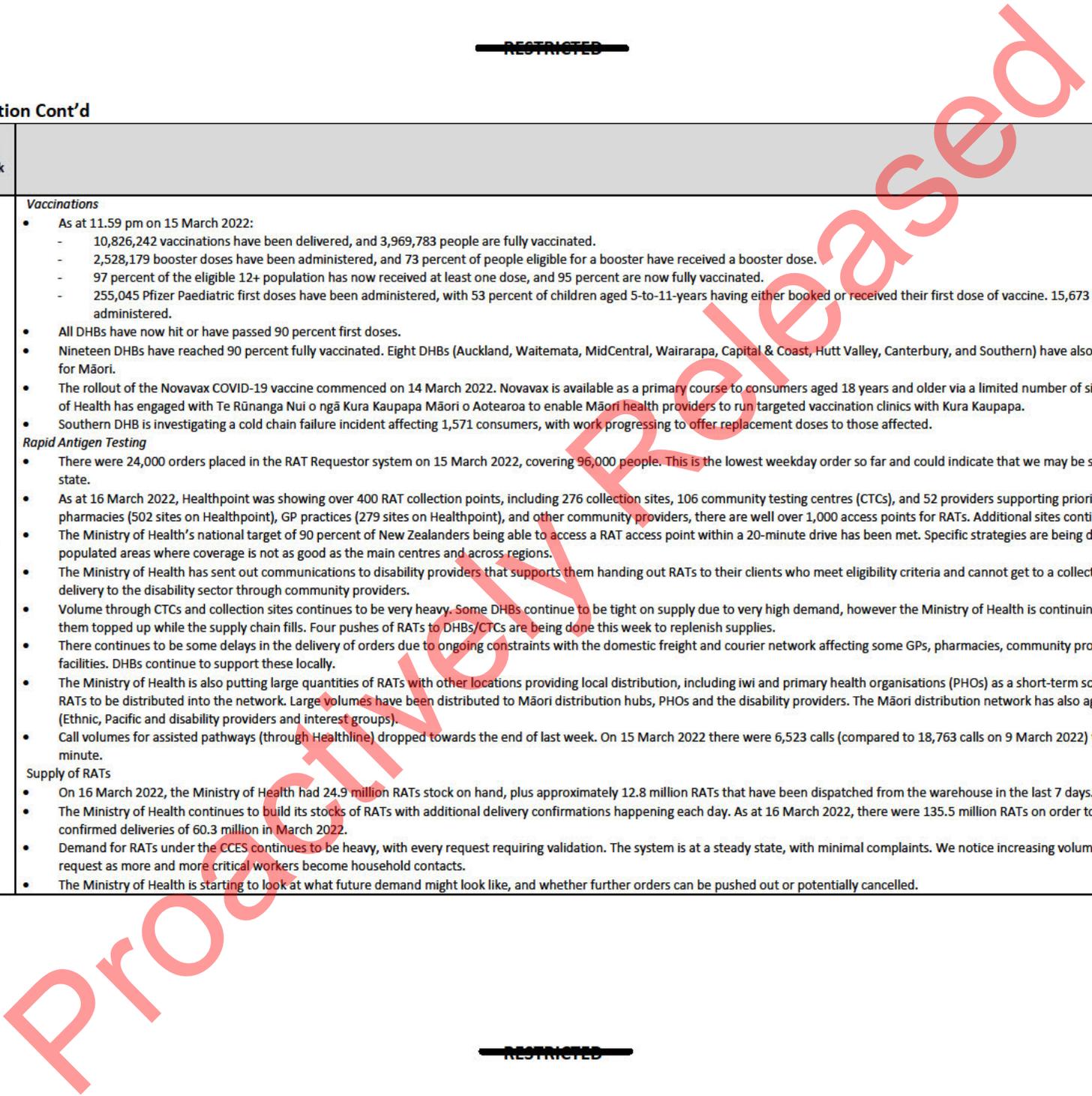
Case investigation, surveillance and testing

Agency	Last Week	This Week	Agency Comment
MoH	●	●	<ul style="list-style-type: none"> As at 11.59pm 15 March 2022, there are 19,487 new cases to report. Of which, 524 are PCR and 18,963 are RATs. There are 19,452 community cases and 35 new cases identified at the border. There are 417,825 total confirmed cases Testing plans for higher risk settings, including Aged Residential Care, Corrections facilities, Youth Justice facilities, residential care and in-home care settings have been developed. s9(2)(f)(iv) On 16 September 2022, Minister Hipkins announced that rapid antigen testing would be made more widely available in schools and early learning centres. The Ministry of Health has worked with the Ministry of Education to ensure they have sufficient supplies of RATs (nearly a million) to distribute to schools and early learning centres.



Community Protection Cont'd

Agency	Last Week	This Week	
Implementation and operation MoH			<p><i>Vaccinations</i></p> <ul style="list-style-type: none"> As at 11.59 pm on 15 March 2022: <ul style="list-style-type: none"> 10,826,242 vaccinations have been delivered, and 3,969,783 people are fully vaccinated. 2,528,179 booster doses have been administered, and 73 percent of people eligible for a booster have received a booster dose. 97 percent of the eligible 12+ population has now received at least one dose, and 95 percent are now fully vaccinated. 255,045 Pfizer Paediatric first doses have been administered, with 53 percent of children aged 5-to-11-years having either booked or received their first dose of vaccine. 15,673 Paediatric second doses have been administered. All DHBs have now hit or have passed 90 percent first doses. Nineteen DHBs have reached 90 percent fully vaccinated. Eight DHBs (Auckland, Waitemata, MidCentral, Wairarapa, Capital & Coast, Hutt Valley, Canterbury, and Southern) have also achieved 90 percent fully vaccinated for Māori. The rollout of the Novavax COVID-19 vaccine commenced on 14 March 2022. Novavax is available as a primary course to consumers aged 18 years and older via a limited number of sites across the country. The Ministry of Health has engaged with Te Rūnanga Nui o ngā Kura Kaupapa Māori o Aotearoa to enable Māori health providers to run targeted vaccination clinics with Kura Kaupapa. Southern DHB is investigating a cold chain failure incident affecting 1,571 consumers, with work progressing to offer replacement doses to those affected. <p><i>Rapid Antigen Testing</i></p> <ul style="list-style-type: none"> There were 24,000 orders placed in the RAT Requestor system on 15 March 2022, covering 96,000 people. This is the lowest weekday order so far and could indicate that we may be starting to reach a much steadier state. As at 16 March 2022, Healthpoint was showing over 400 RAT collection points, including 276 collection sites, 106 community testing centres (CTCs), and 52 providers supporting priority population groups. With pharmacies (502 sites on Healthpoint), GP practices (279 sites on Healthpoint), and other community providers, there are well over 1,000 access points for RATs. Additional sites continue to open. The Ministry of Health's national target of 90 percent of New Zealanders being able to access a RAT access point within a 20-minute drive has been met. Specific strategies are being developed for more sparsely populated areas where coverage is not as good as the main centres and across regions. The Ministry of Health has sent out communications to disability providers that supports them handing out RATs to their clients who meet eligibility criteria and cannot get to a collection site. We are also progressing delivery to the disability sector through community providers. Volume through CTCs and collection sites continues to be very heavy. Some DHBs continue to be tight on supply due to very high demand, however the Ministry of Health is continuing to push supply to them to keep them topped up while the supply chain fills. Four pushes of RATs to DHBs/CTCs are being done this week to replenish supplies. There continues to be some delays in the delivery of orders due to ongoing constraints with the domestic freight and courier network affecting some GPs, pharmacies, community providers and Aged Residential Care facilities. DHBs continue to support these locally. The Ministry of Health is also putting large quantities of RATs with other locations providing local distribution, including iwi and primary health organisations (PHOs) as a short-term solution to create more channels for RATs to be distributed into the network. Large volumes have been distributed to Māori distribution hubs, PHOs and the disability providers. The Māori distribution network has also agreed to support other communities (Ethnic, Pacific and disability providers and interest groups). Call volumes for assisted pathways (through Healthline) dropped towards the end of last week. On 15 March 2022 there were 6,523 calls (compared to 18,763 calls on 9 March 2022) with an average wait time of one minute. <p><i>Supply of RATs</i></p> <ul style="list-style-type: none"> On 16 March 2022, the Ministry of Health had 24.9 million RATs stock on hand, plus approximately 12.8 million RATs that have been dispatched from the warehouse in the last 7 days. The Ministry of Health continues to build its stocks of RATs with additional delivery confirmations happening each day. As at 16 March 2022, there were 135.5 million RATs on order to the end of June 2022, with confirmed deliveries of 60.3 million in March 2022. Demand for RATs under the CCES continues to be heavy, with every request requiring validation. The system is at a steady state, with minimal complaints. We notice increasing volumes of requests and the size of each request as more and more critical workers become household contacts. The Ministry of Health is starting to look at what future demand might look like, and whether further orders can be pushed out or potentially cancelled.



Resurgence Planning and Response

COVID-19 Management Planning and Response

Agency	Last Week	This Week	Agency Comment on Status of Focus Area
DPMC	●	●	<ul style="list-style-type: none"> Cross-agency urgent issue mitigation has been occurring tri-weekly through the AoG Ops forum and bi-weekly in the AoG Supply Chains forum to keep New Zealand moving. Key updates from these meetings are distributed to sector agencies and Minister's offices. The third of the winter planning sessions was held this week using a scenario of agencies needing to return their focus back to core business and transition COVID-19 ongoing work into BAU processes where possible during Autumn/Winter. Many agencies may have catch-up work to consider or consequences of pausing some core functions for the last two years. This included: building a resilient workplace; continuing to support 'at risk' and sick staff; budget considerations; office space for staff to return; understanding misinformation; and encouraging positive cross-agency collaboration for other work.
MoH	●	●	<ul style="list-style-type: none"> A new variant of concern could arise post-peak that could be more severe, and/or more transmissible than Omicron and also evade immunity. The complexity/strength of the immune system makes it unlikely the virus will help provide at least some protection to all other variants at least in the short-near term. It is important therefore to continue to encourage vaccination in all those who are eligible as well as to continue to promote the basic public health measures around staying at home if you are sick, hand hygiene and cough and sneeze etiquette. All these measures also help protect against other communicable diseases. A scenario of a more severe and transmissible variant should be factored into post-peak response planning, given the significant risk it would pose to the public, particularly if this variant also evades immunity. Under such a scenario, very strong public health measures would again be required to prevent large-scale loss of life. It is also important to ensure that the health system is prepared to cope with increased numbers of unwell people and investments are made for pharmaceuticals that help prevent severe disease, and those with pre-existing medical conditions (e.g., diabetes, asthma) that may make them more susceptible to severe illness due to COVID-19 have their conditions well managed.
MoH	●	●	<ul style="list-style-type: none"> Over the remainder of 2022, we know we will have to manage a long tail associated with the current Omicron outbreak through a winter season. This will entail the health system needing to manage concurrent risks from COVID-19 with the usual seasonal illnesses and demands. In this context, our strategy involves working to: <ul style="list-style-type: none"> Minimise the impact by promoting vaccination – continue promoting vaccination and boosters to minimise the severity and impact of COVID-19. Support the health system to cope with demand – this includes reducing the pressure on the health system as much as possible by empowering the majority of the New Zealand population to self-manage COVID-19 and targeting our resources carefully. Focus resources on those most at risk – by targeting our resources very carefully, we are also conserving resources for those most at risk of severe health outcomes, which also helps us fulfil our equity and Treaty of Waitangi responsibilities.

Readiness Planning

Proactively Released

2. COVID-19 Insights

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

2.1.1 Overseas Trends In Legal Challenges to COVID-19 Measures

Introduction

The Insights and Reporting Team in DPMC's COVID-19 Group have conducted a scan of recent legal challenges to imposed COVID-19 mandates and restrictions from the public and private sector in Australia, the United Kingdom, Canada, and the United States. In addition to available data, these countries also offer relative comparability to the context of New Zealand, either in terms of their legal system and constitution, or in terms of the values and justifications of those challenging COVID-19 mandates. Analysing 61 legal cases since 1 December 2021, this report has identified several high-level trends around legal challenges against COVID-19 measures, which are summarised below.

Summary

The majority of cases were requests for an injunction¹ against vaccine mandates,¹ particularly against employers.² This included private and public sector cases, most involving cases brought against government-imposed vaccine mandates by government employees, federal contractors, education staff, healthcare workers and armed forces personnel. While in Canada some cases went beyond the workplace, challenging the vaccine requirement for jurors and for commercial air travel.^{3 4}

There were also legal challenges against government mandated quarantine and lockdown requirements, as occurred in Australia and the United Kingdom.^{5 6 7} In Australia, one of the challenges involved whether the state of Victoria owed retailers a duty of care to protect from economic harm and loss incurred by long lockdowns, as a result of COVID-19 leaks in managed isolation facilities.⁸ In the United Kingdom, the legal challenge was directed towards the suitability of quarantine requirements for incoming, fully vaccinated travellers, arriving from 'red list'² countries.⁹

Cases both against mask mandates in schools,^{10 11 12} as well as challenges against government COVID-19 measures that were not deemed sufficient to protect vulnerable people were another theme, predominantly in the United States.^{13 14 15 16 17} These typically sought to protect the health of disabled and physically vulnerable students from contracting COVID-19 in school, in states where masks are not allowed to be mandated.^{18 19 20}

The main grounds for the legal challenges against vaccine mandates were claims of violated constitutional or human rights. Many of the legal challenges brought towards vaccine mandates in Australia claimed to violate the right to liberty and bodily integrity, which are expressed under common law.^{21 22 23 24 25 26} In the United Kingdom, litigation challenging vaccine mandates invoked the European Convention on Human Rights, which guarantees the right to respect private life.^{27 28} In Canada, litigation alleged that vaccine mandates breached several articles under the Canadian Charter of Rights and Freedoms. These include freedom to hold and practice religious beliefs; the guarantee to life, liberty, and security of the person; as well as freedom from discrimination.^{29 30} In the United States, cases against vaccine mandates most commonly claimed to violate the Constitutional Amendment in the Bill of Rights, which forbids the government from making any policy prohibiting free exercise of religion,³¹ with the argument that the COVID-19 mRNA vaccines go against religious beliefs due to testing of the vaccine on foetal cells.^{32 33 34}

The large majority of legal challenges were unsuccessful, particularly in Commonwealth countries. Of the 61 cases, 42 were unsuccessful, with the vast majority of blocked challenges occurring in Commonwealth countries.³⁵ None of the cases in Canada or the United Kingdom were successful, which had six and four cases, respectively.³⁶ In Australia, 11 out of the 12 identified cases challenging COVID-19 measures were

¹ An injunction is either a temporary or permanent legal order that instructs a person or entity to do or to stop doing a specific action. In the context of injunctions around vaccine mandates, these injunctions typically involve temporarily precluding an individual from being subject to a vaccine policy/mandate as well as preventing them from any negative consequences as a result of not complying, such as loss of employment.

² Red list countries are those deemed by the UK government as particularly high risk for new and emerging strains of COVID-19. Incoming travellers from these countries are subject to quarantine and managed isolation requirements regardless of vaccination status.

unsuccessful.³⁷ In the United States, however, the proportion of blocked challenges was considerably lower, with 24 out of 39 cases being unsuccessful.³⁸

Unsuccessful requests for injunctions against vaccine mandates in the workplace generally failed to demonstrate that rights were breached or failed to show irreparable harm would result from a loss of employment. Despite differences of jurisdiction, the legal test to grant an injunction is somewhat consistent across the countries analysed, requiring the demonstration of a 'serious issue' (such as a constitutional or rights breach) as well as the absence of an injunction resulting in 'irreparable harm'.^{39 40 41 42} In each of the countries analysed there were cases that failed to demonstrate a respective vaccine mandate brought about a serious issue that would succeed in court as a constitutional or rights breach. Many determined that either no constitutional or rights breaches took place, or if one did, they were generally justified in the interest of public health and safety.⁴³ The lack of demonstration of irreparable harm in the context of a workplace related claim also resulted in the failure of many vaccine mandate challenges. Litigants often cited the loss of employment, income, and related benefits as an irreparable harm, which directly resulted from refusing a COVID-19 vaccine under a mandated policy.⁴⁴ Virtually all of these claims failed to meet the threshold, as most courts do not interpret employment and financial loss as something that is an irreparable harm, given that it can be remedied through monetary compensation.

The vast majority of successful claims for injunctions against vaccine mandates were in the United States and appear to have succeeded as a result of additional legislation protecting religious freedom. The successful applications for injunctions against vaccine mandates involved failure to accommodate religious-based exemptions.⁴⁵ While the constitutional amendment in the United States Bill of Rights offers protection around religious freedoms, the country also has the Religious Freedom Restoration Act (1993) (RFRA) which provides limits on government policy interfering with religious beliefs. This offers an additional pathway to establish a serious issue or breach of rights has taken place.^{46 47 48} The RFRA places the burden onto the government to prove it is blocking the exercise of religion out of a compelling interest using the least restrictive means possible.⁴⁹ Injunctions against vaccine mandates have been granted in several cases as a result of government agencies failing to demonstrate that for each litigant, vaccines are the least restrictive means to pursue the agencies' interest.^{50 51 52} Harms flowing from the breach of religious beliefs are also not intuitively financial in nature and can be used to demonstrate the irreparable harm component for an injunction.

In Australia a legal challenge against a vaccine mandate has been upheld until the policy is judicially reviewed. Since 1 December the only successful challenge across the United Kingdom, Australia, and Canada provided in the litigation scan involved vaccine mandates for Police in Western Australia. The case *Falconer v Commissioner of Police [2021]* saw the Supreme Court of Western Australia grant a temporary injunction that prohibits the Western Australian Police from firing an officer who refused to receive a COVID-19 vaccine in line with federal mandates until his dismissal due to the mandate is judicially reviewed. Though granting the injunction and judicial review does not negate the vaccine mandate, it does place the policy under legal scrutiny on sufficient grounds that the Commissioner would be acting outside of their authority to terminate the unvaccinated officer.⁵³ While this injunction is limited to the one police officer, the Western Australian Police Commissioner has since halted dismissal of a further 27 police officers who refused vaccination, until the matter is heard in trial.⁵⁴ Depending on the outcome, the proceedings may undermine vaccine mandates in other sectors that fall under the same health order, resulting in further challenges from workers in education, fire, mining, health and others under the same precedent.⁵⁵

Legal challenges against lockdowns and managed isolation generally failed due to courts determining that any rights that may have been breached were justifiable given the circumstances, and that the state owed no duty of care to compensate for economic losses incurred. Claims that lockdowns and quarantine breached rights to liberty and security were generally dismissed on the basis that the rights were not breached. While in the United Kingdom, it was deemed that detaining people to prevent infectious diseases did amount to a rights breach, however, the managed isolation and quarantine scheme at the border was proportionate given the need to protect the wider community in the interest of public health and safety. In Australia, it was determined that the state similarly owed no duty of care to businesses suffering financial losses in lockdowns after COVID-19 entered the country from managed isolation facilities in Victoria.⁵⁶ The alleged negligent conduct of the state was considered too far removed from the losses claimed, and it was considered that allowing this claim would create liability for an indeterminant amount of people for an indeterminant amount of compensation.⁵⁷

⁵⁸

The outcomes of cases requesting to impose mask mandates in schools varied, with slightly more challenges being unsuccessful, than successful. Cases that claimed mandates were too lenient centred around the lack of a mask requirement in schools, and the potential harm this would cause children with disabilities, who are more likely to develop severe illness or death as a result of COVID-19.⁵⁹ Cases which successfully challenged lenient mandates generally found that laws or policies prohibiting or making optional mask mandates violated several pieces of legislation that guarantee health, safety and rights of disabled people.^{60 61 62} It was also argued that such policies unfairly disadvantaged disabled students as it pushes them towards distance learning, which precludes them from many educational opportunities as a result of their disability.⁶³ By contrast, unsuccessful challenges were based on a potential injury, or the possibility of COVID-19 exposure, rather than actual injury or exposure that had already occurred, with the later often a requirement for cases of this nature.^{64 65 66} Another reason for failure was not having exhausted alternative measures that could accommodate disabled students, and still reduce risk, including social distancing, vaccinations, regular testing, and more.^{67 68}

The outcomes of cases to remove mask mandates from schools also varied, with state-led challenges ending successfully. Two state-led challenges against vaccine and mask mandates in schools imposed by the United States Department of Health and Human Services (HHS) succeeded.^{69 70} In these cases HHS was found to be acting outside of Congressional and statutory authorisation in its mandates around mask use and vaccinations, in violation of the Administration Procedure Act (APA) and other constitutional protections offered to individual states.^{71 72} The mandates were considered overly broad, failing to establish a rational connection between the policy itself and evidence to support its use. It was determined the mandates would result in irreparable harm, given it would result in losing staff and students during a time of existing teacher and educational staff shortages.⁷³ In contrast, the unsuccessful challenge seeking to remove mask mandates in school was based on the claim that the mandate left parents unconstitutionally excluded from the school's decision-making process, however this failed on the basis that there was not any legal or constitutional basis for the claim.⁷⁴

Thank you to the following teams that assisted with this report: Crown Law, and the Ministry of Business, Innovation and Employment

3. Ministry of Health



3.1 Policy/Programme Updates

3.1.1 Domestic forum of Aotearoa New Zealand's Independent Monitoring Mechanism for the United Nations Convention on the Rights of People with Disabilities

This item informs you of the upcoming domestic forum of the Independent Monitoring Mechanism (IMM). This is being held 29 to 30 March and 5 to 6 April 2022. It will be attended by IMM members, members of the public and representatives from various government departments, with attendee details still to be confirmed.

Background

The IMM monitors and reports on the Government's performance and implementation of the United Nations Convention on the Rights of People with Disabilities (UNCRPD) domestically. It consists of the Human Rights Commission, the Ombudsman, and the Disabled People's Organisations Coalition.

The Office for Disability Issues (ODI) has received confirmation that Aotearoa New Zealand is likely to be examined by the UNCRPD committee in September 2022. Aotearoa New Zealand was last examined by the UN Committee in 2014. It is expected officials from both the Ministry of Health and the Ministry for Disabled People will attend the committee, however, this is yet to be confirmed.

Aotearoa New Zealand was due to participate in its second examination of the Government's implementation of the UNCRPD in 2019. Reporting for the UNCRPD Committee examination process is coordinated by the Office for Disability Issues (ODI), and usually occurs every four years. However, the UNCRPD Committee was behind in its examination and the COVID-19 pandemic has caused further delays.

Domestic forum of the Independent Monitoring Mechanism

Hon Carmel Sepuloni, Minister for Disability Issues, accepted a proposal from the IMM to hold a domestic forum and is expected to speak at the opening.

The domestic forum will be online. The IMM will fulfil the civil society role of raising issues and questions for government agencies. It will follow the format of principal and supplementary questions for oral responses by government departments. The principal questions are based on the recommendations in two IMM reports – *Making Disability Rights Real* (June 2020) and, *Making Disability Rights Real in a Pandemic* (January 2021). The Ministry of Health reported against the health-related recommendations in both IMM reports, as outlined in the Weekly Report of 18 November 2021.

While positive overall, the reporting noted specific areas where improvements can and have been made (eg, alternative communication formats such as New Zealand Sign Language and braille), and opportunities for further work (eg, collection of disability data). The forum will also contribute to preparing for the international examination process in September 2022.

The Ministry of Health is currently preparing responses to the principal questions from the IMM. Members of the public, including disabled people, will ask supplementary questions. The principal questions for the Ministry of Health fall under the following themes:

- obligations under Te Tiriti o Waitangi;
- equity and access during humanitarian crises (eg, life expectancy of disabled people);
- integrity of the person (eg, involuntary sterilisation, implementation of the End of Life Choice Act 2019);
- equality, non-discrimination, and access to justice (eg, compulsory treatments).

The IMM has emphasised that the forum will be an opportunity for genuine transparent discussion.

Next steps

The Ministry of Health will attend this forum and will provide further information about this topic at your request. The Ministry of Health will update your office after 6 April 2022 when the domestic forum concludes.

3.1.2 Update to Public Health Risk Assessment Tool for early and temporary release from managed isolation and quarantine

The Public Health Risk Assessment Tool (PHRA) provides a means of assessing whether those in managed isolation and quarantine (MIQ) facilities who apply for an exemption under exceptional circumstances pose an undue public health risk. The Ministry of Business, Innovation and Employment (MBIE) administers the tool on behalf of the Director General of Health. The tool is updated regularly in response to both changing border settings and direct requests from MBIE.

The Ministry of Health has worked with MBIE to update the PHRA to reflect public health advice regarding the proportionality of sending unvaccinated travellers to MIQ, and ahead of Cabinet's decision on the next steps in Reconnecting New Zealand on 16 March 2022.

The update to the PHRA which permits unvaccinated travellers to be considered for early or temporary release in exceptional circumstances has now been implemented as planned.

Next steps

The updated PHRA will be operationalised by the Ministry of Health and MBIE. Further updates are available at your request.

3.1.3 Health system preparedness programme: update

COVID-19 Care in the Community

Disability

In the week commencing 14 March 2022 the disability identity questions were included in the online form for COVID-19 cases. This lets the Ministry of Health report on disabled individuals receiving COVID-19 care in the community. A report on this will be provided in the week commencing 28 March 2022 as part of the wider COVID-19 Care in the Community dashboard.

The Ministry of Health is looking at how to integrate a Ministry of Health database of individuals with severe disabilities in the COVID-19 Care in the Community digital tools. The Ministry of Health are waiting for system changes to National Contact Tracing Solution and COVID-19 Clinical Care Module platforms before integrating this database. Planning is underway, and the Ministry of Health will confirm the go live date in the coming weeks.

Accommodation

All COVID-19 Care in the Community accommodation guidance published on the Ministry of Health's website has been updated to reflect the Omicron Response Plan. The Ministry of Health are seeing an increase in requests from the Care Coordination Hubs for campervans as Omicron case numbers increase. In total, sixteen campervans have been deployed across seven Care Coordination Hubs/DHBs.

For the period of 1 to 8 March 2022, four campervans have been deployed to Auckland DHB, one to Lakes DHB and one to Capital & Coast DHB. Examples of why campervans were deployed include:

- s9(2)(a) [REDACTED]
- the self-contained transport of COVID-19 positive New Zealand Police from Wellington to Auckland.

Eleven regions are engaging with the national alternative accommodation service provider, Orbit, to source additional accommodation and renegotiate existing contracts. Orbit has identified that some Hubs are being

charged higher rates for rooms and is renegotiating contracts as they come up for renewal. There is a lot of available accommodation stock in the market at present should the DHBs/Hubs require it.

Data and Digital releases

As of 7 March 2022, the following digital tools and fixes were released:

- predicted isolation end date sent to Clinical Care Module (CCCM) from the national contact tracing system;
- automated case closure isolation release text message sent;
- My COVID-19 Record to show the Self-Serve Assessment URL including the token/code linked to positive case;
- CCCM active management/self-management allocation by health provider;
- implementation of risk stratification model and clinical risk score;
- functionality for care hub to use clinical risk score for allocation;
- CCCM users can sort by clinical risk score in the dashboard.

Clinical Care Module and General Practitioners

The COVID-19 CCCM is a custom-built dashboard and clinical record designed to manage COVID-19 positive individuals as part of the COVID-19 Care in the Community model of care. The intended primary users are clinical hub, primary and community care providers.

This will create a collaborative COVID-19 clinical record that can be used to share information for all those providing clinical care to COVID-19 positive individuals.

The implementation of CCCM into primary and community settings has created a workflow burden for many providers.

The pandemic, provider stress, increasing case numbers, sense of responsibility for patients, and short timeframes to build trust and confidence in the new Hubs has also had an adverse impact on primary care adoption of CCCM.

The current state has resulted in concerns from several primary care providers, including the Royal New Zealand College of General Practitioners, (RNZCGP) to adopt and use the technology in its current form.

The Ministry of Health met with several health sector stakeholders including representatives from the RNZCGP on 1 March 2022. It was agreed that the adoption and use of CCCM by general practice for the recording of COVID-19 related clinical records is desirable but not compulsory – in effect enabling general practitioners a choice to opt-in to use CCCM.

While use of CCCM is not compulsory, there are several areas where its use is considered desirable:

- where a person is not enrolled with a general practice and has no other primary care medical record;
- when a person is under active medical care and/or when out of hours care is or is likely to be provided; by another provider to support continuity of care.

The Ministry of Health continues to improve the CCCM system, making it more user friendly and adding value.

Clinical Care Module and Ministry of Social Development

In collaboration with the Ministry of Social Development (MSD), the CCCM was designed to include an electronic referral pathway from primary care to social and welfare providers. The referral pathway is intended to support the individual and their household by facilitating urgent prioritisation of specific needs for safe isolation and recovery. Anecdotal evidence from MSD suggests some adoption issues. These include:

- inability to verify that the person has been required to self-isolate;
- clients not answering MSD calls after multiple attempts (between 40-47 percent of cases);
- some clients do not need support, despite being identified as requiring it, and some say they did not give consent to be contacted by MSD;

- several providers are repeating the same conversation to make sure the person qualifies for welfare.

MSD proposed several changes to the referral pathway. The agreed option is temporarily switching off the electronic referral between the Ministry of Health and MSD systems. This will mean the contact tracing team no longer advise that MSD will make contact within 24 hours, but instead advise where the person has identified a welfare need that they can either call our 0800 number or complete the MSD online form. There will be no change to GPs processes, workflow, and systems.

The Ministry of Health and MSD are continuing discussions to resolve the issues and re-connect the electronic referral pathway.

Workforce

The Ministry of Health is exploring opportunities for a joint Ministry of Health/MSD/health sector recruitment campaign. The campaign will be aimed at students to work in the COVID-19 response and COVID-19 Care in the Community.

Health Workforce is also looking at utilising an MSD platform for businesses as another option to fill vacancies. Job seekers will be able to register for employers to contact as well as applying for vacancies. Currently MSD do not use this platform but still host it.

The \$10 million health workforce funding stream approved by Cabinet in December 2021 [CAB-21-MIN-0555 refers] has been submitted to the Health System Preparedness Programme Steering Group for approval.

3.1.4 COVID-19 Vaccine and Immunisation Programme

COVID-19 Vaccinations

As at 11.59 pm on 15 March 2022, 10,826,242 vaccinations have been delivered, including 4,023,296 first doses, 3,969,783 second doses, 34,266 third primary doses, and 2,525,179 booster doses. In addition to this:

- 255,045 paediatric first doses have been administered to five-to-11-year-old children, with 53 percent of this population now having received their first dose. 15,673 paediatric second doses have been administered
- 73 percent of people eligible for a booster dose have received their booster. This is the same as last week;
- 86 percent of the eligible population five years and older have now received at least one dose. 81 percent of this population are fully vaccinated;
- 757 vaccination sites were active on 15 March 2022;
- Nearly 100 percent of people over the age of 65 have received two doses of vaccine, and 91.8 percent have received their boosters.

Driving uptake

Eight DHBs have reached 90 percent fully vaccinated for Māori, with several more DHBs very close to achieving this milestone. All DHBs have achieved at least 90 percent first doses and nineteen DHBs have achieved at least 90 percent fully vaccinated for their 12+ populations. Northland DHB is 2,907 doses from reaching the 90 percent fully vaccinated milestone as at 11.59pm 15 March 2022.

While some clinics, such as vaccination sites in Auckland metro, are operating with a skeleton workforce, the number of sites open for boosters and tamariki vaccinations remain fairly stable. DHBs provide support across regions to maintain services where possible and provide opportunities for vaccination outside normal working hours.

Sprint strategies across the motu continue to demonstrate the impact of innovative approaches to reaching equitable health outcomes. DHBs and providers are redistributing their workforce from fixed sites to outreach clinics, to reduce access barriers and increase sprint activity, including targeting Māori and Pacific Peoples.

Boosters

As at 15 March 2022, 2,528,179 people have received a booster dose. This represents 73 percent of the 3,473,200 people who are currently eligible for a booster, which is equal to last week.

Work with DHBs continues with a strong focus on promoting booster uptake across the eligible population. Since 17 January 2022, an estimated 2.51 million eligible individuals have been sent a booster reminder message, up from 2.4 million the previous week. National phone campaigns continue to support population uptake on boosters.

Five-to-11-year-olds

53 percent of children aged five-to-11-years-old have either booked or received their first dose as at 11.59pm on 15 March 2022.

To date, 34 per cent of the eligible tamariki Māori aged five-to-11-years have been partially vaccinated, an increase of 1 percent since last week.

The Ministry of Health has engaged with Te Puni Kokiri, Ministry of Social Development, Oranga Tamariki and Te Arawhiti to align strategies for raising Māori vaccination uptake, with an increased focus on five-to-11-year-olds.

The Ministry of Health continues to plan with the Ministry of Education as well as Te Rūnanga Nui o ngā Kura Kaupapa Māori o Aotearoa to share strategies and work in collaboration to reach unvaccinated tamariki and whānau. Across the country, kura will allow Hauora providers to run vaccination clinics targeting enrolled tamariki and boosters for their whānau. This approach will remove barriers to vaccination while also providing a trusted and familiar space for tamariki to get vaccinated. One of the first Kura based vaccination events took place over the weekend of 12 to 13 March 2022 in Whanganui, with the two largest Kura Kaupapa Māori in Whanganui, Tupoho and Te Kura o Kokohuia, supporting the event.

The Ministry of Health has engaged with DHBs to better understand vaccination engagement with schools. DHBs are sharing resources and learnings with each other to increase uptake of five-to-11-year-olds and particularly the work they are doing with and near schools. A key barrier to onsite vaccination clinics in schools is concern or lack of support from school Board of Trustees. The Ministry of Health is engaging with New Zealand School Trustees Association to see if progress can be made through them as a peak body.

Vaccination Order

A group application process for Temporary Medical Exemptions under category 1A (current COVID-19 infection) has been developed. This was communicated to Sector Partners on 10 March 2022, with a follow-up webinar on 11 March 2022.

Equity

Vaccination rates have slowed down for all ethnic groups. Booster uptake for Māori is at 59 percent, and booster uptake for Pacific people is at 60 percent, compared to 73 percent for the total eligible population.

The Ministry of Health continues to support providers, including iwi providers with data-sharing of unvaccinated adults and tamariki to support outreach.

Pacific People

Pacific communities are being empowered to lead and collaborate on vaccination events and fono with their respective communities, including media campaigns and community events.

The Cause Collective has published its updated Pacific community handbook on its "Prepare Pacific" website to inform Pacific Peoples about the vaccination rollout and the importance of boosters and paediatric vaccinations. Last Sunday, 13 March 2022, they also facilitated a Facebook live session to answer frequently asked questions about testing, RATs, and vaccinations.

The Prepare Pacific Community Fund still has \$1 million available for Pacific community groups to apply for up to \$40,000 per grant, to help mobilise Pacific communities to increase vaccination uptake.

Disabled people

Vaccination rates for disabled people supported by Disability Support Services (DSS) and ACC continue to track well. For children aged five-to-11-years receiving DSS, first dose rate is 53 percent, with booster rate uptake for the ACC and DSS cohort at 81 percent as at 10 March 2022.

The Ministry of Health is currently engaging with Te Roopu Waiora, the primary tāngata hauā claimant in the December 2021 Waitangi Tribunal hearing. The Ministry of Health is working with Te Roopu Waiora to consider avenues to support the communication activities that they have been providing for their community.

A \$2 million fund has been approved for a Mental Health and Addiction Peer Support service to support tangata whai ora with COVID-19 vaccinations and other health promotion activities. Working at pace, the grant process will open on the 10 March 2022, with submissions due by 25 March 2022. Grants of up to \$90,000 are available, with additional funding (\$100,000) earmarked for four organisations to support regional coordination, national leadership, training, and development activities.

Novavax

From 14 March 2022 the Novavax COVID-19 vaccine became available to consumers as a two-dose primary course. Approval has not yet been given to use this vaccine as a booster. 187 doses of Novavax have been administered as at 11.59pm 15 March 2022.

The rollout began with a small number of sites as the start date was brought forward to help protect as many people as possible from the Omicron outbreak. DHBs are completing their preparation work in the coming weeks to make the vaccine available nationwide using a booking only delivery model, albeit in a restricted number of sites. The Ministry of Health will continue to monitor the status of the vaccine's use as a booster, as this would materially increase demand for the vaccine.

Cold chain failure incident

On 3 March 2022, the Ministry of Health was informed of a cold chain failure at a Southern DHB provider. The incident occurred over the period of 1 December 2021 to 28 January 2022. The provider offered immunisation clinics at workplace and community settings. All consumers received the adult dose of the Pfizer vaccine and were over 12 years.

There were 1,601 vaccine events, and 1,571 consumers were affected, receiving either a first, second, third primary or booster doses. Thirty affected people received two doses in the period. As at 11 March 2022, 1,192 consumers have been successfully contacted. Southern DHB is using Whakarongorau Aotearoa for outbound calls, with texts and emails to contact the remaining cohort.

636 replacement doses have been administered as at 11 March 2022, and an additional 317 consumers have made bookings. Southern DHB has confirmed that 21 percent of consumers accessed a replacement dose within the first 24 hours following receiving communications from the Ministry of Health.

The provider has ceased vaccinations, and the DHB is conducting an independent review into the system causes of the incident.

3.1.5 Technical Advisory Group: update

COVID-19 TAG

The COVID-19 Technical Advisory Group (COVID-19 TAG) did not meet in the week commencing 7 March 2022. The next COVID-19 TAG meeting is scheduled for 25 March 2022.

CV TAG

The COVID-19 Vaccine Technical Advisory Group (CV TAG) met on 8 March 2022 and discussed the following items:

- COVID-19 Vaccine Independent Safety Monitoring Board (CV-ISMB) Update;
- Coadministration of Pfizer and Flu Vaccines;
- Myocarditis and Booster Options;
- Third Dose in Severely Immunocompromised five-to-11-year-olds;
- Pre-print on Pfizer vaccine in 5-11-year-olds.

The next CV TAG meeting is scheduled for 22 March 2022.

Therapeutics TAG

The COVID-19 Therapeutics Technical Advisory Group (Therapeutics TAG) met on 11 March 2022 and discussed the following items:

- Therapeutics, including Pharmac and Medsafe updates;
- Equity considerations;
- Operational considerations for Paxlovid use in primary care – update and resource development update;
- Clinical Management of COVID-19 in Hospitalised Adults (including in pregnancy) Guideline Updates;
- Paediatric update:
 - Recent updates to clinical guidance for COVID-19, PIMS-TS (Paediatric inflammatory Multisystem Syndrome temporally associated with SARS-CoV-2), neonatal management;
 - Clinical spectrum of disease – Starship experience.

The next Therapeutics TAG meeting is scheduled for 25 March 2022.

3.1.6 Communications issues and activities

As at 15 March 2022

Date	Activity	Lead agency	Communications material	Ministerial Involvement
15/03/22	Changes to vaccination requirements (vaccines received overseas and requirement to be vaccinated 14-days prior to travel).	MoH	Web updates, stakeholder engagement.	No
15/03/22 ongoing	Omicron community outbreak: daily communications and support for the health sector and public, including cases in a number of regions across the country. Updated health advice, rollout of RATs as main diagnostic tool.	MoH/DPMC	Talking points, key messages, communications, website, stakeholder communications	Optional
15/03/22 ongoing	Isolation and testing guidance.	MoH/DPMC	Key messages, websites, social media	Optional
15/03/22 ongoing	Access to RATs who to test, where to test, record results on My Covid Record messaging.	MoH/DPMC	Talking points, key messages, communications, website, stakeholder communications	Optional
16/03/22	Reconnecting New Zealand: communications regarding step 3 and next steps.	MoH/DPMC	Announcement, Q&As, stakeholder engagement, website updates, specific stakeholder guidance updates	Yes
16/03/22	RATs in schools.	MoH	Q&As to support announcement	Yes
16/03/22 ongoing	Health System Preparedness: Omicron Phase 3 – COVID-19 update	MoH	Website, health stakeholder engagement	No

	webinar for primary care in collaboration with RNZCGP, covering the overall COVID-19 response, Care in the Community, therapeutics, and vaccination.			
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3.2 Upcoming Publications

Title	Date	Context	ELT contact
Publication: The National Telehealth Service Annual Plan 2021/2022	31 March 2022	<p>This 2021/22 annual plan is the sixth for the National Telehealth Service and is the first time the National Telehealth Service annual plan has been translated into Te Reo Māori. The 2021/22 plan centres around four key focus areas that collectively see the National Telehealth Service deliver integrated solutions across the physical, mental and social health sectors, while continuing to provide more equitable and sustainable health outcomes for every person in New Zealand. These focus areas will enable the National Telehealth Service to deliver care, support and advice to people in New Zealand to improve their wellbeing and health outcomes through phone and digital channels. Extending the reach to New Zealand's most inequitable areas of health - priority populations, children, mental health, primary care – while also continuing to adapt and enhance their services and experiences</p>	Clare Perry, Deputy Director-General, Health System Improvement and Innovation, s9(2)(a)

4. Managed Isolation and Quarantine Weekly Report

4.1 Items to Note/Updates

4.1.1 Decommissioning Planning

The table below provides an overview of facility decommissioning.

Facility (by region)	Tranche	Current occupancy (pax)	Current phase	Staff on site (TBC)	Whakawatea (blessing) event date (TBC)	Hand-back date (TBC)	Facility RAG status (TBC)
Auckland							
Crowne Plaza	One	Empty	De-designated				
Four Points	One	Empty	De-designated				
Grand Mercure	One	Empty	De-designated				
Grand Millennium	One	Empty	De-designated				
Novotel/Ibis Ellerslie	One	Empty	De-designated				
Sebel	One	Empty	De-designated				
SO/	One	Empty	De-designated				
Stamford	One	Empty	De-designated				
Pullman	One	Empty	De-designated				
Sudima Airport	One	Empty	De-designated				
Rydges	One	Empty	De-designated				
Naumi (Afghan/refugees)	Two	Occupied (107 pax)	Active				
M Social (aircrew)	Two	Occupied (101 pax)	Active				
Novotel Airport (mariners)	Two	Occupied (31 pax)	Active				
Ramada (deportees)	Two	Empty	Active				
Jet Park	Core facility	Occupied (32 pax)	N/A core facility		N/A core facility	N/A core facility	
Holiday Inn	Core facility	Occupied (35 pax)	N/A core facility		N/A core facility	N/A core facility	
Waipuna Auckland	Core facility	Occupied (3 pax)	N/A core facility		N/A core facility	N/A core facility	
Hamilton							
Distinction	One	Empty	De-designated				
Ibis Tainui	One	Empty	De-designated				
Amohia (Jet Park)	Three	Occupied (27 pax)	Active				
Rotorua							
Sudima	Three	Empty but likely community cases arriving later this week	Active				
Rydges	One	Empty	De-designated				
Ibis	One	Empty	De-designated				
Wellington							
Grand Mercure	Three	Occupied (1 pax)	Active				
Christchurch							
Chateau on the Park	One	Empty but under contract regarding Singapore Airlines crew	De-designated				
Crowne Plaza	One	Empty	De-designated				
Distinction	One	Empty	De-designated				
Sudima Airport	One	Empty	De-designated				
Novotel Airport	One	Empty	De-designated				
The Elms	Two	Empty	Active				
Commodore	Core facility	Occupied (3 pax)	N/A core facility		N/A core facility	N/A core facility	

4.1.2 Community Case Referrals

Community case numbers in MIQ have reduced over the last week. However, community cases with complex needs are continuing to be referred to MIQs because they do not have appropriate accommodation to self-isolate. Since the withdrawal of the permanent NZ Police presence at all MIQs, MBIE continues to monitor the health and safety risks to MIQ staff from some community cases referred to MIQ.

Guidelines for referrals and decision making on whether to accept a referral are being developed to assist RIQs and to specify who is authorised to make referrals and decisions. An amendment to the COVID-19 Public Health Response (Self-isolation and Permitted Work) Order 2022 will also be drafted to clarify that the CE of MBIE can decline a referral if MBIE MIQ does not have the capability to accept a complex referral, regardless of whether there are rooms available.

4.2 Operational Update

4.2.1 Omicron Outbreak – Ongoing Support

MIQ is now running five quarantine facilities across New Zealand to respond to the Omicron outbreak. These facilities are located in Auckland, Hamilton, Wellington and Christchurch and are there to support community cases (including close contacts) who are unable to safely isolate at home and border returnees who test positive.

4.2.2 Current Capacity

As at 17 March 2022 there were 328 people remaining in Managed Isolation and Quarantine.

Of the 32 facilities, 21 are currently empty.

Total PAX in MIQ	Returnees:	Community cases:	Mariners/Air Crew:	Evacuees/Refugees
328	43	77	115	93

4.2.3 Vaccination of Frontline Staff (including booster information)

For workers on site for the week 7-13 March 2022, the BWTR shows that 99.5% had two doses of the vaccine, 0% had one dose and the remaining 0.5% (16 workers) had vaccine status 'unknown'.

Of the 16 workers with an 'unknown' vaccination status, two still require an NHI match. The Workforce Testing Team is investigating the remaining 14 workers, to confirm vaccination status.

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

Of the 12 workers between 28 February-6 March 2022 who were NHI-matched but showing vaccination status 'unknown', all workers have been confirmed as being compliant with the Vaccination Order.

For workers on site for the week 7-13 March 2022 with regards to booster shots:

Workers on site 7-13 March	Has received a booster	Overdue for booster	Eligible in coming months	Under 18	Unknown*	Total
	3,153 (94.8%)	5 (0.2%)	155 (4.7%)	10 (0.3%)	2 (0.1%)	3,325

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

Of the 10 workers who were on-site between 28 February-6 March who appeared to be overdue for a booster (in breach of the Vaccination Order), follow ups have identified four breaches of the Vaccination Order. In each case MBIE notify management at the facility so they can make sure security staff understand the booster entry requirements. The other workers were primarily data errors in the BWTR which MBIE are working with MOH to rectify.

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

4.3 Judicial Reviews, Dispute Resolution, Ombudsman and OPCAT

4.3.1 Ombudsman Complaints

MBIE are currently managing 73 cases, with 56 of these being preliminary enquiries.

Of the 17 active requests:

- one is the Chief Ombudsman's self-initiated investigation;
- four are on emergency allocations;
- two are on fee waivers;
- three are on exemptions from managed isolation;
- two are on undue financial hardship;
- one is on access to fresh air in a facility;
- two are on the legal basis of a stay in MIQ and;
- two are on MIQ facilities.

MBIE closed two cases in the week beginning 7 March. MBIE are seeking Crown Law advice on some opinions to support our responses.

4.3.2 OPCAT

MBIE have received the provisional report for Chateau on the Park Christchurch and the Holiday Inn Auckland Airport and our response for these is due on Thursday 24 March. MBIE have received the provisional report for the Grand Millennium Auckland and the Pullman Auckland and our response for these is due Friday 25 March.

4.4 Upcoming Communications Issues and Activities

4.4.1 As at 16 March 2022:

Date	Activity	Lead agency	Comms material	Ministerial Involvement Y/N
18/22 March	MIF staff change consultation starts	MIQ	Change consultation pack, regional, national and 1-1 meetings	N
Mid-April	Rydges Auckland – first MIF to leave the network	MIQ	Tikanga and acknowledgement of frontline staff	N
21/28 Week TBC	Grounded Kiwis verdict	MIQ	Proactive	N

4.5 Invoicing

The table below shows the number of invoices issued up to 13 March 2022.

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	8,312	5,495	934	1,883	\$69,759,011	\$57,895,047	\$2,591,694	\$9,272,271	1143	\$6,253,319
Maritime	701	555	68	78	\$3,336,311	\$2,980,830	\$109,627	\$245,854	28	\$120,115
Aircrew	280	233	26	21	\$3,705,480	\$2,230,091	\$585,616	\$889,772	9	\$115,608
Other	35,869	22,651	4,688	8,530	\$113,689,158	\$79,544,035	\$7,995,776	\$26,149,347	5461	\$17,761,302
Total	45,162	28,934	5,716	10,512	\$190,489,959	\$142,650,003	\$11,282,712	\$36,557,244	6,641	\$24,250,344
Percentage	100%	64.1%	12.7%	23.3%	100%	74.9%	5.9%	19.2%	14.7% of invoices issued	12.7% of \$ value of invoices

4.5.1 Fees Collection

Invoicing is up to the point where returnees left MIQ on 23 - 25 December 2021. MBIE are currently around seven weeks behind our normal processing timeframes batches after moving from 14 day stays to 7 and 10

day stays in MIQ, meaning more people could go through MIQ. The increased workload is expected to continue until MBIE reach the end of February invoices, where self-isolation reduces the number of returnees requiring an invoice.

4.5.2 Debt Recovery

Of the now 2,207 invoices worth \$7.517m sent to a debt collection agency:

- \$1.950m has been paid (or is being paid through instalment).
- \$1.342m is currently awaiting information from customers or has been credited due to an error.
- A further \$2.794m (this includes the no address/gone overseas category and passive collection) requires more detailed tracing.
- \$442k currently have waiver applications under assessment.
- The remaining \$989k of debt continues to be a work in progress.

4.5.3 Fee Waivers

All Waiver Applications Received	Received and not progressed	Total Completed	Approved Waiver Applications			Declined Waiver Applications		
			Financial Hardship	Special Circumstances	BOTH	Financial Hardship	Special Circumstances	BOTH
16,145	2,202	10,190	90	5,834	56	1,369	1,586	255

4.5.4 Fee Waiver backlog

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

- The total new applications received from 7 March to 13 March 2022 is 222.
- This is a net reduction (3 months) from 13 December 2021 to 13 March 2022 of 1,334.
- This is a net decrease (the last week) from 7 March to 13 March 2022 of 44.

Status	Backlog at 13 Dec 2021	New Applications Received since 13 December 2021	Backlog at 13 March 2022
Processing or to be processed	3,979	2,850	3,090
Waiting for Customer	1,108		663
Total	5,087	2,850	3,753

4.6 Group Arrivals

Summary of approved group arrivals as of 15 March 2022 (to end of April 2022).

Group	Date of Arrival	Allocation Approved	Final number of rooms allocated	Comments
Refugee Quota	14 – 28 Mar tbc	60	30 (60 pax)	Last minute cancellations are occurring due to positive tests pre-departure. The Refugee Centre is forecasting arrivals of 45 pax (30 rooms) per fortnight until end of June 2022.
	Apr – Jun tbc	270	180 (180 pax)	
Afghanistan Arrivals	14-20 Mar	85	30 (85 pax)	No movement will occur in the week beginning 21 March due to the Nowruz holiday in Afghanistan. This leads to the higher forecasted numbers shifting to the beginning of April. MFAT estimates 445 left to move out of Afghanistan. 166 pax will travel by 27 March, and 279 pax will travel by 30 April. From 1 May an estimated 58 pax will remain in Afghanistan and either choose to stay there or will have difficulty being moved out due to documentation.
	21-27 Mar	0	0	
	28 Mar – 3 Apr	130	60 (130 pax)	
	4 -10 Apr	115	52 (115 pax) tbc	
	11-17 Apr	5	2 (5 pax) tbc	
	18-24 Apr	13	6 (13 pax) tbc	
	25-30 Apr	16	7 (16 pax) tbc	

4.7 Emergency Allocation (EA) Applications

10,126 EA applications have been processed since 30 October 2020.

Two applications were received in the week ending 13 March 2022 but were not progressed as the applicant(s) did not require MIQ.

Emergency Allocation Applications	Weekly Totals 28 February – 13 March 2022	Year to Date Totals 30 October 2020 to 13 March 2022
Approved	0	6,244
Declined	0	3,882
Applications processed	0	10,126

Proactively Released

5. Border Executive Board Report



5.1 Key Issues Being Considered

5.1.1 Border Executive Board Meeting

This week's Border Executive Board meeting has been deferred to Friday 18 March 2022 and will consider the future health at the border surveillance strategy initiative. An update will be provided in the following week's report.

The next BEB meetings are 18 March and 23 March 2022.

5.1.2 Maritime – Maritime Border Programme

The Border Executive Board and Ministry of Health are preparing advice for Reconnecting Ministers' meeting on 23 March 2022 about urgent changes that are needed to the Maritime Border Order and future work on the maritime border.

5.1.3 Operation Takutai

Customs and Maritime New Zealand have been working with maritime industry representation and other agencies on a framework for the management of vessels that fall liable to quarantine i.e., where there is confirmed or suspected case/s of COVID on board a vessel. The draft framework package has been tested on four quarantined vessels and is close to completion. The final refinements to some outputs will go through final consultation and will be signed off through industry engagement, before being packaged together with a guidance document for release.

A small working group including Maritime New Zealand, Customs and industry representation met on Wednesday 16 March 2022. It was agreed at that meeting that the final draft framework package would be taken to Port Chief Executives at a meeting on Thursday 24 March or Friday 25 March 2022.

A second wider stream of work that looks at managing COVID-19 in the future Maritime space will also incorporate contactless planning templates that can be adopted by Ports as part of their wider Risk Management Framework.

6. New Zealand Customs Service Weekly Report



6.1 Items to Note/Updates

6.1.1 Reconnecting New Zealanders

Customs will work to operationalise Cabinet's decisions from 14 March 2022 that included:

- from 11.59pm Tuesday 12 April 2022, Australians will be able to travel to New Zealand isolation-free
- from 11.59pm Sunday 1 May 2022, vaccinated travellers from visa-waiver countries such as the UK, USA, Japan, Germany, Korea, and Singapore, and those with valid visitor visas, will be able to arrive
- eligible international arrivals to New Zealand who do not meet the definition of 'fully vaccinated' will no longer be required to undertake Managed Isolation and Quarantine (MIQ), and that this requirement will be replaced with a testing pathway in line with the settings for 'fully vaccinated' arrivals at the air border. The date for commencement of this setting has not been confirmed.

6.1.2 New Zealander Traveller Declaration System

From 10 to 14 March 2022, Customs ran Pilot 3 of the New Zealand Traveller Declaration programme. Pilot 3 featured a significantly larger group of passengers totalling 2,588 passengers compared to Pilot 1 and Pilot 2 that comprised of 48 and 167 passengers, respectively. Of the 2,588 passengers, 1,092 declarations were entered, and 495 Traveller Passes were issued.

Pilot 3 saw a significant increase in the number of people visiting the New Zealand Traveller Declaration website (1,213 website visits compared to previous Pilots where there were a combined 336 website views recorded) and contacting the call centre (48 calls compared to previous Pilots where there was a combined 2 calls).

With the impending Air Border Order changes to be considered and implemented, and some IT changes needing to be made as a result of lessons from Pilot 3, Pilot 4 will probably be replaced by a "soft" Go Live from 25 March 2022.

6.1.3 Vaccination requirement for non-New Zealand citizens arriving by air

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

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

6.1.4 Non-compliance Statistics

For the period 8 to 14 March 2022 (inclusive), a total of 12,511 passengers arrived in New Zealand. Of this number, 26 were considered to not meet the requirements for air travel to New Zealand:

- seven travellers were issued warning letters, and 18 travellers have been issued with an infringement offence fee for not meeting pre-departure testing requirements
- no travellers have been issued with an infringement offence fee for not meeting vaccination verification requirements, and one traveller has been referred to Ministry of Health for further intervention.

7. COVID-19 Chief Executives Board

7.1 Items to Note/Updates

The COVID-19 Chief Executives' Board (CCB) did not meet this week. The next discussion will be held on 22 March and will cover future planning for a steady-state response to COVID-19, regional responses to Omicron, updates to policy settings and reconnecting, and a review of progress on recommendations made over the last quarter.

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

8.1 Items to Note/Updates

The COVID-19 Independent Continuous Review, Improvement and Advice Group did not meet this week and are next scheduled to meet on Tuesday 22 March 2022. Minister Verrall will attend this meeting to discuss the COVID-19 testing regime (including surveillance testing) post the Omicron wave and how the Group can support her in this area.

The DPMC Secretariat is liaising with the Minister of Health's office to arrange a meeting between the Minister and the Group to discuss how the lessons from the COVID-19 pandemic response can be captured and reflected in planning for the future of the health system. This meeting will likely occur during the week beginning 28 March 2022.

9. Strategic COVID-19 Public Health Advisory Group

9.1 Items to Note/Updates

The Strategic COVID-19 Public Health Advisory Group (SC19PHAG) did not meet this week. The next discussion will be held on Wednesday 23 March 2022.

The Group delivered advice and recommendations on the continued applicability of COVID-19 vaccine mandates on Sunday 13 March 2022.

10. Business Leaders Forum

10.1 Items to Note/Updates

The Business Leaders Forum met on Friday 11 March 2022. The Prime Minister, Deputy Prime Minister and yourself as COVID-19 Response Minister attended. The discussion canvassed current thinking and issues relating to border settings and key components of the COVID-19 Protection Framework. No date was proposed for a future meeting.

11. Community Panel

11.1 Items to Note/Updates

The Community Panel did not meet this week. Its next monthly meeting will be on Wednesday 6 April 2022.

12. Government Modelling Group

12.1 Items to Note/Updates

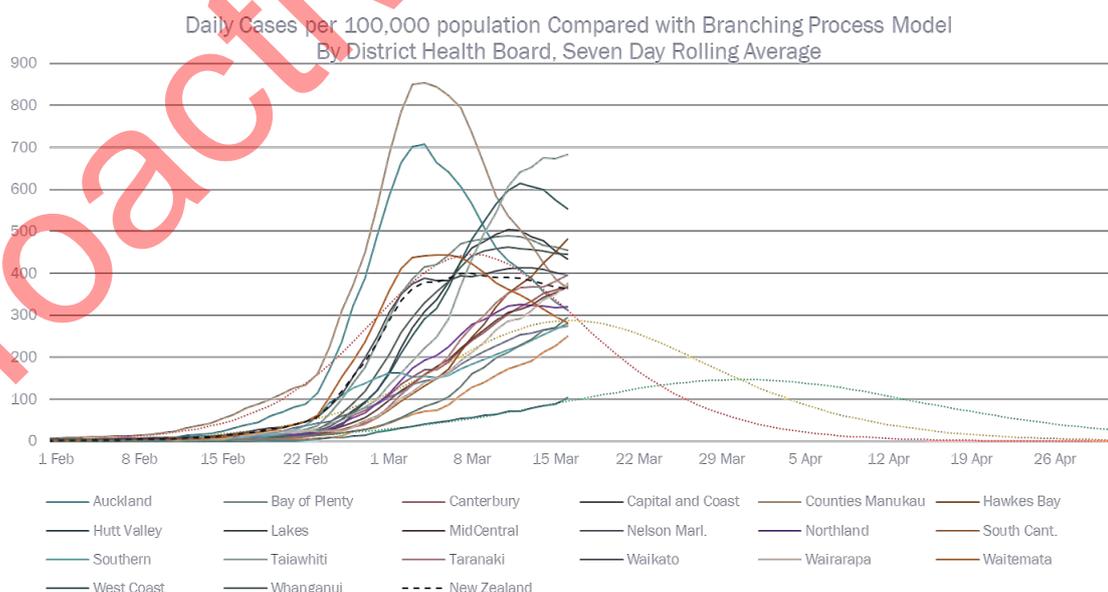
The table below shows where each DHB sits compared to the Branching Process Model scenarios, in terms of 'Daily Case Tracking', and 'Hospitalisation Tracking'. While the Auckland DHBs are generally accepted as having peaked in terms of daily cases, they are still tracking well above the high scenario for hospitalisations. Conversely, Capital and Coast, Bay of Plenty, Hutt Valley, Lakes, Tairāwhiti, and Hawkes Bay are still increasing in terms of daily cases, and tracking well above the high scenario, but are still below medium in terms of hospitalisations.

Branching Process Model – Case Tracking

	Above High	At High	At Medium	Below Medium
Above High		Auckland Waitemata Counties-Manukau		
At High				
At Medium		New Zealand Waikato		
Below Medium	Capital and Coast Bay of Plenty Hutt Valley Lakes Tairāwhiti Hawkes Bay	Taranaki Canterbury MidCentral Wairarapa	Northland Southern Whanganui Nelson-Marl. South Canterbury	West Coast

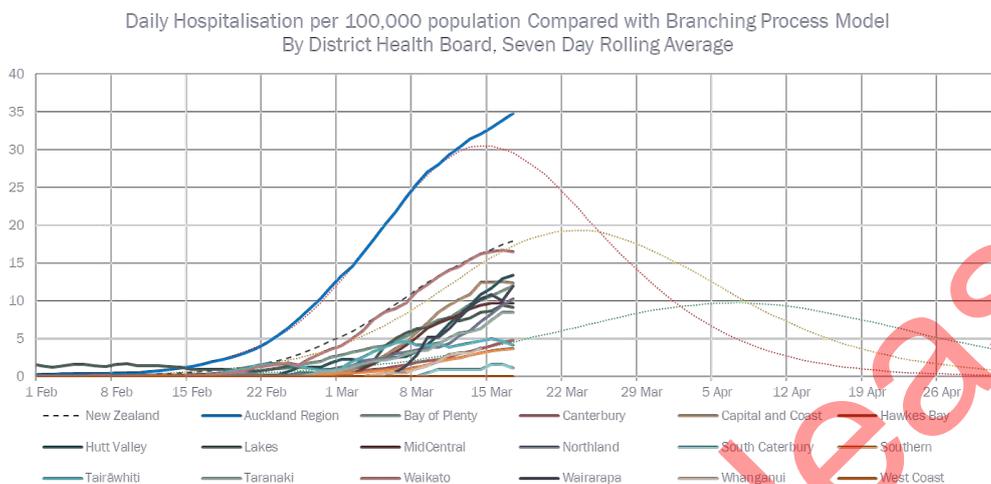
Source: COVID-19 Modelling Aotearoa Branching Process Model (BPM), Ministry of Health

Daily case tracking in the Auckland region has now peaked and is now declining close to the High Transmission post-peak scenario. This is not to say that daily cases will not go up again, but case numbers continue to decline at this stage. Wellington Region, Bay of Plenty, Lakes, Tairāwhiti and Hawkes Bay DHB's are now seeing secondary waves above the high transmission scenario.



Source: COVID-19 Modelling Aotearoa Branching Process Model (BPM), Ministry of Health

Hospitalisation in the Auckland Region (which is load-sharing across the three DHBs) is still climbing, although anecdotal evidence from clinicians has suggested that this might be nearing its peak. While Waikato is tracking close to the Medium scenario, all other DHBs are significantly below the medium scenario.



Source: COVID-19 Modelling Aotearoa Branching Process Model (BPM), Ministry of Health

There has been a marked increase in daily fatalities over the past seven days, but this is still tracking closely to the Medium scenario.



Source: COVID-19 Modelling Aotearoa Branching Process Model (BPM), Ministry of Health

Modellers are focused on what the post-peak environment looks like and what impacts removing COVID Vaccine Certificates (CVC) would have on the modelling.

13. Upcoming Cabinet Papers

s9(2)(f)(iv)



Proactively Released

- ¹ Crown Law New Zealand. Cases on vaccine mandates, vaccine certificates and COVID border restrictions. Last updated 3 March 2022.
- ² Crown Law New Zealand. Cases on vaccine mandates, vaccine certificates and COVID border restrictions. Last updated 3 March 2022.
- ³ Court of the Queen's Bench of Alberta. *R v Eserjose* [2022]. r-v-eserjose-2022-abqb-90---reasons-for-decision.pdf (albertacourts.ca). Accessed 9 March 2022.
- ⁴ Federal Court of Canada. *Zbarsky v Canada* [2022]. Zbarsky v. Canada - Federal Court (fct-cf.gc.ca). Accessed 9 March 2022.
- ⁵ New South Wales Civil and Administrative Tribunal. *Elsie v Ministry of Health* [2021]. Westlaw NZ. Accessed 10 March 2022.
- ⁶ Supreme Court of Victoria. *5 Boroughs NY Pty Ltd v State of Victoria* [2021]. <https://www.supremecourt.vic.gov.au/case-summaries/judgment-summaries/5-boroughs-and-roberts-v-state-of-victoria-2021-vc-785>. Accessed 9 March 2022.
- ⁷ England and Wales High Court (Administrative Court). *R [Hotta] v Secretary of State for Health and Social Care* [2021]. Hotta & Ors, R (on the application of) v Secretary of State for Health and Social Care & Anor [2021] EWHC 3359 (Admin) (09 December 2021) (bailii.org). Accessed 9 March 2022.
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- ¹⁶ United States Court of Appeals. Disability Rights South Carolina v McMaster [2022]. <https://www.justice.gov/crt/case-document/file/1468151/download>. Accessed 10 March 2022.
- ¹⁷ JD Supra. Two Allegheny County school districts must universally mask despite mixed messages from the Federal District Courts. <https://www.jdsupra.com/post/contentViewerEmbed.aspx?fid=20dfe3fc-69dd-44e6-a7e9-e1e3839cf2c8>. Accessed 15 March 2022.
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