

Health Report

COVID-19 – Further Review of Border Measures

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To:	Ministers with Power to Act – COVID-19 Hon Tracey Martin, Acting Minister of Education		
Copy to:	Hon Jenny Salesa, Minister of Customs		
Ministers with Power to Act	A group of Ministers with Power to Act on New Zealand’s response to the novel coronavirus outbreak comprising the Prime Minister, and the Ministers of Foreign Affairs, Tourism, Finance, Education, Health, Immigration, Trade and Export Growth.		

Contact for telephone discussion

Name	Position	Telephone
Dr Ashley Bloomfield	Director-General of Health	s.9(2)(a)
Jane Kelley	Director COVID-19 Response	

Action for Private Secretaries

COVID-19 – Further review of border measures

Purpose of report

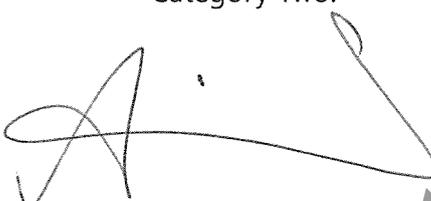
This report provides you with a further rapid response review of border measures and provides advice on emerging information.

Recommendations

The Ministry recommends that you:

- a) **Note** that the current border measures for managing COVID-19 remain in place until 23:59 on 3 March 2020 **Yes/No**
- b) **Note** that the global situation is changing rapidly as cases are identified and countries mobilise to contain outbreaks **Yes/No**
- c) **Note** that the key factors that are being considered are the threat to the health of New Zealanders, threat to the health of Pacific Island countries, and the operational constraints of any measures. **Yes/No**
- d) **Note** that on 28 February you agreed to include two categories for border measures as below: **Yes/No**
- **Category One:** Mainland China, Iran
 - **Category Two:** Hong Kong, Italy, Japan, Republic of Korea, Singapore and Thailand.
- e) **Note** that, following agreement by Ministers with Power to Act on 24 February 2020, the Diamond Princess Cruise Ship is also in Category One. **Yes/No**
- f) **Note** that officials have further considered border response measures for Category Two based on the following factors: **Yes/No**
- Growth in cases
 - Health System capability / public health containment measures
 - Other country responses
- g) **Note** that there are regional outbreaks or clusters in Category Two areas, namely: **Yes/No**
- Republic of Korea – Daegu
 - Italy – Lombardy, Veneto, and Emilia-Romagna
 - Singapore – not applicable
 - Hong Kong – not applicable
 - Japan – geographic spread is broad

- Thailand – unknown
- h) **Note** that it is possible to change the current categorisation of the identified areas and the border measure responses, however border measures should be proportional to the risk that travel from those areas pose. **Yes/No**
- i) **Note** that officials have assessed the factors in recommendation (f) against each of the Category Two areas **Yes/No**
- j) **Agree** that based on officials' assessment, the Republic of Korea, Italy, Japan, Hong Kong, Singapore and Thailand should be retained as Category Two areas. **Yes/No**
- k) **Note** this is in contrast to officials' assessment of Iran where there was more uncertainty around the effectiveness of the Iranian health system and response to contain the outbreak and the accuracy of the data. **Yes/No**
- l) **Note** Category Two areas will be monitored on a continual basis and people who have travelled from or via Category Two areas will be advised to seek medical advice if they develop symptoms of fever, cough or shortness of breath. **Yes/No**
- m) **Note** that officials will continue to review border restrictions constantly through the National Health Coordination Centre which is monitoring the situation for each of the high-risk areas as set out in Category One and Category Two. **Yes/No**



Dr Ashley Bloomfield
Director-General
Ministry of Health

Rt Hon Jacinda Ardern
Prime Minister

Rt Hon Winston Peters
Minister of Foreign Affairs

Hon Kelvin Davis
Minister of Tourism

Hon Grant Robertson
Minister of Finance

Hon Tracey Martin
Acting Minister of Education

Hon Dr David Clark
Minister of Health

Hon David Parker
Minister for Trade and Export Growth

Hon Iain Lees-Galloway
Minister of Immigration

Proactively Released

Background / context

1. Effective border management continues to be the best way to protect New Zealanders from the health effects of a potential outbreak of COVID-19. Officials continue to recommend taking a precautionary approach, as epidemiology of the outbreak and scientific knowledge develop.
2. You recently considered advice on border measure changes to categorise areas of concern. You agreed that current temporary border restrictions apply to cover people who have been in, or transited areas in Category One (including mainland China and Iran) in the 14 days prior to boarding.
3. Officials advised that you would receive further recommendations for the response to areas in Category Two. These recommendations are set out in this paper.

Border measures

4. The areas in Category One should be subject to both hard and soft border measures. This recognises the high risk of exposure to the virus in these areas, and therefore the higher risk of importation to New Zealand associated with travel related to those areas. People that have been in Category One areas and arrive in New Zealand are expected to undertake a 14 day isolation period per Ministry of Health guidance.
5. Also in Category One is the Diamond Princess Cruise Ship. On 24 February 2020, Ministers with Power to Act agreed that travellers who were on board the Diamond Princess will be refused entry into New Zealand within a 14-day period of disembarking. This excludes those exempted under current border measures.
6. Note that Category Two areas can be subject to soft border measures which can include screening, informing and triaging passengers that arrive in New Zealand for symptoms or indicators of COVID-19. Options on these measures are provided further below.
7. Officials have reviewed the Technical Advisory Group recommendations provided on 27 February 2020 and have considered the following for Category Two (current as at 28 February 2020):

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Category Two Area	Growth in cases	Health System capability / public health containment measures	Border restrictions imposed by:
Republic of Korea	1766 Infected (▲ 505 cases since 27 Feb) [JHU] ¹ 22 Recovered [JHU] 13 Fatalities [JHU]	<p>Republic of Korea (ROK) officials have stressed that the Government is taking concerted and all-out efforts to respond to the COVID-19 outbreak. The ROK Government has asked other governments to not impose overly restrictive measures for people travelling to and from the ROK. The Government has expressed its expectation to be informed in advance of any measures being imposed.</p> <p>Screening at airports was underway in ROK before the virus was introduced to a group in Daegu. Since that event, the number of cases increased rapidly over the past week from 31 cases to 977 cases.</p> <p>The government has since focused its resources on containing the spread beyond the group in Daegu. This is across three main areas:</p> <ol style="list-style-type: none"> Prioritising testing of those considered high risk Testing all people in Daegu presenting common cold symptoms Individually contacting a list of people believed to have had contact with members of the group in Daegu. <p>There are currently no formal ROK Government travel controls in place (no cities closed off, no roadside checks, KTX express trains still operating).</p> <p>The Mayor of Daegu has requested local residents voluntarily stay inside with people voluntarily staying indoors. Outside the central area, most small shops have closed, though some larger ones remain open. Some people are circulating outside, but it is much quieter than usual.</p>	<p>Bahrain, El Salvador, Fiji (Daegu/Cheongdo only), French Polynesia, Iraq, Israel, Japan (Daegu/Cheongdo only), Jordan, Kuwait, Nauru, Oman, Paraguay, Qatar, Samoa, Saudi Arabia, Seychelles, Singapore (Daegu/Cheongdo only), St Lucia.</p> <p>Officials consider that New Zealand's position is materially different from the countries above.</p>
Italy	655 Infected (▲ 202 cases since 27 Feb) [JHU] 45 Recovered [JHU] 17 Fatalities [JHU]	<p>Italy has reported a rapid increase in cases of laboratory-confirmed COVID-19 since 21 February 2020. An initial investigation by Italian authorities has found several clusters of cases in different regions of northern Italy.</p> <p>Health authorities in Italy are implementing measures to prevent onward transmission, including closing of schools and bars and cancelling of sports events and other mass gatherings in the areas affected. This aligns with the containment strategy currently being implemented globally in an effort to stop the spread of COVID-19.</p> <p>The majority of cases are located in just three provinces: Lombardy (403), Veneto (111) and Emilia-Romagna (where cases more than tripled overnight from 30 to 97)..</p> <p>Around half of cases are self-isolated at home, with the majority of the remainder hospitalised and a more limited number in intensive care.</p>	<p>Bahrain, El Salvador, Iraq, Jordan, Kuwait, Mauritius, Nauru, Oman, Paraguay, Qatar, Samoa, Saudi Arabia, Seychelles, St Lucia.</p> <p>Officials consider that New Zealand's position is materially different from the countries above.</p>
Singapore	93 Infected (No change since 27 Feb) [JHU] 62 Recovered [JHU] 0 Fatalities [JHU]	<p>The national disease outbreak response system condition has been raised to orange. Businesses are carrying out temperature checks. The Ministry of Health has announced that from 18 Feb, Public Health Preparedness Clinics (900 GP clinics) will be activated to provide subsidised treatment, investigation and medication for patients with respiratory symptoms.</p> <p>Temperature screening for all departing passengers just before departure immigration has been implemented. Any passenger detected with high temperature will be referred to the airline for follow-up per the airline's handling policy.</p>	<p>Bahrain, French Polynesia, Iraq, Israel, Kuwait, Nauru, Paraguay, Qatar, Samoa, Saudi Arabia, St Lucia.</p> <p>Officials consider that New Zealand's position is materially different from the countries above.</p>

¹ JHU = John Hopkins University tracking dashboard which incorporates WHO/CDC date, available at <https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

<p>Hong Kong</p>	<p>91 Infected (▲ 1 case since 27 Feb) [JHU] 26 Recovered [JHU] 2 Fatalities [JHU]</p>	<p>Hong Kong has activated its highest level - Emergency Response - under its Infectious Disease Response Plan.</p> <p>Range of measures introduced including closing of schools (recently extended until March 16), strengthening immigration controls, cancellation of events, reducing scale of non-essential government services including through work from home for civil servants, allocating quarantine facilities, significant allocation of funding</p> <p>Virus checks are being extended to patients at general outpatient clinics and those in emergency care. Those with respiratory symptoms will be given home testing kits to return samples the next day with results expected in a further 2-3 days. Strict location enforcement for those in quarantine Limited exemptions apply with medical supervision conditions.</p> <p>Strict location enforcement for those in quarantine. Limited exemptions apply with medical supervision conditions. 14-day Mandatory quarantine on all people entering Hong Kong from the Mainland.</p>	<p>Bahrain, Bangladesh, Taiwan, Iran, Iraq, Israel, Marshall Islands, Kuwait, Mauritius, Mongolia, Nauru, Palau, Philippines, Russia, Samoa, Saudi Arabia, Seychelles, St Lucia, Tonga, Vanuatu.</p> <p>Officials consider that New Zealand's position is materially different from the countries above.</p>
<p>Thailand</p>	<p>40 Infected (No change since 27 Feb) [JHU] 22 Recovered [JHU] 0 Fatalities [JHU]</p>	<p>Thailand has expanded stricter border screening measures to include all visitors arriving from Nepal, Indonesia, Viet Nam and Malaysia (as well as Hong Kong, Japan, Singapore, Cambodia and China).</p> <p>Borders remain open with flights continuing to arrive at Thai airports from cities across China. Little or no screening at land borders.</p>	<p>Saudi Arabia, Bahrain, French Polynesia, Iraq, Israel, Kuwait, Nauru, Paraguay, Samoa, UAE.</p> <p>Officials consider that New Zealand's position is materially different from the countries above.</p>
<p>Japan</p>	<p>214 Infected (▲25 cases since 27 Feb) [JHU] 22 Recovered [JHU] 4 Fatalities [JHU]</p>	<p>The geographic spread of domestic transmissions is broad, with cases confirmed in Hokkaido, the Tokyo Metropolitan area, the Nagoya area, Ishikawa, Kyoto, Nara, Mie, Wakayama, Fukuoka, Kumamoto, and Okinawa.</p> <p>The Japanese Ministry of Health advised against raising Japan's alert level, as the outbreak remains in an "initial phase". This means the focus remains on screening overseas arrivals and identifying transmission routes.</p> <p>Japan's Health Minister has urged the public to avoid crowds and "non-essential gatherings". Some gatherings have been cancelled. Schools have been asked to close across the country until the end of March.</p>	<p>Micronesia, Samoa, Kiribati, Tuvalu, the Solomon Islands, Comoros, Iraq, Israel, Kuwait.</p> <p>Officials consider that New Zealand's position is materially different from the countries above.</p>

Response options

Immigration measures (hard measures)

8. Travel restrictions are in place for Category One to stop people boarding craft to New Zealand where they can be detected. A possible second layer of detection operates at the New Zealand border which could be used to prevent entry or alert health officials. Communications of travel restrictions or isolation requirements can also be used. Other nations may also restrict travel of their nationals.

Health response at the border (soft measures)

9. At the border, additional measures could be imposed that may reduce the risk related to COVID-19 importation. These include:
 - a. In-flight announcements (Providing information directly to passengers on flights)
 - b. Temperature screening at the border (Use of electronic mass thermal screening devices)
 - c. Thermometer testing of arrivals (Personal health checks of individual travellers by health staff)
 - d. Extending health professional border presence (Meeting flights from areas with rising numbers of cases)
 - e. Extend provision of health advice to travellers (Provide advice cards and information to inbound passengers / targeted to countries with a rising number of cases)
 - f. s 6(a)
 - g. International travel advisories (Extend or update Safetravel alerts)
 - h. Public advertising, text and social media campaigns.

s 9(2)(g)(i)

After the border

12. To reduce the spread and transmission risk once in New Zealand, there are range of approaches including isolation measures below:
 - a. Self-isolation (Individuals isolate in private residences or similar using guidance from MoH)

- b. Supported self-isolation (Individuals isolate in shared accommodation facilities using guidance from MoH)
 - c. Monitored isolation (Individuals isolate in private residences or shared accommodation facilities with monitoring from Health Professionals/Healthline)
 - d. Enforced isolation (Individuals isolate in private residences or shared accommodation facilities following strict quarantine operating procedures)
13. The Technical Advisory Group has advised that people who have travelled from or via areas in Category One in the last 14 days are required to self-isolate for 14 days.
14. The Technical Advisory Group has advised that people who have travelled from or via areas listed in Category Two who develop symptoms of fever, cough or shortness of breath should seek medical advice.

Implementation considerations

15. Current best estimates of the number of passengers travelling direct from the 6 countries are shown in Appendix One. It also includes passengers of that nationality arriving from any port.

Immigration can implement current travel restriction arrangements for additional countries

16. The existing travel restriction arrangements refuses entry for all passengers that have been in a place of concern (country or cruise ship) within the past 14 days².
17. The restrictions are operationalised by two different mechanisms depending on whether the passenger is traveling directly or indirectly to New Zealand:
- a. *Direct travel from a listed country to New Zealand* uses an automated system that automatically denies boarding for people who are not exempt.
 - b. *Travel to New Zealand from a port outside the listed country* requires the carrier to ask and the passenger to self-identify if they have been in a listed country in the last 14 days³. In these cases New Zealand is largely reliant on declarations from travellers who understand the questions being asked, as they cannot be reliably verified.
18. These offshore arrangements are backed up by questions at the New Zealand border. This may capture some people who made an inaccurate declaration, and alert health officials to the arrival of exempt persons who must self-isolate.
19. Immigration New Zealand can in most cases implement a move of an area from Category Two to Category One within 24 hours of a decision being taken. Italy would be expected to take 72 hours to get staff in place to handle the increased number of cases requiring manual resolution as there are no direct ports.

² New Zealand citizens and residents, immediate family travelling with them, Australian citizens and some other groups are exempt.

³ For example, a passenger who has travelled from China to Korea attempting to board a flight from Seoul to Auckland. If they answer yes the carrier contacts INZ and boarding is likely denied.

s 9(2)(g)(i)

Sub-national travel restrictions (eg a specific city) are less effective and more resource intensive

21. In cases where there are specific cities or areas within a country has been identified (eg Daegu in South Korea) a restriction could be applied to just the sub-national area.
22. However, in the absence of a specific list of people (as in the case of a ship manifest), a sub-national restriction would be operationalised by relying on questioning and self-declaration when boarding⁴. This will have a deterrent effect and will identify some people trying to travel, but is not as secure as an automatic system meaning people are more likely to get through, and generates more manual confirmation work for INZ and carriers potentially slowing boarding. It will also require longer to implement (at least 48 hours) due to resourcing considerations.
23. For New Zealand, in most cases port closure works best for entire countries (for example, only one port in South Korea is a destination for New Zealand.) From a practical perspective, MBIE therefore recommends that, if Ministers did consider moving an area from Category Two to Category One, in line with the decision made for China, exclusions and therefore declarations relate to travel to or transit via an entire country (eg *South Korea* rather than *Cheongdo county and Daegu city*).

Capacity will soon be available to restrict travel by visa type

24. Public health impacts can be managed if people arriving in New Zealand are able to self-isolate. However, it is not currently possible to identify at scale potential arrivals who are less able to self-isolate such as tourists with changing accommodation. INZ is implementing functionality into its border systems which will enable boarding directives, and therefore exclusions, to be targeted on a more granular basis. Specifically, from 9 March INZ will be able to close or open the border at ports to people on the basis of the temporary visa they hold (eg visitor, essential skills, working holiday or student visa).

Economic considerations

25. COVID-19 is having an effect on the New Zealand economy already, and it is being felt in some industries in particular (eg tourism, forestry and international education). However, the current border restrictions are a net economic benefit to New Zealand, as long as they remain an effective way to reduce the spread of the disease in New Zealand.
26. The economic effects of COVID-19 on New Zealand are mainly from other channels – they relate to country specific closures and shutdowns affecting economic activity

⁴ A consideration for specific sub-national hot spots, is how the host country is managing internal people flows. For example, travel to and from Hubei province is restricted by the Chinese government. The current travel restriction applies to mainland China and does not specify Hubei.

globally and trade of goods, and confidence effects (for example, reduced consumer demand for international travel, and reduced business and investor confidence globally).

27. An onshore pandemic or widespread outbreak would mean economic disruption that is potentially more widespread and longlasting than any short-run effects of border closures.
28. Even if we work out a way to reduce the public health input to checks and information provision at airports, adding further places of concern means that more people (New Zealanders returning from those places of concern) are being monitored and supported in self-isolation. If in fact these people are low risk, this means that we are directing our scarce public health resources and attention away from higher risk areas – our preparedness and our response/containment activities.
29. So while there would be some negative effects on tourism and international education in particular from further border closures (as these are most highly exposed to restrictions on people movements), the total economic impacts from border closures at any of the countries currently in Category Two are therefore expected to be net positive if the closure is considered effective and necessary from a public health perspective.
30. Further whole-of-government advice is being prepared for Cabinet on 9 March on economic and health scenarios that might play out from here and the appropriate government responses including in respect of when overall changes to border management might be advisable.

Foreign affairs considerations

31. While the decision is necessarily about the threat to public health, there are foreign affairs considerations. Time will be required to notify partner governments if any changes are proposed.

32.

6(a)

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Recommendation

35. Officials recommend that each of the areas listed below be retained as Category Two. The recommended measures are to monitor on a continual basis and adopt TAG advised approach outlined above.
- a. Republic of Korea
 - b. Italy
 - c. Japan
 - d. Singapore
 - e. Hong Kong
 - f. Thailand

Next steps

36. Following the adoption of these recommendations officials will update the border measures accordingly.
37. MFAT will continue to work with partners and health authorities to ensure travel advisories are maintained at appropriate levels.

ENDS.

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Appendix One: Passenger breakdown

Country / Originating airport	Flight information – direct flights	Actual arrivals per week (week 8-14 February) of any nationality	National Passport holders who arrived in January (indicative breakdown)
Hong Kong (Hong Kong airport)	Was 20 flights per week Currently 11 flights per week	NZ cits/residents 47% (2761) Visitors – 41% (2411) Students – 5% (322) Workers – 7% (435) Total – 5929	NZ residents 12% (585) Visitors – 75% (3634) Students – 10% (464) Workers 3% (149)
Italy	No direct flights		NZ residents 9% (225) Visitors – 72% (1848) Students – 4% (92) Workers 16% (402)
Japan (Tokyo airport)	13 flights per week	NZ cits/residents – 27% (754) Visitors – 68% (1871) Students – 2% (59) Workers – 2% (60) Total - 2764	NZ residents 9% (225) Visitors – 75% (1848) Students – 4% (92) Workers 16% (402)
Republic of Korea (Incheon airport)	Was 12 flights per week Currently 10 flights per week	NZ cits/residents – 21% (781) Visitors – 70% (2622) Students – 5% (192) Workers – 5% (170) Total - 3765	Visitors – 79% (14,851 people) Students – 8% (1419) Workers 3% (645) NZ residents 10% (1872)
Singapore (Singapore airport)	28 flights per week	NZ cits/residents – 25% (2445) Visitors – 61% (5922) Students – 9% (900) Workers – 5% (485) Total - 9752	Visitors – 63% (1529) Students – 4% (89) Workers 4% (105) NZ residents 29% (692)
Thailand (Bangkok airport)	7 flights per week	NZ cits/residents – 25% (498) Visitors – 52% (1018) Students – 14% (272) Workers – 10% (188) Total - 1976	Visitors – 36% (634) Students – 36% (641) Workers 7% (131) NZ residents 19% (332)