

In Confidence

Office of the Minister of Health

Chair, Cabinet

COVID-19 REVIEW OF TEMPORARY BORDER MEASURES: 9 MARCH 2020

Proposal

1. This paper seeks approval to retain the current temporary border measures for an additional seven-day period, with ongoing regular reviews.

Executive Summary

2. Since Cabinet previously reviewed the temporary border measures on 2 March 2020 [CAB-20-MIN-0053], the global situation regarding COVID-19 has continued to develop rapidly and continues to present a threat to public health. The number of COVID-19 cases in outbreaks outside of mainland China has increased rapidly.
3. A very small number of cases of COVID-19 have been confirmed in New Zealand. New Zealand is still in the 'Keep it Out' phase, but is starting to shift to the 'Stamp it Out' phase. Health resources should begin to be focused on domestic containment measures within New Zealand.
4. Officials have been reviewing border measures for New Zealand regularly, taking into account the threat to the health of New Zealanders and Pacific Island countries. The global situation, economic considerations and foreign relations have also been considered.
5. The current temporary border restrictions remain effective in slowing the importation of COVID-19 cases in New Zealand and protect New Zealanders from the health effects of a potential widespread outbreak. However, widening border restrictions is increasingly unlikely to be effective at slowing the importation of COVID-19.
6. The temporary border measures are part of a wider response to the global outbreak and are due to expire at 23:59 on Tuesday 10 March 2020.
7. This paper proposes retaining the current temporary border measures for an additional seven-day period, expiring at 23:59 on Tuesday 17 March 2020, limited to cover people who have been in or transited through specified areas in the 14 days prior to them departing New Zealand.
8. New Zealand has adopted a categorisation approach for border measures with three categories.

9. The current specified areas in Category 1A are mainland China and Iran. Category 1A also included the Diamond Princess cruise ship, but this is largely no longer relevant given that 14 days have passed since passengers disembarked in Japan on 20 February 2020¹.
10. All people travelling to New Zealand from the Category 1A specified areas who are exempt from the travel restrictions are requested to undertake 14 days self-isolation and register with Healthline. Category 1A areas have the temporary travel restrictions in place.
11. People travelling to New Zealand from locations in Category 1B have the same expectations to self-isolate as Category 1A but do not have travel restrictions. This applies for all passengers except flight crew who have taken appropriate infection control measures, passengers transiting through New Zealand within 24 hours, and passengers who have only transited 1B countries. Category 1B currently includes Northern Italy and the Republic of Korea.
12. Locations in Category 1B are considered a lesser risk than Category 1A, primarily owing to the overall number of confirmed COVID-19 cases and the extent of sustained community transmission in those countries, and to a lesser extent, the effectiveness of public health systems and/or the public health measures taken by those countries. The intent of Category 1B is to encourage people from areas where there are high rates of COVID-19 travelling to New Zealand to undertake 2 weeks of self-isolation, or to not to travel to New Zealand.
13. People travelling to New Zealand from locations in Category 2 are not expected to self-isolate but to be aware of COVID-19 symptoms and call Healthline if they become unwell, and do not have travel restrictions. Category 2 currently includes Hong Kong, Italy (other areas), Japan, Singapore, and Thailand.
14. On 5 March 2020, the Australian Government extended its travel restrictions for mainland China and Iran, and in addition, included the Republic of Korea. It will review its travel restrictions again before 13 March 2020.
15. New Zealand officials are currently preparing advice to Ministers with Power to Act on possible further changes to New Zealand border measures, including in relation to alignment with Australia. This advice will be considered by Ministers with Power to Act in the time period between the lodging of this Cabinet paper and its consideration at Cabinet on 9 March 2020. I will provide an oral update to Cabinet on any decisions made at the Cabinet meeting on 9 March 2020.
16. The temporary border measures will continue to be reviewed regularly. Officials will prepare further advice on the border measures for Cabinet consideration on Monday 16 March 2020 on whether to extend, lift, or change the border measures.

¹ The restriction on the Diamond Princess will remain until 14 days after the last people have disembarked.

Background

17. On 2 March 2020, Cabinet agreed:
 - 17.1. to retain the current temporary border measures for an additional seven-day period, expiring at 23:59 on Tuesday, 10 March 2020, limited to cover people who have been present in or transited through specified areas in the 14 days prior to departing for New Zealand
 - 17.2. that Category One be divided into Categories 1A and 1B such that:
 - 17.2.1. Category 1A areas have temporary travel restrictions in place (i.e. China and Iran currently), and all people travelling to New Zealand are expected to undertake 14 days of self-isolation and to register with Healthline;
 - 17.2.2. Category 1B areas do not have travel restrictions but all people travelling to New Zealand are expected to undertake 14 days self-isolation and to register with Healthline;
 - 17.3. that Northern Italy and the Republic of Korea be added to the new Category 1B;
 - 17.4. that the temporary border measures continue be reviewed, and that officials will provide immediate advice should any information emerge that has a substantial impact on these measures.
18. On 4 March 2020, further information was provided to the Cabinet COVID-19 Committee on:
 - 18.1. Confirmed COVID-19 cases within New Zealand
 - 18.2. Making COVID-19 a quarantinable disease under the Health Act 1956, which would expand the range of powers available in respect to COVID-19.
19. The current border measures are provided in Appendix One.

Update on COVID-19 outbreak

20. The global situation regarding COVID-19 continues to develop rapidly with a high degree of uncertainty.
21. As at 6 March 2020 (10am), globally there were:
 - 21.1. 97,873 confirmed cases (a 24 hour increase of 2,753 cases)
 - 21.2. 3,347 confirmed deaths (a 24 hour increase of 187 deaths)
 - 21.3. 53,786 total recovered (a 24 hour increase of 5,557 recoveries)
22. The number of cases in 24 hours is indicative of the rate of increase in cases. For the last full day for which data is available, countries reported the following 24 hour increases (totals reported as at 10am 6 March 2020):
 - 22.1. China reported an increase of 120 cases (80,422 in total)

- 22.2. Hong Kong reported an increase of 5 in cases (105 in total)
- 22.3. Iran reported an increase of 586 cases (3,513 in total)
- 22.4. Italy reported an increase of 587 cases (3,858 in total)
- 22.5. South Korea reported an increase of 435 cases (6,088 in total)
- 22.6. Singapore reported no increase in cases (117 in total)
- 22.7. Thailand reported no increase in cases (47 in total)
- 23. A very small number of cases of COVID-19 have been confirmed in New Zealand. New Zealand is still in the 'Keep it Out' phase, but is starting to shift to the 'Stop it Out' phase.

The situation in China is improving

- 24. Recent findings indicate that China has been able to manage the epidemic. The rate of new cases in China is decreasing.
- 25. Key findings from the WHO-China joint mission report included that:
 - 25.1. the epidemic peaked and plateaued between the 23rd of January and the 2nd of February, and has been declining steadily since then
 - 25.2. there has been no significant change in the genetic makeup of the virus
 - 25.3. the measures taken in China have averted a significant number of cases.
- 26. Officials are continually assessing the situation in China and will provide further advice when we consider the situation has improved sufficiently to warrant reconsideration of border measures.

The current temporary border measures are part of our wider response to the global outbreak

- 27. While we are continuously reviewing and making decisions on border measures, it is important to consider how border measures fit within the context of our broader response to COVID-19 and the anticipated next response phases.
- 28. In addition to border measures, the Ministry of Health has already implemented a range of other measures under the early pandemic response procedures. The Ministry of Health is planning ahead to the actions and activities that could take place in the next phases of a potential pandemic response.
- 29. The health system response has already begun to focus on domestic isolation (containment) measures. There will be a growing focus on these measures in the near future.
- 30. Critical factors that will be used to shape our response include consideration of:

- 30.1. the triggers for escalation to the next phase – for example what characterises moving from “Keep it Out” (border management) to “Stamp it Out” (cluster control)
- 30.2. the key actions and activities in each phase
- 30.3. when different agencies and sectors will be required to act
- 30.4. the types of decisions we will need to make.

Approach to assessment of New Zealand temporary border measures

31. Officials have been reviewing border measures for New Zealand regularly, with the threat to the health of New Zealanders and Pacific Island countries being the first priority consideration.
32. The threat to public health continues to depend on the deepening of our understanding of the changing international situation and epidemiology of the disease, the readiness of the health system to manage it, whether isolation measures can be reasonably met and the potential level of non-compliance with isolation measures
33. The following factors are also important and continue to be reviewed and weighed up against the public health factors:
 - 33.1. the readiness of agencies to operationalise any changes to measures
 - 33.2. the risk of adverse economic factors
 - 33.3. the risk to foreign relations

Officials recommend that the current border measures be extended for an additional seven days

34. Lifting the border measures is not recommended at this stage. The overall public health risk remains high and there is no indication that the overall risk is reducing. There has been no reduction of risk assessment levels or lifting of travel restrictions in other countries.
35. The current temporary border measures remain effective in slowing the importation of COVID-19 cases in New Zealand and protect New Zealanders from the health effects of a potential widespread outbreak. However, widening border restrictions are increasingly unlikely to be effective at slowing the importation of COVID-19.
36. The primary reasons that officials recommend an additional seven-day extension of the border measures at this stage are public health factors and the potential impact on the health of Pacific Island nations. Public health factors continue to outweigh other factors while the overall threat to public health remains high.

Public health factors

37. The readiness of the public health system to manage the overall threat to public health is increasing. However, given the situation is still evolving in China and elsewhere, from a public health perspective, there is obvious merit to remaining in the 'Keep It Out' and 'Stamp It Out' phases of the pandemic response.
38. As at 3 March 2020, some public health factors indicate no worsening of the current situation. For example, emerging evidence about the severity of the illness has remained constant and World Health Organization (WHO) advice on travel restrictions has remained the same. However, other factors signal uncertainty and continual change.
39. Sustained transmission is ongoing in mainland China. In most other areas in China, there is more limited transmission although this has been decreasing in recent days. There is also a rapid daily increase in cases being reported from Iran, Northern Italy, and the Republic of Korea.
40. The increasing cases of community transmission in a range of countries and increased exports from countries outside of China are significant changes to the epidemiology. There is a rapid daily increase in cases and clear evidence of international spread from Iran and Italy. There have been several cases identified in a number of countries who have had recent travel history to Iran and Italy including confirmed cases now in New Zealand.
41. There have been further changes in the public health measures in other countries, including in the United States, the United Kingdom and Australia in the past week. These countries have increased travel alerts in the last week, particularly for travel to or from China, Iran, South Korea and Italy.
42. The Ministry's Technical Advisory Group met on 4 March to discuss the case definition. It advised to retain the current categories to assist in decisions about testing for people in the community, and review the list of countries of concern on a daily basis.
43. Further detail on the public health factors review is provided in Appendix Two.

Potential impact on the health of Pacific Island nations

44. New Zealand is providing support to Pacific Island countries to prepare for a possible COVID-19 outbreak.² As New Zealand is a gateway to many Pacific Island countries and territories, Government decisions on the timing of when to relax or remove New Zealand border measures should take into account Pacific Island health system readiness.

45. 6(a)



² See the National Assessment Bureau's *Coronavirus in the Pacific: Region at Risk* paper of 28 February 2019 for further details on possible impacts of a regional outbreak.

46. Officials' work to support Pacific Island preparedness and response is moving at pace. The primary focus at this stage is support to the Realm – Cook Islands, Niue and Tokelau. This includes early deployments to support readiness activities, such as ensuring infection prevention and control protocols are well understood and preparation of isolation/quarantine facilities. The Ministry of Health and Ministry of Foreign Affairs and Trade (MFAT) are working closely with the World Health Organization (WHO) office in Suva, Fiji, on support to the region.
47. MFAT has provided \$1 million to date for the WHO's Pacific action plan on COVID-19 under which Pacific Island countries are receiving a range of preparedness support. MFAT is actively monitoring any gaps in requests from Pacific Island countries that the WHO is unable to meet, and is exploring assisting the WHO and UNICEF with procuring a range of equipment for Pacific Island countries such as gowns, gloves and face shields. In addition, MFAT has signed a contract with the Institute of Environmental Science Research (ESR) laboratory which will enable South Pacific countries to send suspected COVID-19 cases to New Zealand for testing free of charge.

48. ^{6(a)} [REDACTED]

49. In response to confirmed cases of COVID-19 in New Zealand, Samoa now requires a medical certificate for citizens and residents wanting to return to Samoa.
50. Officials are tracking these developments and considering scenarios for both increases in volume of travellers to the Pacific being turned away, and for Pacific residents in New Zealand who may face restrictions to return home. Ministers will be presented with policy choices about responses where necessary.
51. Keeping the current border measures in place until Ministers have considered this further advice would ensure decisions are informed by a proper assessment of the impact of any changes to border measures on Pacific Island nationals currently in New Zealand, the health of Pacific Island countries and territories and any additional demands on the New Zealand health system.
52. There is a so potential to consider border exit measures for travellers from New Zealand to Pacific Island nations as another way to support the Pacific region.

Alignment with Australia

53. New Zealand should continue to consider adopting border measures consistent with comparable countries, in particular Australia, while still considering New Zealand's unique circumstances.
54. On 5 March 2020, the Australian Government extended its travel restrictions for mainland China and Iran, and in addition, included the Republic of Korea.

55. This means that foreign nationals (excluding permanent residents of Australia) who are in the Republic of Korea on or after 5 March 2020 will not be allowed to enter Australia for 14 days from the time they have left or transited through the Republic of Korea.
56. The Australian Government noted in its announcement of these changes to its border measures that these actions are based on advice that the volume of reported COVID-19 cases in the Republic of Korea, and the scale of travel to Australia from the Republic of Korea, means that they present a high risk of further transmission of COVID-19 in Australia. Therefore, it considered that screening measures alone would not be sufficient for the Republic of Korea.
57. The Australian Government also noted that people arriving in Australia from Italy must present for health screening as directed. People returning from Australia from Italy did not need to self-isolate but could not attend work for 14 days if they work as a healthcare worker or a residential aged care worker.
58. The Australian Government will review its travel restrictions again by 13 March 2020.
59. New Zealand officials are currently preparing advice to Ministers with Power to Act on possible further changes to New Zealand border measures, including in relation to alignment with Australia. This advice will be considered by Ministers with Power to Act in the time period between the lodging of this Cabinet paper on 6 March 2020 and its consideration at Cabinet on 9 March 2020. I will provide an oral update to Cabinet on any decisions made at the Cabinet meeting on 9 March 2020.

Economic considerations for maintaining the border measures

60. It is clear already that COVID-19 will have a substantial impact on the New Zealand economy. However, outbreaks and sustained community transmission in New Zealand would lead to significantly lower growth over many months, possibly up to a year.
61. Therefore the current travel restrictions remain the most appropriate course of action at this time. Minimising the flows of risk across the border is still effective – even when New Zealand has confirmed cases of COVID-19. Fewer flows from high risk countries could slow the import and spread of the disease to New Zealand to bring down the peak, given the limited health resources we have to manage the most severe cases (eg ICU beds).
62. At some point in the prevalence of the disease in New Zealand or internationally, this will no longer be advisable or beneficial. The most up-to-date data internationally suggest that the containment measures taken (such as China) are very disruptive to economic activity there and elsewhere, through global demand and supply chain impacts.
63. As well as the economic impacts, all border restrictions increase the burden on border and public health resources – while they reduce the flow of non-New Zealanders from areas of concern with higher risk profiles, they also increase the number of New Zealanders (and others exempt from travel restrictions) who are checked at airports and required to self-isolate once they arrive.
64. The relative priority and balance given to public health versus economic disruption considerations may become a key question for Ministers in coming weeks, should the risk of a severe outbreak escalate.

65. While the situation is rapidly moving, it is clear already that COVID-19 will have a substantial impact on the New Zealand economy. A more severe outbreak in New Zealand (or Australia) would lead to significantly lower growth longer-term. Therefore the current travel restrictions remain the most appropriate course of action at this time.
66. The most up-to-date data internationally suggest that the quarantine measures taken (such as China) are very disruptive to economic activity there and elsewhere, through global demand and supply chain impacts. If substantial quarantine measures were to be imposed here in response to an outbreak, we would also face economic disruption. The relative priority and balance given to public health versus economic disruption considerations may become a key question for Ministers in coming weeks, should the risk of a severe outbreak escalate.

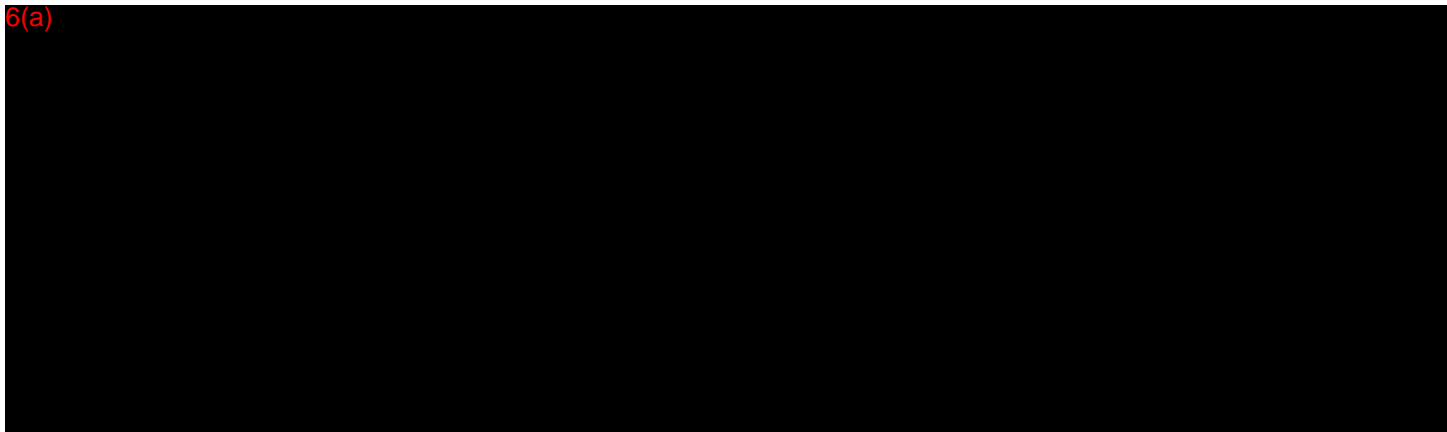
Foreign relations considerations with respect to border measures

67. Outlined below is MFAT's assessment on the foreign relations implications of any decision to amend or remove the border measures. MFAT's overall assessment is that diplomatic relationship risks are able to be managed and that public health considerations should remain at the centre of decision-making.

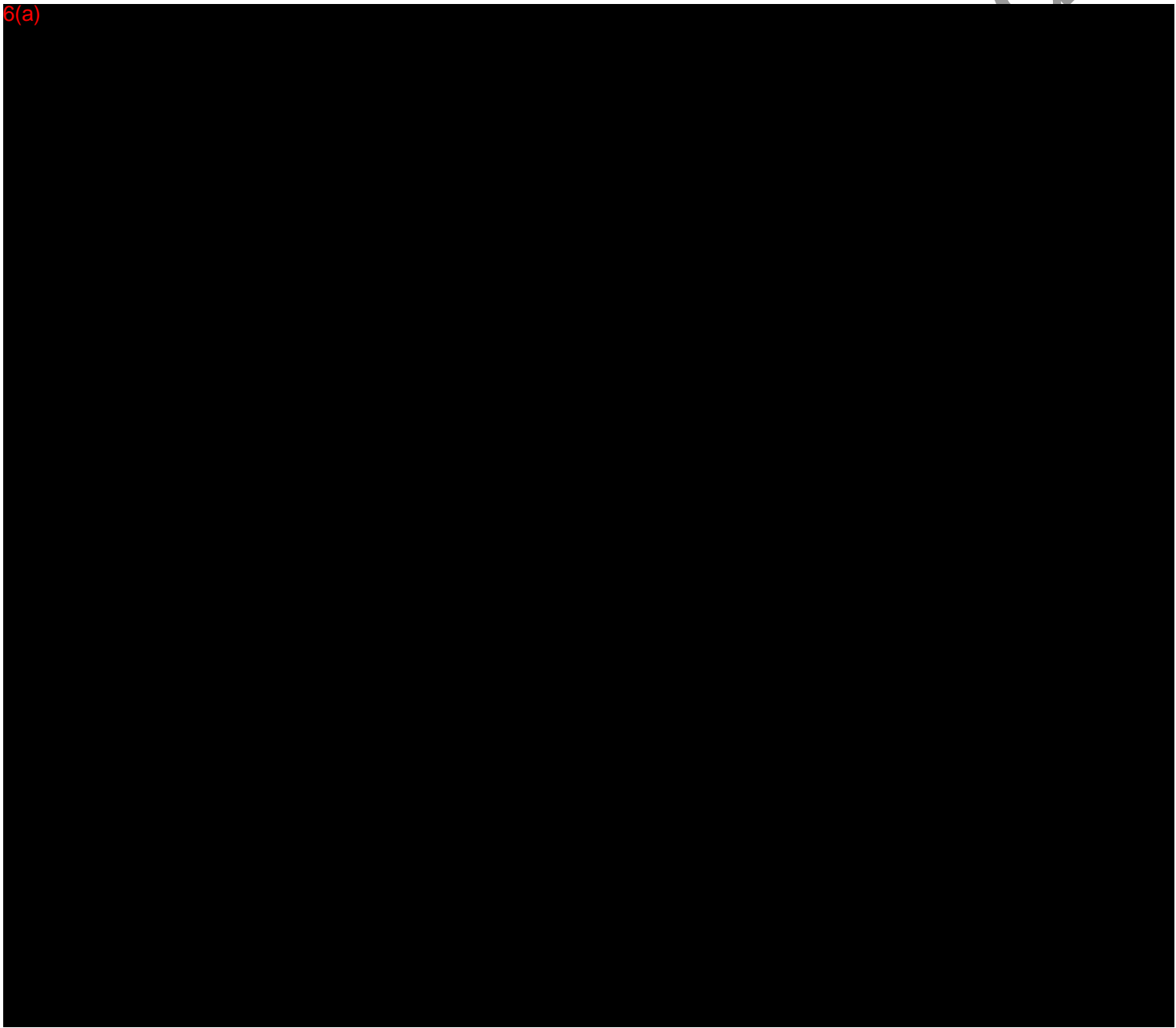
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81. The Ministry of Health is working with MFAT officials to ensure effective processes for determining, and responding to, health support that Pacific Island countries and territories may need. This includes clinical input, clinical supplies, personal protective equipment, and any requests for exit screening of travellers from New Zealand to their countries. New Zealand and Australia are also working closely with WHO's regional hub in Suva and the Pacific Community on regional preparedness.

Australia

82. Our close links with Australia and the unique nature of the trans-Tasman border mean that there are operational benefits for New Zealand taking a broadly consistent approach with Australian border restrictions. 6(a)

[REDACTED]

[REDACTED]

Other comparable nation responses

84. On 29 February 2020 WHO provided updated travel advice for international travel in relation to the COVID-19 outbreak. WHO continues to advise against the application of travel restrictions to countries experiencing COVID-19 outbreaks.
85. The total number of countries and territories that have border restrictions in place has increased from 78 as at 25 February 2020 to 121 as at 3 March 2020.

Next steps

86. Officials will prepare further advice on the border measures for Cabinet consideration on Monday 16 March 2020 on whether to extend, lift, or change the border measures.
87. We will continue to develop our understanding of the virus epidemiology and wider global situation which will further support the readiness of the health system to guide future advice about border measures.

88. Officials will prepare the necessary material for the Minister of Immigration to issue Immigration Instructions to give effect to Cabinet decisions.
89. Officials will also inform China, Iran, Australia, key Pacific partners and the WHO of Cabinet decisions ahead of a public communication.

Consultation

90. This paper has been prepared by the Ministry of Health. The Ministry of Business, Innovation and Employment, Ministry of Foreign Affairs and Trade, Ministry of Education, Treasury, Department of the Prime Minister and Cabinet, Ministry for Primary Industries, New Zealand Police, and New Zealand Customs Service were consulted on this paper. Relevant Government Chief Science Advisors were also consulted.

Financial Implications

91. This paper does not have financial implications.

Legislative Implications

92. This paper does not have any direct legislative implications but decisions made will be given effect through the Minister of Immigration certifying immigration instructions under the Immigration Act 2009.

Impact Analysis

93. A Regulatory Impact Analysis is not required for this paper.

Human Rights

94. The options discussed in this paper are consistent with the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993.

Gender Implications

95. There are no specific gender implications.

Disability Perspective

96. There are no specific implications for people with disabilities.

Publicity

97. A media release will be issued announcing Cabinet decisions on this paper. MFAT will inform affected countries and jurisdictions and key Pacific partners of decisions prior to the announcement. The Ministry of Health will inform Australia and the WHO of decisions prior to the announcement.

Proactive Release

98. It is intended that this Cabinet paper be proactively released once the matters are no longer under active consideration, subject to any appropriate withholding of information that would be justified if the information had been requested under the Official Information Act 1982.

Recommendations

It is recommended that Cabinet:

1. **note** the global situation regarding COVID-19 continues to develop rapidly with a high degree of uncertainty and rapid increases of cases in countries outside of China
2. **note** that, with the confirmation of COVID-19 cases, New Zealand is still in the 'Keep it Out' phase, but is starting to shift to the 'Stamp it Out' phase
3. **note** the overall public health risk from this event remains high and the current border measures remain effective in slowing the importation of COVID-19 cases in New Zealand however widening border restrictions is increasingly unlikely to be effective in slowing the importation of COVID-19
4. **note** the current temporary border restrictions are part of our wider response to the global outbreak and are due to expire at 23:59 on Tuesday 10 March 2020
5. **agree** to retain the current temporary border measures for an additional seven-day period, expiring at 23:59 on Tuesday 17 March 2020, limited to cover people who have been present in or transited through specified areas in the 14 days departing for New Zealand
6. **note** that New Zealand has adopted a categorisation approach to border measures:
 - 6.1. specified areas in Category 1A, with travel restrictions, currently include mainland China, Iran and the Diamond Princess cruise ship
 - 6.2. locations in Category 1B include Northern Italy and the Republic of Korea
 - 6.3. locations in Category 2 include Hong Kong, Italy (other areas), Japan, Singapore, Thailand
7. **note** that current border measures include all decisions made by Ministers with Power to Act, including any decisions that have been made in the time period between lodging of this Cabinet paper on 6 March 2020 and its consideration at Cabinet on 9 March 2020
8. **agree** that the temporary border measures continue be reviewed regularly, and that officials will provide immediate advice should any information emerge that has a substantial impact on these measures
9. **invite** the Minister of Immigration to give effect to the decision in recommendation 5 above regarding Category 1A areas through issuing Immigration Instructions

10. **note** that the Ministry of Foreign Affairs and Trade will inform affected countries and jurisdictions and key Pacific partners of the decision in recommendation 5 and 6 above ahead of public communication
11. **note** that the Ministry of Health will inform Australia and the World Health Organization of the decision in recommendation 5 and 6 above ahead of public communication
12. **note** that officials will prepare further advice on the border measures for Cabinet consideration on Monday 16 March 2020 on whether to extend, lift, or change the border measures.

Authorised for lodgement

Hon Dr David Clark

Minister of Health

Proactively Released

Appendix One: Current border measures

1. Note current border measures include all decisions made by Ministers with Power to Act, including any decisions that have been made in the time period between lodging of this Cabinet paper on 6 March 2020 and its consideration at Cabinet on 9 March 2020.

Current border measures as at midday 6 March 2020

2. On 2 February 2020 New Zealand implemented temporary border measures to deny entry into New Zealand to people who have left or transited through mainland China from 2 February 2020, with the exception of:
 - 2.1. New Zealand citizens (including from Tokelau, Niue and the Cook Islands), and residents and their immediate family and Australian citizens and permanent residents normally resident in New Zealand;
 - 2.2. People covered by regulation 25 of the Immigration (Visa, Entry Permission, and Related Matters) Regulations 2010, including guests of government; and
 - 2.3. Air and marine crews using appropriate personal protective equipment.
3. On 12 February 2020, Ministers also agreed that in certain circumstances and on a case-by-case basis, the Ministries of Health, Foreign Affairs and Trade and Business, Innovation and Employment may allow non-New Zealand nationals to travel to New Zealand in order to undertake self-isolation, or managed isolation, before onward travel to their home countries, provided the following conditions are met:
 - 3.1. any public health impacts in New Zealand, the Realm, and the wider Pacific Region can be managed;
 - 3.2. there are resources available to effectively isolate, including a safe and appropriate location for the 14-day period; and
 - 3.3. they hold a valid visa to travel.
4. On 14 February 2020, Ministers with Power to Act [CAB-20-MIN-0015]:
 - 4.1. Noted that there remains a continued high threat to public health in relation to the COVID-19 outbreak
 - 4.2. Agreed to retain the current measures for an additional eight-day period, expiring at 23:59 on Monday 24 February 2020, but limited to cover people who have been in or transited mainland China in the 14 days prior to boarding; and
 - 4.3. Agreed that the measures will be reviewed, and that officials will provide immediate advice should any information emerge that has a substantial impact on these measures.

5. On 24 February 2020, Cabinet:
- 5.1. agreed to retain the current temporary border measures for an additional eight-day period, expiring at 23:59 on Tuesday 3 March 2020, limited to cover people who have been in or transited mainland China in the 14 days prior to boarding;
 - 5.2. agreed that the temporary border measures continue be reviewed [CAB-20-MIN-0053].
6. On 24 February 2020, in relation to border measure requirements and the public health response to New Zealanders aboard the Diamond Princess and potentially other cruise ships, Ministers with Power to Act agreed that:
- 6.1. due to the exposure to a high risk of being infected with COVID-19, once in New Zealand, Diamond Princess passengers will be required to enter enforced isolation (quarantine), for a period of up to 14 days after arrival
 - 6.2. New Zealanders who do not return to New Zealand on the repatriation flight will be required to enter enforced isolation for a period of up to 14 days if they if they arrive in New Zealand within 14 days of disembarking the Diamond Princess
 - 6.3. travellers that were on board the Diamond Princess that try to enter New Zealand within a 14-day period of disembarking will be refused entry excluding those exempted under current border measures
 - 6.4. the Ministers of Health and Immigration may add any further cruise ships with outbreaks to the travel restrictions previously agreed by Cabinet.
7. On 28 February 2020, following advice from officials, Ministers with Power to Act agreed to extend the current temporary border measures to apply to people who have been in or transited Iran in the 14 days prior to boarding.
8. On 2 March 2020, Cabinet agreed:
- 8.1. to retain the current temporary border measures for an additional seven-day period, expiring at 23:59 on Tuesday, 10 March 2020, limited to cover people who have been present in or transited through specified areas in the 14 days prior to boarding
 - 8.2. that Category One be divided into Categories 1A and 1B such that:
 - 8.2.1. Category 1A areas have temporary travel restrictions in place (i.e. China and Iran currently), and require all people travelling to New Zealand to undertake 14 days of self-isolation and to register with Healthline;
 - 8.2.2. Category 1B areas do not have travel restrictions but require all people travelling to New Zealand to undertake 14 days self isolation and to register with Healthline;
 - 8.3. that Northern Italy and the Republic of Korea be added to the new Category 1B;

- 8.4. that the temporary border measures continue be reviewed, and that officials will provide immediate advice should any information emerge that has a substantial impact on these measures.
9. As per the decision in paras 7.2 and 7.3 above, further detail on the three temporary border measure categories is outlined below.

Category 1A - this category has temporary travel restrictions

10. This category has temporary travel restrictions. All people travelling to New Zealand from mainland China and Iran who are exempt from the travel restrictions are requested to undertake 14 days self-isolation. All people who have travelled to New Zealand either from or through Iran or mainland China in the last 14 days are being requested to self-isolate, i.e. prior to the introduction of the border restriction on 28 February. This category includes passengers from the Diamond Princess cruise ship.

Category 1B

11. This new category does not have temporary travel restrictions. All people travelling to New Zealand from Northern Italy north of a line above Pisa, Florence and San Marino (see map on the Ministry of Health website) and the Republic of Korea (excluding transit through airports) are requested to undertake 14 days self-isolation and register with Healthline. People who have been in Northern Italy or Republic of Korea in the last 14 days (excluding transit through airports) will be requested to self-isolate for the balance of the 14 day period since they were last in those areas and to register with Healthline. These measures will apply to flights departing after 2359hours Tuesday 3 March 2020.

Category 2 - This category does not have temporary travel restrictions

12. This category does not have temporary travel restrictions. Countries and jurisdictions now include, Hong Kong, Italy (other areas), Japan, Singapore, Thailand. People travelling to New Zealand from Category 2 countries are not expected to self-isolate at this point but to be aware of possible COVID-19 symptoms and to call Healthline if they become unwell.

Category 1B intent

13. Locations in Category 1B are considered a lesser risk than Category 1A, primarily owing to the overall number of confirmed COVID-19 cases and the extent of sustained community transmission in those countries, and to a lesser extent, the public health systems of those countries, and/or the public health measures taken by those countries. The intent of the category is to encourage people from areas where there are high rates of COVID-19 travelling to NZ to undertake 2 weeks of self-isolation, or to not to travel to NZ.
14. Passengers from category 1B locations can enter NZ as normal if they have a valid visa (or are NZ citizens, permanent residents, or are waived the requirement to hold a visa). The process for people entering from category 1B countries or jurisdictions:
- 14.1. travellers will fill in the required customs and immigration documentation, which includes information on where they've been in the past 30 days

- 14.2. travellers will be asked to register with HealthLine, and
- 14.3. requested to self-isolate for a period of 14 days since they were last in those areas
- 15. For the avoidance of doubt:
 - 15.1. travellers cannot be compelled to self-isolate and they won't be followed up unless they have registered with HealthLine
 - 15.2. the self-isolation expectation does not apply to air crew who have taken appropriate infection control and PPE measures as required, or to transit passengers with onward tickets within up to 24 hours of arrival in New Zealand
 - 15.3. self-isolation also does not apply to air travellers who are transiting countries in Category 1B on their way to NZ and who have not entered the countries or jurisdictions concerned.
- 16. Carriers should inform all passengers of the self-isolation expectation prior to boarding, but are otherwise not obliged to take any other action.

Appendix Two: Public health factors for consideration for border measures review as at 3 March 2020

#	High-level considerations	Factors for consideration <i>NB: these factors have not been weighted or prioritised</i>	Indicate if there has been a change in this factor since the last assessment	Overall comment
1	Readiness of New Zealand's health system to respond to cases and/or outbreak	<p><i>Appropriate guidance documents and management processes available for the health system</i></p> <p><i>Scenario planning for potential impact on New Zealand's health system</i></p> <p><i>Current response aims (e.g. stage of NZIPAP)</i></p> <p><i>Acceptability and feasibility of current measures for key stakeholders</i></p> <p><i>Workforce sustainability of current and/or proposed measures</i></p>	<p>There is guidance available on the Ministry of Health website for the health sector and the general public. Regular border advisories are being issued and protocols for the management of the first case and subsequent cases in New Zealand have been developed. A COVID-19 Strategic Response Plan is currently being developed.</p> <p>There has been no change.</p> <p>No Indicative health sector alert code has been issued. NZ preparedness measures are currently being guided by the 'Keep it Out' phases of the NZIPP.</p> <p>There has been an increased concern regarding international students and whether an exemption should be considered for selected groups. Ministers have decided against any exemptions.</p> <p>There have been isolated instances of workforce issues regarding self-isolation. Public Health border staff are close to capacity.</p>	<p>The overall status of readiness of New Zealand's health system to respond is good. The DHBs have been asked to provide response plans to the Ministry.</p> <p>There are travel restrictions in place for travellers from mainland China and Iran. Travellers returning from China, Iran, Northern Italy and the Republic of Korea should self-isolate for 14 days. Travellers from other countries or areas with suspected or confirmed sustained transmission are asked who develop symptoms of fever, cough or shortness of breath should seek medical advice.</p> <p>The Ministry's Chief Medical Officer has engaged widely with clinical colleagues in the sector to identify issues, which are being managed actively.</p> <p>Management of the supply chain for PPE supplies for the wider sector is being established.</p>

2	Evolving epidemiology of the outbreak	<i>Epidemiology in China and worldwide e.g. containment or sustained transmission, direct travel pathways to New Zealand and Australia from major travel hubs</i>	<p>Sustained transmission is ongoing in mainland China. In most other areas, there is more limited transmission although has been decreasing in recent days. There is also a rapid daily increase in cases being reported from Northern Italy and the Republic of Korea.</p> <p>The Countries outside of China with the highest number of cases (WHO figures) are:</p> <p>Republic of Korea (4,212 cases, with 476 new cases reported in the past 24 hours). Italy (1689 cases, with 561 new cases reported in the past 24 hours). Iran (978 cases with 385 new cases reported in the past 24 hours). Japan (254 cases). Singapore (106 cases).</p> <p>There have now been 128 deaths outside of China, including 54 in Iran, 35 in Italy and 22 in the Republic of Korea.</p>	<p>The increasing cases of community transmission in a range of countries and increased exports from countries outside of China are significant changes to the epidemiology.</p> <p>There is a rapid daily increase in cases and clear evidence of international spread from Iran.</p> <p>Of particular concern is the situation in Iran. There have been several cases identified in a number of countries who have had recent travel history to Iran.</p>
		<i>Risk to NZ from geographical areas of sustained transmission e.g. New Zealand's immediate neighbours and/or areas of high travel volume</i>	Risk to New Zealand remains high despite introduction and implementation of border measures.	
		<i>Risk assessment update</i>	The risk of importation and limited transmission remains high for New Zealand.	
		<i>Relevant modelling data</i>	New Zealand specific modelling work is currently underway.	
3		<i>Basic reproduction number (R0)*</i>	Early studies indicate reproductive rate of between 2 and 3.1 (increased from 1.4)	There is still uncertainty about the transmissibility of COVID-19. As more case data is being released from

	Emerging evidence about transmissibility	<i>Infectiousness</i>	Virus is spread through contact with respiratory droplets in the air and on inanimate objects (surfaces)	mainland China and other countries, more accurate assessments on the transmissibility will be made.
		<i>Incubation period</i>	Estimates of the median incubation period are 5-6 days (range 0-14 days) and estimates of serial interval range from 4.4-7.5 days.	
4	Emerging evidence about severity of illness	<i>Case fatality risk</i>	The fatality rate within China is currently 2.3% and is lower outside of China.	The emerging evidence about the severity of the illness has remained constant since the first case details were released from mainland China. There is inadequate severe case data available for the global situation because the numbers are small compared with the numbers in mainland China.
		<i>Severe disease risk or hospitalisation rate</i>	There isn't enough data about the number of severe cases apart from the situation in mainland China which has remained steady ~14 percent.	
5	WHO advice	<i>Travel restrictions advice</i>	WHO still advises travel restrictions are not appropriate.	WHO advice has remained the same. There are 41 state parties officially reporting additional health measures that significantly interfere with international traffic Australia has recently announced it will lift travel restrictions for a small number of school children from China.
		<i>Other advice</i>	The WHO has increased the assessment of the risk of spread and risk of impact of COVID-19 to very high at the global and regional level. The risk level for China remains very high.	
6	Public health measures in other countries	<i>Disease control measures in other countries/territories</i>	The disease control measures have remained the same.	There have been noteworthy changes in the public health measures in other countries. The US CDC has in place the following travel alerts: China and Iran: level 3, avoid nonessential travel, widespread community transmission, with restrictions on entry to the US South Korea and Italy; level 3, avoid nonessential travel, widespread community transmission Japan: level 2, practice enhanced precautions, sustained community transmission,;
		<i>Exit screening measures at source countries/territories</i>	The measures have remained the same.	
		<i>Measures to prevent or delay virus entering</i>	The measures have remained the same.	

		<i>Pacific Island countries/territories</i>		<p>Hong Kong: Level 1, practice usual precautions. CDC also considers there to be community spread in Singapore, Taiwan, and Thailand, but that the extent of spread is not yet sustained or widespread enough to meet the criteria for a travel notice</p> <p>Public Health England (PHE) current advice - Category 1: Travellers should self-isolate, even if asymptomatic and inform NHS of recent travel (Category 1 includes Wuhan City and Hubei Province, Iran, Daegu or Cheongdo (Republic of Korea), Italian towns under containment measures). PHE currently have no border restrictions.</p> <p>Australia announced an extension of their existing travel restrictions to include travellers from Iran.</p> <p>The Australian Government considers Mainland China, Iran, Italy and South Korea to be at higher risk of COVID-19. Travellers returning from these countries are asked to monitor their health for 14 days. Travellers from China and Iran who are exempted from travel restrictions should self-isolate. Healthcare workers returning from Italy and South Korea should not attend regular work for 14 days.</p>
7	Other	<i>Effectiveness of current measures</i>	The current measures are still considered effective at slowing the importation of cases into New Zealand.	The current measures have been effective in slowing the importation of cases into New Zealand.
		<i>Feasibility of implementing other control measures</i>	More stringent border control and public health measures can be considered if needed.	
		<i>Cost-benefit assessment</i>	No change in the cost-benefit assessment.	

* The R0 is the average number of other people that one infected person will infect, in a completely non-immune population

- This advice has been reviewed by the Ministry's Chief Science Advisor Dr Ian Town, Dr Caroline McElnay & Dr Richard Jaine