

In Confidence

Office of the Minister of Health

Chair, Cabinet

COVID-19 REVIEW OF TEMPORARY BORDER MEASURES

Proposal

1. This paper seeks approval to retain the current temporary border measures for an additional 8-day period, with ongoing review every 48 hours.

Executive Summary

2. The global situation regarding COVID-19 is developing rapidly with a high degree of uncertainty. It is important that we protect the health of New Zealanders and, as part of the global effort to contain the virus, consider the impact on the public health of other Pacific Island countries.
3. New Zealand is taking a considered, deliberate and precautionary response to the COVID-19 outbreak. Given the potential severity of the threat to public health, New Zealand's strategy is to take every practicable step in the designated 'Keep It Out' and 'Stamp It Out' phases of our agreed national pandemic procedures before moving to a 'Manage It' phase if required. This strategy provides time to gain a deeper understanding of the virus, the best way to manage the disease, prepare our health system to respond, and communicate to the public.
4. Given the assessment of the likelihood of importation, transmission in New Zealand and the threat to public health, the overall public health risk from this event remains high.
5. Effective border management currently remains the best way to protect New Zealanders from the health effects of a potential outbreak and officials continue to recommend taking a precautionary approach, as epidemiology of the outbreak and scientific knowledge continue to evolve.
6. The current temporary border restrictions are part of our wider response to the global outbreak. The temporary border measures expire at 23:59 on Monday 24 February 2020. A decision is required on whether to retain or change the border restrictions.
7. Officials have recommended that the following factors be taken into account in making decisions on border restrictions relating to the COVID-19 outbreak:
 - 7.1. the threat to the health of New Zealanders;
 - 7.2. the threat to the health of Pacific island countries;
 - 7.3. the readiness of agencies to operationalise any changes to measures.

8. These factors should be considered in the context of the following considerations that will become more important over time:
 - 8.1. risk to foreign relations;
 - 8.2. the risk of significant adverse economic impacts.
9. The advice to date also depends on a number of factors, including gaining a deeper understanding of the epidemiology of the disease, the readiness of the health system to manage it, and the changing international situation.
10. The threat to the health of New Zealanders, and any onward threat in relation to other Pacific Island countries, should be considered in the context of whether isolation measures can be reasonably met.
11. The Ministry of Health has been reviewing border measures for New Zealand every 48 hours. New Zealand's response and planning is well advanced and will continue to evolve with the global situation.
12. Any person who has been in an area of concern in the past 14 days should follow isolation requirements in New Zealand. The critical question is the level of compliance that will occur with the risk mitigating isolation measures.
13. International evidence suggests that self-isolation is effective and New Zealand remains without a case. However, the Ministry of Health recognises that some level of non-compliance with such guidelines by returning New Zealanders is possible. The question is whether relaxing border conditions would raise the extent of non-compliance to a level which would result in a threat to public health that could not be managed. This must be considered in the context of the readiness of the public health system to respond.
14. New Zealand should continue to consider adopting border measures consistent with comparable countries, in particular Australia. On 20 February 2020, the Australian Government extended its border measures for an additional 7 days, to 29 February 2020.
15. Officials recommend retaining the current temporary border measures for an additional 8-day period, with ongoing review every 48 hours. The 8-day period will provide 24 hours following Cabinet's decision to implement any agreed changes to the following set of border measures, before they are enacted at midnight on Tuesday 3 March 2020. The overall public health risk remains high and there is no suggestion that the overall risk profile is reducing.
16. 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 in remaining in the 'Keep It Out' and 'Stamp It Out' phases of the pandemic response.

17. Should COVID-19 reach New Zealand and result in an outbreak we expect the economic disruption would be significant and potentially long-lasting. Officials' advice therefore remains that given the high threat to public health and potential significant impact this would have on the economy, that the current border restriction measures remain appropriate to mitigate the overall economic impacts of the outbreak at this stage.

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20. Officials will prepare further advice on the border measures for Cabinet consideration on Monday 2 March 2020 on whether to extend, lift, or change the border measures.

Background

21. On 2 February 2020, additional border measures were enacted in response to the COVID-19 outbreak [CAB-20-MIN-0015 refers] consistent with agreed national pandemic response procedures.
22. On 14 February 2020, Ministers with Power to Act agreed to retain the current temporary border measures for an additional 8-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 [CAB-20-MIN-0015]. The temporary border measures have been reviewed every 48 hours.
23. The current temporary border measures are provided in Appendix One.
24. On 19 February 2020, the Cabinet Economic Development Committee noted officials' initial advice on possible exemptions to the current border measures [DEV-20-MIN-0017].
25. Ministers with Power to Act are currently considering advice in relation to emerging requirements on border measures connected to the COVID-19 outbreak on the Diamond Princess cruise ship docked at Yokohama in Japan. Officials are continuing to support and advise on this situation as it develops.

Update on COVID-19 outbreak and New Zealand response

26. The global situation regarding COVID-19 is developing rapidly with a high degree of uncertainty. It is important that we protect the health of New Zealanders and, as part of the global effort to contain the virus, consider the impact on the public health of other Pacific Island countries.

27. New Zealand is taking a considered, deliberate and precautionary response to the COVID-19 outbreak. Given the potential severity of the threat to public health, New Zealand's strategy is to take every practicable step in the designated 'Keep It Out' and 'Stamp It Out' phases of our agreed national pandemic procedures before moving to a 'Manage It' phase if required. This strategy provides time to:
- 27.1. Delay transmission of the disease and outbreak peak;
 - 27.2. Gain a deeper understanding of the virus and the best way to manage the disease;
 - 27.3. Decompress the peak burden on healthcare system and prepare it to respond;
 - 27.4. Reduce the total number of cases and health impacts on New Zealanders;
 - 27.5. Communicate with the public.
28. The current temporary border restrictions are part of our wider response to the global outbreak. In addition to border response measures, the Ministry of Health has implemented additional measures under the pandemic response procedures including:
- 28.1. Activating the National Health Coordination Centre (NHCC) to provide national coordination and direction;
 - 28.2. Arranging and implementing enforced isolation for New Zealanders returning from Wuhan and passengers who were on board the Diamond Princess cruise ship;
 - 28.3. Developing guidance for self-isolation and supplementary guidance for isolation measures in shared accommodation facilities;
 - 28.4. Communicating with passengers returning from mainland China to ensure self-isolation is undertaken for 14 days;
 - 28.5. Providing advice to the New Zealand public on self-isolation and measures to reduce spread of disease;
 - 28.6. Providing support for those in self-isolation, including registering through Healthline;
 - 28.7. Providing guidance to health professionals on preparing and managing suspected and confirmed cases;
 - 28.8. Monitoring and appropriately responding to the evolving international situation;
 - 28.9. Working closely with other relevant agencies, and preparing for the potential next stages of the epidemic.

29. Given the assessment of the likelihood of importation, transmission in New Zealand and the threat to public health, the overall public health risk from this event remains high. This remains unchanged since the implementation of temporary border measures on 2 February 2020.
30. Effective border management currently remains the best way to protect New Zealanders from the health effects of a potential outbreak. Officials continue to recommend taking a precautionary approach, but as soon as the overall threat to public health is considered manageable and restrictions can be lifted, they should be.
31. The Ministry of Health has been reviewing border measures for New Zealand every 48 hours. There is no change at this point to the advice already in place. New Zealand's response and planning is well advanced and will continue to evolve with the global situation.

Approach to assessment of New Zealand temporary border measures

32. Officials have recommended that the following factors be taken into account in making decisions on border restrictions relating to the COVID-19 outbreak:
 - 32.1. the threat to the health of New Zealanders;
 - 32.2. the threat to the health of Pacific Island countries;
 - 32.3. the readiness of agencies to operationalise any changes to measures.
33. These factors should be considered in the context of the following considerations that will become more important over time:
 - 33.1. risk to foreign relations;
 - 33.2. the risk of significant adverse economic impacts.
34. The advice to date also depends on a number of factors, including gaining a deeper understanding of the epidemiology of the disease, the readiness of the health system to manage it, and the changing international situation.
35. In determining whether to retain border restrictions, consideration needs to be given to whether isolation measures can be reasonably met. A table of these measures is attached as Appendix Two. Expectations of meeting isolation measure guidelines will apply regardless of the border measures in place (as they currently do for New Zealanders).
36. Any person who has been in an area of concern in the past 14 days should follow isolation requirements in New Zealand. The critical question is the level of compliance that will occur with the risk mitigating isolation measures.

37. International evidence suggests that self-isolation is effective and New Zealand remains without a case. However, the Ministry of Health recognises that some level of non-compliance with such guidelines by returning New Zealanders is possible. The question is whether relaxing border conditions would raise the extent of non-compliance to a level which would result in a threat to public health that could not be managed. This must be considered in the context of the readiness of the public health system to respond.

Lifting the border restrictions is not recommended at this stage

38. Lifting the restrictions entirely is not recommended at this stage. The overall public health risk remains high and there is no suggestion that the overall risk profile is reducing.
39. As at 20 February 2020, there is no evidence of a sustained decrease in the number of confirmed COVID-19 cases and deaths, and no softening of risk assessment levels or lifting of travel restrictions in other countries:
- 39.1. the number of cases in mainland China is continuing to rise (24 hour increase of 1,749 confirmed cases)
 - 39.2. the number of deaths in mainland China is increasing (24 hour increase of 136 deaths)
 - 39.3. a number of cases in Australia and the wider Western Pacific Region suggest that risk in the Pacific region remains high.
40. 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.
41. New Zealand should continue to consider adopting border measures consistent with comparable countries, in particular Australia.
42. On 20 February 2020, the Australian Government extended its border measures for an additional 7 days, to 29 February 2020.

Public health factors

43. Some public health factors indicate no worsening of the current situation. For example, emerging evidence about the severity of the illness has remained constant, World Health Organization (WHO) advice has remained the same, and there are no noteworthy changes in public health measures in other countries. However, other factors signal uncertainty and continual change.
44. The epidemiology of the outbreak is still developing. China has now ceased routine testing of milder cases and a significant proportion of people who tested positive on the cruise ship in Japan had no symptoms.
45. Further detail on the public health factors review is provided in Appendix Three.

Possible exemptions

46. The Cabinet Economic Development Committee considered initial advice on possible exemptions to the temporary border measures on 19 February 2020.
47. On 19 February 2020, the Cabinet Economic Development Committee noted that:
 - 47.1. with more time, it may be feasible to implement some exemptions from the current border restrictions, but that there are a number of operational challenges and hurdles that would need to be overcome before Ministers could take such a decision;
 - 47.2. further work is required to develop and assess the feasibility of any exemptions, to provide confidence to Ministers that exemptions are feasible while continuing to effectively manage the public health and other risks
 - 47.3. by the time plans for exemptions are in place and able to be implemented, it is possible that Ministers will be in a position to lift all border restrictions entirely;
 - 47.4. there are a number of scenarios in which the relative desirability and feasibility of the overall travel restrictions, or exemptions from them, may change:
 - Australia lifts its restrictions in total;
 - Australia introduces exemptions;
 - new countries or places, for example a cruise ship, or an area of concern (in addition to China) arises and are reflected in the restrictions;
 - there is an outbreak of the virus in New Zealand; and/or
 - there are significant changes in international scientific and public health consensus about infectiousness or mortality of the virus and disease.
48. Officials advised the Cabinet Economic Development Committee that operationalising any exemptions would necessarily involve costs and a trade-off with wider pressures on the immigration, border and health systems. For an exemption at the visa category level, upgrades are required to international border systems to automate the process, which will take 3–4 weeks. There would also be additional capacity required in the health system, for example to support more calls to the dedicated COVID-19 Healthline number.
49. Individual case-by-case exemptions on a manual basis are not practicable at a large scale and there is a high risk of stranded passengers (denied boarding) and of turnarounds on arrival in New Zealand (incorrectly allowed to board), potentially resulting in travel chaos and foreign relationship and reputational impacts.

50. These changes to border settings would increase the numbers of travellers who will require manual processing by New Zealand Customs (NZ Customs) officers, interaction from public health officials and increased tracking of those who are being referred for self-isolation. Supporting these expectations will require additional resourcing from NZ Customs to the frontline (which is currently being sustained by a combination of internal NZ Customs reprioritisation and assistance from the Border Sector to NZ Customs (Ministry for Primary Industries and Immigration New Zealand staff)), will place more demands and expectations on public health officials at the border and will require more resourcing for Healthline to support to the self-isolation process.
51. As at 20 February 2020, the above advice still stands. Officials seek Ministers' views on whether and how to progress further work on the scope for partial exemptions from the travel restrictions. Officials could provide further advice to Cabinet on these matters, having worked through further detail in the interim, on timeframes and implementation for any potential exemptions.
52. If exemptions were made, the Ministry of Health has considered possible risk mitigation isolation measures for different groups:
- 52.1. Workers (5,480 visas) and families of workers (1,040 visas) would have a low risk of exposure of contracting COVID-19 and could be expected to self-isolate in private residence settings (low risk of transmission);
 - 52.2. Students (10,500 visas) could be expected to isolate in supported isolation in shared accommodation facility settings (student hostels/halls);
 - 52.3. Individuals who are identified as a close contact with a confirmed COVID-19 case that have a high risk of developing COVID-19 disease could be expected to undertake monitored isolation in private residences or shared accommodation settings;
 - 52.4. Individuals at high risk of developing COVID-19 disease (e.g. have been in a place of identified outbreak such as Wuhan or the Diamond Princess cruise ship and/or have had close contact with a confirmed COVID-19 case) could be required to undertake enforced isolation (e.g. Whangaparaoa).
53. Following consideration of initial advice by the Cabinet Economic Development Committee, officials will continue to consider mechanisms to facilitate exemptions to the travel ban whilst monitoring external factors which may change advice on the advisability of any exemption.

54. The COVID-19 outbreak is impacting the New Zealand economy through a number of channels. Chiefly these are: restrictions on the movement of people across borders harming the tourism and educational sectors in New Zealand; the current shutdown in China reducing Chinese demand and complicating supply circumstances for New Zealand goods; and confidence impacts which are reducing global demands more generally as travel is cancelled and spending decisions delayed. Most negative economic impacts being seen are not due to the New Zealand border restrictions, but stem from wider economic conditions including from reduced demand from China. Broader labour market supply impacts appear negligible from the border restriction measures at this stage.
55. Should COVID-19 reach New Zealand and result in an outbreak we expect the economic disruption would be significant and potentially long-lasting. Until the domestic health system is ready to manage the disease within New Zealand or the threat to public health decreases from the international outbreak easing, taking a precautionary approach through the border measures remains the most effective way to protect New Zealand. We therefore consider the current border restriction measures remain appropriate to mitigate the overall economic impacts of the outbreak at this stage. Over coming weeks, we expect to deepen our understanding of how the virus is transmitted and how its spread can be managed. As soon as the border restrictions can be lifted, they should be.
56. Government agencies are responding in order to mitigate the economic impact of the outbreak. Support options have so far focused on addressing immediate issues associated with border closures and trading complications. However, should the situation escalate, or be likely to persist for a longer period of time, it may be necessary to change or scale up the policy response.

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Australia

69. The unique nature of the trans-Tasman border means there are significant operational benefits for New Zealand ensuring a consistent approach with Australian border restrictions.

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Other comparable nation responses

72. As at 17 February 2020 the WHO continues to not recommend any specific measures for travellers and continues to advise against the application of any travel or trade restrictions with China based on current information.
73. A total of 72 countries and territories continue to have in place a range of border restrictions. Countries putting border restrictions in place are likely to have already done so.
74. The number of countries which have put in place restrictions broadly equivalent to New Zealand has increased from 46 as at 11 February 2020 to 50 as at 18 February 2020.
75. Further details are in Appendix Four.

Next steps

76. Officials will prepare further advice on the border measures for Cabinet consideration on Monday 2 March 2020 on whether to extend, lift, or change the border measures.

77. 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.
78. Officials will continue to review the border measures every 48 hours and provide immediate advice should any information emerge that may have a substantial impact on the border measures.
79. Officials will prepare the necessary material for the Minister of Immigration to issue Immigration Instructions to give effect to Cabinet decisions.
80. Officials will also inform China, Australia, key Pacific partners and the WHO of Cabinet decisions ahead of a public communication.

Consultation

81. 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 (Policy Advisory Group), 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

82. This paper does not have financial implications.

Legislative Implications

83. 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

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

Human Rights

85. 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

86. There are no specific gender implications.

Disability Perspective

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

Publicity

88. A media release will be issued announcing Cabinet decisions on this paper. The Ministry of Foreign Affairs and Trade will inform China 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

89. It is intended that this Cabinet paper be proactively released on Departmental websites 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 is developing rapidly with a high degree of uncertainty; it is important that we protect the health of New Zealanders and, as part of the global effort to contain the virus, consider the impact on the public health of other Pacific island countries
2. **note** the overall public health risk from this event remains high and effective border management currently remains the best way to protect New Zealanders from the health effects of a potential outbreak; officials continue to recommend taking a precautionary approach, as epidemiology of the outbreak and scientific knowledge continue to evolve
3. **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 Monday 24 February 2020
4. **note** the threat to the health of New Zealanders, and any onward threat in relation to other Pacific Island countries, should be considered in the context of whether isolation measures can be reasonably met
5. **note** New Zealand should continue to consider adopting border measures consistent with comparable countries, in particular Australia
6. **note** the Australian Government has extended its border measures for an additional 7 days, to 29 February 2020
7. **agree** to retain the current temporary border measures for an additional 8-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
8. **agree** that the temporary border measures continue be reviewed every 48 hours, 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 7 above through issuing Immigration Instructions

10. **note** that the Ministry of Foreign Affairs and Trade will inform China, Australia, and key Pacific partners of the decision in recommendation 7 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 7 above ahead of public communication
12. **note** that officials will prepare further advice on the border measures for Cabinet consideration on Monday 2 March 2020 on whether to extend, lift, or change the border measures.

Authorised for lodgement

Hon Dr David Clark

Minister of Health

Appendix One: Current border measures

1. 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:
 - 1.1. 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;
 - 1.2. People covered by regulation 25 of the Immigration (Visa, Entry Permission, and Related Matters) Regulations 2010, including guests of government; and
 - 1.3. Air and marine crews using appropriate personal protective equipment.
2. On 12 February 2020, Ministers also agreed that in certain circumstances and on a case-by-case basis, the Ministries of Health (MoH), Foreign Affairs and Trade (MFAT) and Business, Innovation and Employment (MBIE) 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:
 - 2.1. any public health impacts in New Zealand, the Realm, and the wider Pacific Region can be managed;
 - 2.2. there are resources available to effectively isolate, including a safe and appropriate location for the 14-day period; and
 - 2.3. they hold a valid visa to travel.
3. On 14 February 2020, Ministers with Power to Act [CAB-20-MIN-0015]:
 - 3.1. Noted that there remains a continued high threat to public health in relation to the COVID-19 outbreak
 - 3.2. Agreed to retain the current measures for an additional 8-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
 - 3.3. Agreed that the measures will be reviewed every 48 hours, and that officials will provide immediate advice should any information emerge that has a substantial impact on these measures.
4. Ministers with Power to Act are currently considering advice in relation to emerging requirements on border measures connected to the COVID-19 outbreak on the Diamond Princess cruise ship docked at Yokohama in Japan. Officials are continuing to support and advise on this situation as it develops.

Appendix Two: Risk mitigating isolation measures that are advised in scenarios with differing levels of risk

| Isolation Measure | Risk of exposure <i>Such as where people have been</i> | New Zealand accommodation settings <i>Where they will isolate</i> | Risk of transmission <i>Within the accommodation settings in New Zealand</i> | Guidance/Procedures <i>MoH guidance on how to isolate in each measure</i> | Health resources required / provided <i>Support provided through Health System</i> | Legal framework <i>Public Health Act 1956</i> |
|--------------------------|--|---|--|---|---|--|
| Self-Isolation | Low - People that have been in places of concern in the past 14 days have a low risk of contracting the virus | Individuals staying in private residences or similar (such as private homes, flats or homestays) | Low - The risk of transmission in settings where people have access to private residences with established networks of support is low. | Guidance for self-isolation ¹ Register with Healthline for follow up | Healthline resource for registration and phone advice | Health sector providing support through standard models of care. |
| Supported Self-Isolation | Low - People that have been in places of concern in the past 14 days have a low risk of contracting the virus | Individuals are supported through shared accommodation facility settings (such as student hostels/halls or hotels). | Medium -The risk of transmission is considered medium in accommodation settings where people are in close proximity or a shared accommodation facility. | Guidance for self-isolation. Supplementary guidance for self-isolation in shared accommodation facilities. | Healthline resource for registration and phone advice. In some circumstances may require assurance from facility management that the guidance can be met effectively. If the guidance cannot be met, additional support through Health resources may be required. Where individuals have no accommodation, additional resources may be required (including cross-government). | Health sector providing support through standard models of care. |
| Monitored Self-Isolation | High - Individuals who are identified as a close contact with a confirmed COVID-19 case that have a high risk of developing COVID-19 disease | Can vary from private residences to shared accommodation facilities. | Low / medium – As above, this will depend on accommodation settings (private or shared accommodation facilities). | Monitoring and support managed as per standard guidance for close contact management. | This group will be a priority for Health resourcing and will require individual follow up and management through the Health system. | Health sector providing support through standard models of care. Health legislation can be used for this group and this moves into enforced isolation (below) |
| Enforced Isolation | High - Individuals at high risk of developing COVID-19 disease (e.g. have been in a place of identified outbreak such as Wuhan and/or have had close contact with a confirmed COVID-19 case). | Can vary from private residences to shared accommodation facilities. | Low - Enforced isolation procedures follow very strict requirements regarding proximity and shared accommodation facilities. | Managed as per operating procedures for enforced isolation (e.g. Whangaparaoa) | Intensive Health resourcing required including accommodation facilities, laundry, cleaning, food, and other services. | A Medical Officer of Health can require isolation or quarantine for the 'purpose of preventing the outbreak or spread of any infectious disease'. ² |

¹ www.health.govt.nz/our-work/diseases-and-conditions/novel-coronavirus-covid-19/novel-coronavirus-self-isolation

² Health Act 1956 Section 70 'Special powers of medical officer of health'

Appendix Three: Factors for consideration for border measures review, as at 20 February 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 | <i>Appropriate guidance documents and management processes available for the health system</i> | 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 in New Zealand have been developed. | <p>The overall status of readiness of New Zealand's health system to respond is good. There are response plans in place from the DHBs to the Ministry.</p> <p>The Ministry's Chief Medical Officer has engaged widely with clinical colleagues in the sector to identify issues.</p> <p>Management of the supply chain for PPE supplies for the wider sector is being established.</p> |
| | | <i>Scenario planning for potential impact on New Zealand's health system</i> | No, there has been no change. | |
| | | <i>Current response aims (e.g. stage of New Zealand Influenza Pandemic Action Plan)</i> | No Indicative health sector alert code has been issued. | |
| | | <i>Acceptability and feasibility of current measures for key stakeholders</i> | There has been increased concern regarding international students and whether an exemption should be considered. | |
| | | <i>Workforce sustainability of current and/or proposed measures</i> | There have been isolated instances of workforce issues regarding self-isolation. | |
| 2 | Evolving epidemiology of the outbreak | <i>Epidemiology in China and worldwide e.g. containment or sustained transmission</i> | Sustained transmission is ongoing in mainland China. In other areas, there is more limited transmission. The number of new cases, deaths and recoveries continue to increase. There have now been three deaths outside of China, one each in the Philippines, France and Japan | <p>The epidemiology of the outbreak has remained constant since the last review. There has been a steady increase in the number of deaths, but the daily number of laboratory confirmed cases has started to slow down while the number of recovered cases has increased.</p> <p>China has now ceased routine testing of milder cases and is applying a presumptive clinical diagnosis</p> <p>The rapid spread of cases on the cruise ship in Japan is of concern as a significant proportion who tested positive had no symptoms.</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 transmission remains unchanged for New Zealand. | |

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|---|--|---|---|---|
| | | <i>Relevant modelling data</i> | Discussions about support from New Zealand academic institutions are underway with support from Australian modelling experts | |
| 3 | Emerging evidence about transmissibility | <i>Basic reproduction number (R0)*</i> | Early studies indicate a reproduction number of 2.2 (increased from 1.4) | As more case data is released from mainland China, more accurate assessments on the transmissibility will be made. |
| | | <i>Infectiousness</i> | Virus is spread through contact with respiratory droplets in the air and on inanimate objects (surfaces) | |
| | | <i>Incubation period</i> | WHO estimates incubation period of 1 – 12.5 days, median estimate of 5 – 6 days | |
| 4 | Emerging evidence about severity of illness | <i>Case fatality risk</i> | The fatality rate has remained ~3 percent and the majority are contained within the Hubei province. | The emerging evidence about the severity of the illness has remained constant since the first case details were released from mainland China. There isn't sufficient 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 at ~14 percent. | |
| 5 | WHO advice | <i>Travel restrictions advice</i> | WHO still advises travel restrictions are not appropriate. | WHO advice has remained the same. |
| | | <i>Other advice</i> | The overall advice and risk assessment from WHO has remained static since the last review. | |
| 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 no noteworthy changes in the public health measures in place in other countries. |
| | | <i>Exit screening measures at source countries/territories</i> | The measures have remained the same. | |
| | | <i>Measures to prevent or delay virus entering Pacific Island countries/territories</i> | The measures have remained the same. | |
| 7 | Other | <i>Effectiveness of current measures</i> | The effectiveness of current measures has stayed the same as there are still no confirmed cases in NZ. | The current measures have been effective in the current phase of the NZIPAP i.e. 'Keep It Out'. |
| | | <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

Appendix Four: International responses – border measures

Source: International SOS, International Air Transport Association (IATA) - updated 18 February 2020

A total of 72 countries have temporary border measures, such as:

- self-quarantining on arrival, usually for 14 days
- screening on arrival and subsequent quarantining if needed
- mandatory quarantining on arrival for travellers from Hubei or all of Mainland China
- presenting a medical certificate on arrival
- cancelling visa-on-arrival services
- restricting travellers from Hubei province (except nationals)
- restricting travellers from Mainland China (except nationals)
- restricting travellers from Mainland China, Hong Kong, Macau and Taiwan (except nationals)
- restricting travellers from any location with a case of COVID-19 (except nationals)
- closing of land borders to Chinese nationals or travellers from China.

Since 11 February 2020 the following countries and territories have retained temporary border measures broadly equivalent to New Zealand:

American Samoa (US), Antigua and Barbuda, Australia, Bahamas, Bangladesh, Belize, Cook Islands, El Salvador, Fiji, Gabon, Grenada, Guatemala, Hong Kong (China), India, Indonesia, Iraq, Israel, Jamaica, Jordan, Kiribati, Kosovo, Kuwait, Laos, Malaysia, Maldives, Marshall Islands, Mauritius, Micronesia, Mongolia, Myanmar, Niue, North Korea, Palau, Papua New Guinea, Paraguay, Philippines, Samoa, Seychelles, Singapore, Solomon Islands, Taiwan (China), Tonga, Trinidad and Tobago, the United States of America, Vanuatu, Vietnam.

Since 11 February 2020 the following countries and territories have put in place temporary border measures broadly equivalent to New Zealand:

Bahrain, Madagascar, Northern Mariana Islands, Saudi Arabia

The table below shows border measures in place for key reference countries, as at 18 February 2020. There has been no change since 11 February 2020.

| Country | Border measures |
|--------------------------|---|
| Australia | Border and transit closed to passengers who have transited through or have been in China on or after 1 February 2020. Exceptions: Does not apply to airline crew. Does not apply to nationals/residents of Australia. They will be required to self-isolate for a period of 14 days from their arrival. |
| Canada | No measures in place |
| United Kingdom | No measures in place |
| United States of America | Border closed to passengers who have been in China in the past 14 days. Exceptions: Does not apply to nationals/residents of the USA. Passengers who have been in China in the past 14 days must arrive at one of ten designated airports. They will be required to self-isolate for 14 days from arrival. |

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