

# Noting Paper: COVID-19

## Border Measures Update

**To:** Ad Hoc Cabinet Committee on COVID-19 Response

**From:** Hon Dr David Clark, Minister of Health

**Date:** 11 March 2020

**Security level:** IN CONFIDENCE

**Health Report number:** 20200422

### Purpose

1. This paper provides an update on the ongoing review of border measures for areas of concern and emerging options for changes.

### Comment

2. New Zealand's border restrictions should be considered within the context of a broader pandemic response.
3. New Zealand is still undertaking steps in the 'Keep it Out' phase, however is also actioning the 'Stamp it Out' phase. Over time, border management is likely to play less of a role as more focus is placed on our domestic response through the next phases.
4. s 9(2)(g)(i) [REDACTED] The pace of progression and our approach to border measures will depend on how the domestic outbreak unfolds, and the evolving epidemiology.
5. New Zealand's border restrictions remain an effective security buffer to prevent and delay the entry of COVID-19 into the Pacific region. This means any change will necessarily involve consideration of potential 'exit' measures such as screening of people travelling to the Pacific. Officials are preparing advice on such options.

#### *Key factors for consideration when assessing areas of concern*

6. Officials have recommended an agile approach to categorising areas of concern to allow a rapid response as the global response develops. Categorisation of areas of concern requires a swift, but balanced and considered assessment including any risks or trade-offs at the time.
7. Officials are assessing relevant public health factors as the primary consideration for assessment and identifying any issues in relation to other factors such as the economic or diplomatic factors.
8. Appendix One provides a description of these factors and how they will be applied.
9. Immigration changes will soon allow for travel restrictions by visa type which could allow for the restriction of only those travellers that do not have a reasonable prospect of undertaking effective self-isolation.

## Emerging developments

### Europe

10. Travel is still relatively open across Europe, meaning spread of disease is likely and control is difficult. Adding Europe to Category 2 is currently being considered. Other areas may also need to be considered for Category 2 as outbreaks develop globally.

### The United States

11. The number of confirmed cases in outbreaks in parts of the United States, particularly Seattle, have also increased. The number of reported cases in Seattle has increased considerably over the last two weeks. The King County (Seattle) has reported 74 new cases, bringing the official case count total in King County to 190 (as at 11 March 2020). Adding Seattle to Category 1B is being considered.
12. Officials also consider that as there is an increasing numbers of cases, and as there are direct flights from the West Coast of the United States, it would be advisable to categorise the states of California, Washington and Oregon in Category 2. There have been 135 reported cases in California, 14 reported cases in Oregon, and 162 reported cases in Washington.
13. Travellers from the United States are not presently subject to any US-specific COVID-19 measures or restrictions by any country, other than from those that have adopted blanket global measures or restrictions (e.g. Israel). <sup>6(b)</sup> [REDACTED]  
[REDACTED] Officials are working on the likely commercial, trade, and diplomatic implications.

14. <sup>6(a)</sup> [REDACTED]  
[REDACTED]
15. <sup>6(a)</sup> [REDACTED]  
[REDACTED]

### Italy

16. The confirmed number of cases in wider Italy (outside of northern Italy) are rising, and are expected to rise further. Risk throughout Italy is now high. Adding wider Italy to Category 1B may be appropriate. This may also provide for easier identification of travellers from Italy at the New Zealand border. The Australian Government has announced today, 11 March 2020, that its border restrictions will be extended to Italy effective from 1800 hours.

### China

17. Since travel restrictions were introduced for China, the situation in China has improved, especially outside Wuhan. Evidence suggests that the public health measures China has taken have been effective in slowing the spread of the disease at this stage. Officials will provide advice when the situation in China improves sufficiently to warrant reconsideration of border measures.

## Category implications

18. People travelling to New Zealand from areas in Category 1B have expectations to self-isolate and register with Healthline, but do not have travel restrictions. This applies for all passengers except flight crew, passengers transiting through New Zealand within 24 hours, and passengers who have only transited 1B countries.
19. 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.
20. People travelling to New Zealand from areas in Category 2 are not expected to self-isolate but to be aware of COVID-19 symptoms and call Healthline if they become unwell. Category 2 does not have travel restrictions.
21. Expanding Category 2 allows clinicians to consider testing in a wider range of people who present with symptoms that may be due to COVID-19. This would help to reduce the chances that a case is missed in New Zealand.

## Next steps

22. Further advice on the categorisation of areas of concern for border measures will be included in the consideration of border measures at Cabinet on 16 March 2020.
23. Based on the emerging developments, officials are currently considering options for potential changes to add emerging areas of concern to Categories 1B and 2.
24. The CVD Committee may wish to make a decision on changes now or defer consideration to Cabinet on 16 March 2020, following further assessment by officials.

## Recommendation

It is recommended that the CVD committee:

1. **Indicate** decisions on the following potential category changes to emerging areas of concern:

Area of concern	Category change	Decision
Italy (i.e. wider Italy)	Add to Category 1B	<b>Defer</b> <b>OR</b> <b>Agree</b> <b>OR</b> <b>Disagree</b>
City of Seattle	Add to Category 1B	<b>Defer</b> <b>OR</b> <b>Agree</b> <b>OR</b> <b>Disagree</b>
Europe <sup>1</sup> including the United Kingdom	Add to Category 2	<b>Defer</b> <b>OR</b> <b>Agree</b> <b>OR</b>

<sup>1</sup> The definition of Europe applies only to the Schengen Visa Area and those countries subject to the European Union freedom of movement of people rules (i.e. currently including the United Kingdom), with the exception of Italy, if Italy is in Category 1B.

		<b>Disagree</b>
Washington State (excluding City of Seattle), Oregon, California	Add to Category 2	<b>Defer</b> <b>OR</b> <b>Agree</b> <b>OR</b> <b>Disagree</b>

2. **Agree** that any category change decisions for areas of concern in recommendation 1 come into effect on Friday 13 March to ensure appropriate time and processes to operationalise this decision and inform relevant stakeholders.

ENDS.

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## Appendix 1: Key factors to consider for categorisation

Key public health considerations	
<b>Readiness of New Zealand's health system to respond</b>	<ul style="list-style-type: none"> <li>When the readiness of New Zealand's public health system to respond to cases and/or outbreak is high, focus could shift away from Category 1A to Categories 1B and 2.</li> <li>Capacity issues may also be important to consider. For example, if there are too many countries in Category 1A and 1B, then it is likely that isolation measures would not be able to be met, or the level of non-compliance with isolation measures may be high.</li> </ul>
<b>Evolving epidemiology</b>	<ul style="list-style-type: none"> <li>Depending on whether changes in the evolving epidemiology present a greater or lesser risk to public health, this could warrant an associated category shift (upward or downward shift, respectively). <b>The extent of outbreak in other countries including absolute numbers, the rate, and trends is particularly important.</b></li> </ul>
<b>Public health systems and public health measures in other countries</b>	<ul style="list-style-type: none"> <li>If data or evidence from WHO or other countries' reporting indicates that high quality effective public health measures are in place, this may warrant a downward shift in categorisation. Conversely, if data or evidence suggests that public health measures are insufficient, ineffective or low quality this may warrant an upward shift in categorisation.</li> <li>Any concerns regarding the quality or reliability of data and reporting may also be taken into account.</li> </ul>
<b>The readiness of the Pacific</b>	<ul style="list-style-type: none"> <li>Any re-categorisation would need to consider New Zealand's responsibilities as a main entry point to the Pacific, <sup>6(a)</sup> [REDACTED]</li> </ul>
<b>New Zealand public health resourcing / logistics</b>	<ul style="list-style-type: none"> <li>Logistically, adding areas of concerns into Category 2 is simpler for activities at the border and does not require significantly more resources.</li> <li>Adding areas of concern to category 1A or 1B has significant implications on resources at the border, introduces logistical difficulties (e.g. expecting self-isolation for a growing number of travellers, with some likely to be unable to self-isolate easily, such as tourists) and has an opportunity cost for public health resources that may be more effectively used elsewhere.</li> </ul>
Other considerations	
<b>Effectiveness of border restrictions</b>	<ul style="list-style-type: none"> <li>Travel restrictions (category 1A) work best at a national level, where automatic systems can be used to prevent travel. If there is significant level of movement between an area of concern and other neighbouring areas, it is unlikely that border restrictions for an area will be effective.</li> <li>This is also the case for travel restrictions for a specific sub-national region. This is because restrictions would rely on passenger self-declaration rather than automated systems.</li> </ul>
<b>Economic considerations</b>	<ul style="list-style-type: none"> <li>The economic impacts come from both New Zealand's actions and the general global situation. When considering border impacts we should consider specific impacts from an individual country and the aggregate impacts of all border measures.</li> <li>Economic considerations include: the reliance of New Zealand on the migrant workforce from that country; trade and tourism impacts; and any impact on key travel routes to and from New Zealand affecting other countries.</li> </ul>
<b>Foreign relations</b>	<ul style="list-style-type: none"> <li>Bilateral relationship considerations are secondary to the assessment of public health factors. Close coordination with Australia will remain highly desirable, given the interconnected nature of our border. Any bilateral relationship risk factors would need to be identified, but can be managed by MFAT with the ability to provide advance notice to mitigate risk through a no-surprises approach with key partners and other countries.</li> </ul>